

Fully ambulatory bariatric surgery: a better selection of patients reduce the risk of unfavorable outcome

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ABSTRACT:

Introduction

Performing bariatric surgery as a short-stay procedure is a current trend in many centers around the world. The aim of the current prospective study is to assess postoperative outcomes in patients undergoing fully ambulatory (length of stay < 12h) laparoscopic sleeve gastrectomy (LSG).

Methods

A total of 50 consecutive morbidly obese patients [body mass index (BMI) $\leq 55\text{kg/m}^2$] has been enrolled for elective ambulatory LSG between January and August 2015, in a single institution. Approval from the local Ethics Committee, and informed written consent from each participant have been obtained.

Results

There were 50 primary LSG performed on 42 females and 8 males, with a mean age ($\pm\text{SD}$) of 38.8 ± 9.2 years. Mean ($\pm\text{SD}$) pre-operative body mass index (BMI) was 43.8 ± 5 kg/m^2 . Operative time was 49 ± 26 minutes (mean $\pm\text{SD}$). DeMaria's Obesity Surgery Mortality Risk Score (OS-MRS) was calculated to be class A for 41 patients (82%) and class B for 9 patients (8%). There were no deaths. All patients were discharged home the day of surgery. No major postoperative complications or

readmissions were recorded. Only minor complications were reported: on average, women had more bouts of nausea compared to men ($p=0.004$). Younger individuals took more anti-nausea drugs compared to older individuals ($p=0.015$). A higher cumulative morphine dose was associated with a greater percent of moderate neuromuscular blockage (NMB) during general anesthesia ($p=0.079$).

Conclusion

Fully ambulatory laparoscopic sleeve gastrectomy seems to be a safe approach in patients with OS-MRS score of A or B and undergoing primary LSG.