Is early discharge of patients post laparoscopic roux en Y gastric bypass safe?

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Introduction: The objective of this study was to examine the safety and feasibility of early hospital discharge of patients undergoing laparoscopic Roux-en-Y gastric bypass (LRYGB) for obesity.

Methods and Procedure: Prospective database of bariatric surgery clinical outcomes of patients from November 2007 to July 2011 and discharged within the first 3 post operative days. Fischer exact tests was used to determine if there were any differences between patients discharged on post operative day 1 and those discharged on day 2 or 3.

 Results: A total of 349 patients were included (280 females and 69 males). 23 were discharged on post operative day 1 (early) with 283 discharged on day 2 and 43 discharged on day 3 (normal). The two groups were similar in terms of mean age (45.5 versus 46.0, p=0.83), mean BMI (47.6 versus 47.6, p=0.98), presence of co morbidities (hypertension, type 1 and 2 diabetes mellitus, obstructive sleep apnea, coronary artery disease, dyslipidemia, gastroesophageal reflux, asthma or COPD). The early group did differ from the normal discharge group in terms of shorter mean operative (139.4 versus 152.7 minutes, p=0.01) and having a significantly greater proportion of patients living within the greater Ottawa area (within 1 hour of travel time to the weight management clinic) (76.3% versus 45.8%, p=0.004). Overall there were 51 peri-operative complications for a rate of 14.6%. The rate was lower (8.7%) in the early discharge group versus the later discharge group (15.0%) but this was not statistically significant (p=0.43). The rate of subsequent hospital visits post discharge was similar between the two groups (21.7% versus 20.8%, p=0.89). There were no deaths in our series.

Conclusion: Early discharge within 1 day of LRYGB appears to be safe and feasible patients in our patient population.