

OUTPATIENT SLEEVE GASTRECTOMY IS SAFE AND FEASIBLE

Optimizing Outcomes in Bariatric Surgery
SAGES VIRTUAL 2020

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Background

Sleeve Gastrectomy
Excellent Technique

Aspirational Goal

Outpatient procedures
Fast-Track protocols

Risk

Patient's safety

Objective

Asses Feasibility
and Safety

Design

Prospective
Descriptive Analysis
of a Voluntarily
Enrolled Consecutive
Series

Benefits



Less trauma



Early
discharge



Minimal loss
of productivity



Costs
reduction



Less risk
of infections



Less
discomfort

Methods



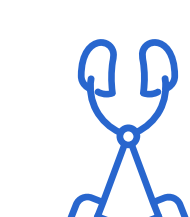
**Prospectively
collected data**



**Primary Sleeves
N=22**



**Multidisciplinary
Preparation**



**Pre-Op Protocol
4 hs fasting**

Hospital stay | Readmission rate
Reinterventions | Complications

October 2018 - August 2019

Patient Training.
5% Weigh Loss Previous

Pre-op Analgesia:
Paracetamol + Ketorolac
500 ml Carbs solution

Anaesthesia

General + Local

Dexamethasone | Remifentanil
Rocuronium + Sugammadex | Sevoflurane Gas
Ondansetron | Hyoscine | Metoclopramide

Post-op Protocol

Diclofenac + Ketorolac | Metoclopramide
Ondansetron | Enoxaparine

Start Walking 1 h after | Clear Liquids 4 hs
Surgeons' Cell Phone Available

Results

Age: 37,9 ys (17-54) - BMI: 40,3 (33,5-56,2)

72,7%

Women

100%

4 trocar laparoscopic
technique

95,2%

n=21
Discharged
within 12 hs

4,76%

n=1
Discharged
within 24 hs (Pain)

**No major complications
occurred**

**No patients required second
procedure 30 days**

No patients readmitted

**No dehydration, bleeding,
leaks, collections, thrombosis**

Conclusions



Evidence suggests:

**> 12 hours hospital stay
is unnecessary IF NO:**

Vomiting | Signs of bleeding | Pain



Trainig: Patients + Staff

Emergency Cell Phone: Mandatory
Larger series needed