

Enhanced Recovery Following Bariatric Surgery: Is Feasible?

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Abstract

Background: There has been a relative lack of research on the effect of applying enhanced recovery principles in the context of morbid obesity surgery and monitoring outcome.

Objectives: To determine the feasibility of applying enhanced recovery after surgery (ERAS) principles application on a bariatric population and review the effect on outcome in this population.

Methods: We analyzed data prospectively collected on a cohort of 111 patients undergoing laparoscopic bariatric surgery between March 2013 and December 2014. All patients were enrolled in an ERAS protocol and were assessed for fitness for early discharge. We focused our attention on early complications (within 30 days) and any late complications.

Results: All 111 patients who underwent bariatric surgery were suitable for early discharge between 24-72 hours. Short term complications (within 30 days postoperatively) were acceptable. Mortality rate was 0%, reoperation rate was 0% and hospital readmission rate was 2%. Concerning the short term complications in the 63 patients who underwent LAGB the commonest was the raised temperature. Hospital readmission rate, reoperation rate and mortality were all 0%.

Conclusion: Application of ERAS protocol on bariatric surgery is feasible with an acceptable number of minor complications. Further studies are required to improve outcome further.

Key words: bariatric surgery, laparoscopic sleeve gastrectomy (lsg), laparoscopic adjustable gastric banding (lagb), enhanced recovery after surgery (ERAS)