

Sleeve Gastrectomy in a Free Standing Ambulatory Surgery Center: A Single Surgeon Prospective Series in an MBSAQIP Center of Excellence

Phylicia Dupree, MD, Avishai Meyer MD, and Emma J. Patterson MD

Oregon Weight Loss Surgery



ABSTRACT

- Laparoscopic sleeve gastrectomy (LSG) now accounts for over 75% off all bariatric operations.
- LSG are largely performed in the hospital inpatient settings.
- The reasons for this discrepancy are unclear.

OBJECTIVES

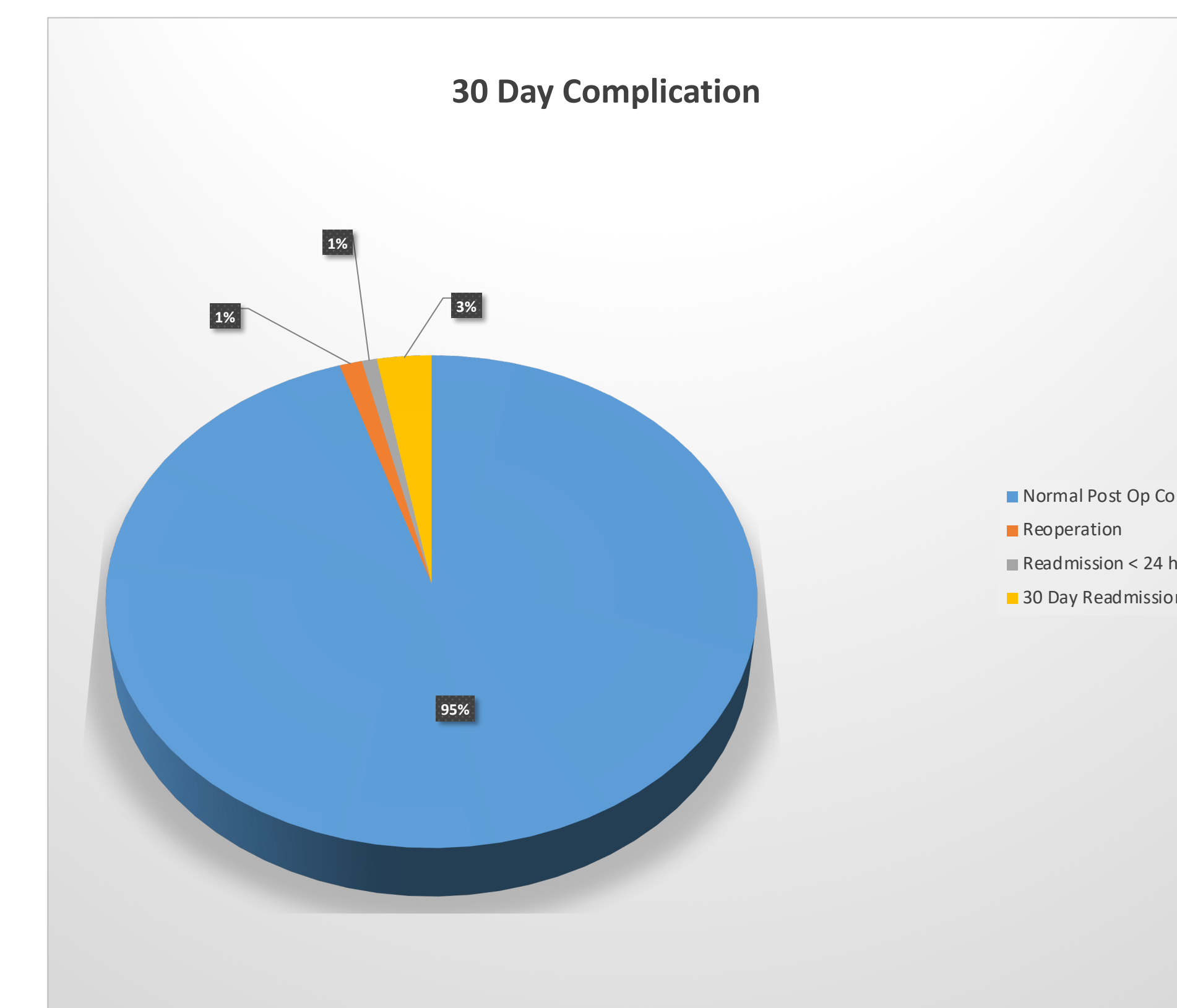
- We hypothesize that concerns of patient safety might partly explain the underutilization of outpatient sleeve gastrectomy.
- Description of our 5 year experience of LSG performed at our ambulatory surgery center by a fellowship-trained, private practice, bariatric surgeon, with 20 years of experience.

MATERIALS & METHODS

- 2012 - Received MBSAQIP Bariatric Center of Excellence accreditation
- 2013 - Initiated ambulatory outpatient (<24 hour stay) LSG in 2013.
- Ambulatory patient had to meet clinical criteria as determined by the surgeon, the MBSAQIP program, and insurance company criteria.
- From 2013 to 2018, a single surgeon performed 1189 LSG
- 378 (31.8 %) LSG were performed at the surgery center.
- Mean patient age was 48 years, mean BMI was 46 kg/m², and 81% were female and all patients were admitted overnight

RESULTS

- 378 patients, three (0.8 %) patients were transferred to hospital, two for bleeding requiring blood transfusion, and one for EKG changes.
- Within 30 days postop, 4 patients (1.2 %) required reoperation, two for bleeding, one for incarcerated umbilical hernia, and one for small bowel resection for portal vein thrombosis.
- 10 readmissions (2.9 %), one for pulmonary embolus, one for atelectasis, one for kidney stone, three for post-operative emesis, and four for reoperation.
- No mortalities.



CONCLUSION

- Ambulatory LSG is safe and effective when performed by a MBSAQIP accredited institution
- LSG is a safe procedure with socioeconomic benefits, it is time for more widespread adoption.

REFERENCES

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CONTACT

- Phyllicia Dupree, MD, phyliciadupree@gmail.com
- Emma Patterson, MD, epatterson@oregonwls.com