Fast Track Bariatric Surgery: Preliminary Outcomes

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Background

Bariatric surgery has emerged as a highly effective treatment for morbid obesity and its associated comorbidities. While traditional inpatient procedures have demonstrated significant benefits, the associated hospital stay and costs have limited accessibility. Outpatient bariatric surgery offers a potential solution by reducing costs, improving patient satisfaction, and minimizing the risk of nosocomial infections. However, concerns regarding safety, long-term effectiveness, and optimal patient selection criteria have hindered its widespread adoption. This study aims to evaluate the short-and long-term outcomes of outpatient bariatric surgery, identify factors influencing success, and establish guidelines for informed clinical decision-making and optimal resource allocation.

Methods

A retrospective cohort study was conducted to analyze data from patients who underwent outpatient bariatric surgery between **January** and **September 2024** in **ambulatory surgery center** Endoolap in **Bogota, Colombia**. Patients aged 18-65 with a BMI ≤ 50, ASA physical status I or II, and surgery duration less than 90 minutes were included. Exclusion criteria included difficult healthcare access, lack of postoperative support, and concerns regarding safety raised by the care team. Variables such as demographics, anthropometrics, perioperative variables, and postoperative outcomes were recorded and analyzed.

Results

A total of **35 patients** underwent surgery with a hospital stay of **less than 24 hours** (majority between 18-20 hours). Operative time ranged from **35 to 90 minutes.** The majority of patients underwent a **sleeve gastrectomy**, and all patients commenced ambulation and a clear liquid diet within the first 6-8 hours. **31 patients did not require home care. Five patients** were discharged on the **same day** (within the first 6 hours post-op), including one Roux-en-Y gastric bypass and four sleeve gastrectomies, who required home care. There were **two revision surgeries** (one bypass reconstruction and one sleeve-to-bypass conversion), with discharges occurring at 16 and 18 hours, respectively. **No readmissions** were required and the 30-day complication rate was **not negatively impacted** due to ambulatory management.



Conclusion

This study demonstrates the **feasibility** and **safety** of outpatient bariatric surgery. The majority of patients experienced minimal complications and were discharged within 24 hours. And ambulatory management did not adversely affect outcomes for LSG, RYGBP, or revisional cases. Ambulatory bariatric surgery offers significant cost reductions due to reduced medication use, faster hospital bed turnover, improved unit availability, and faster return to work for patients Further follow-up and monitoring is needed to establish long-term outcomes and identify optimal patient selection criteria.