



AB058. Enhanced recovery after bariatric surgery: clinical outcomes in a tertiary referral bariatric centre

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Background: This study aimed to assess clinical outcomes in bariatric surgery, using an enhanced recovery after bariatric surgery (ERABS) protocol based on enhanced recovery after surgery (ERAS) principles and surgical recommendations about patients with obesity.

Methods: Data on consecutive bariatric procedures performed over a 24-month period within an ERABS protocol was prospectively recorded and audited. Interventions utilized included extensive preoperative patient education, shortened preoperative fasts, specific anesthetic protocols, early postop mobilization and feeding and avoidance of fluid overload.

Results: A total of 230 bariatric procedures were performed over a 24-month period (41% gastric bypass, 59% sleeve

gastrectomy). Mean \pm SD age was 48 ± 9 years, preoperative body mass index (BMI) 50.0 ± 8.9 kg/m² and 68% were female. Median ASA score was 3, and median OSMRS (obesity surgery mortality risk score) also 3. Type 2 diabetes mellitus, hypertension, dyslipidaemia, and sleep apnea were present in 34%, 57%, 37% and 51%, respectively. There was no mortality in this series. Overall postoperative morbidity rate was 7.0% (n=16). Morbidity included early small bowel obstruction, bleeding from a liver retraction injury, and a brief intensive care unit (ICU) admission for intraoperative bronchospasm, wound and respiratory tract infections. Mean \pm SD LOS was 2.3 ± 1.1 days (median 2 days). Thirty-day readmission and reoperation rates were 3.5% and 2.6% respectively. Total body weight lost at 3-, 6-, and 12-month postoperatively was 12%, 22% and 27%.

Conclusions: Applying an ERABS protocol was feasible, safe, associated with low morbidity, acceptable length of stay (LOS) and low 30-day re-admission and reoperation rates. The presence of multiple medical co-morbidities should not preclude use of an ERABS protocol in bariatric patients.

Keywords: Bariatric surgery; enhanced recovery after surgery (ERAS); obesity

doi: 10.21037/map.2020.AB058

Cite this abstract as: Kearns E, O'Reilly P, Lawton C, McMackin T, Heneghan H, Fearon N. Enhanced recovery after bariatric surgery: clinical outcomes in a tertiary referral bariatric centre. *Mesentery Peritoneum* 2020;4:AB058.