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HEALING AT HOME

How to Safely Transition Your Bariatric Surgery Practice to Outpatient

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DISCLOSURES

Proctor for da Vinci Surgery

da Vinci Bariatric Case Observation site

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WHAT IF I TOLD YOU…

- 80-85% of Bariatric cases could be discharged 4-6 hours after surgery?
- With just Tylenol for pain?
- Without an increase in return to ER within 30 days?
- And that patients actually prefer this on post-discharge surveys?

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OR JUST CRAZY?

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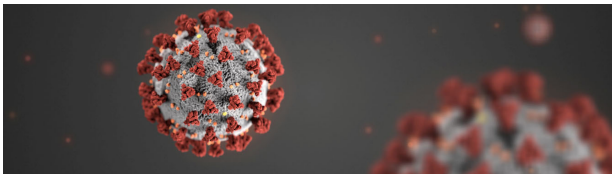
MY PUSH FOR OUTPATIENT CASES?

- COVID-19 Era
  - Elective inpatient case shutdown
  - Bed availability / staffing issues
  - Prolonged PACU stays
- Patients do not want to be in the hospital!



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OUTPATIENT SURVEYS

- "Everyone was very knowledgeable and made me feel very confident and comfortable to go home after surgery."
- "Fives across the board. You are all wonderful!"
- "Everyone was absolutely amazing. So caring and helpful. 10/10 recommend."
- "Dr. Cox checked in with me often, they all assured me I was in safe hands and I felt safe with them. 5+ thumbs up!"

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HOW DID I START?

- Outpatient Protocol
- Anesthesia and perioperative nursing support
- Outpatient Case Selection Criteria
- Pre-operative Education
- Post-operative Follow Up

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OUTPATIENT PROTOCOL

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OUTPATIENT PROTOCOL
Pre-op

- Ensure Pre-Surgery Carb Drink drink at 10pm night before and 4 hours before surgery
- Medications administered in pre-op holding:
  - Tylenol 1g PO
  - Celebrex 200mg PO
  - Reglan 10mg IV
  - Pepcid 20mg IV
  - Decadron 4mg IV
  - Weight-based subcutaneous heparin
- Versed as needed
- Open fluids immediately and let full liter get in as quickly as possible

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OUTPATIENT PROTOCOL
Induction

- Induction
  - No Fentanyl on induction
  - Esmolol (50-80mg), Lidocaine, Propofol, Rocuronium, Ketamine 50mg
- TAP blocks under ultrasound guidance by anesthesia team after induction

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OUTPATIENT PROTOCOL
Intra-op

- Multiple non-narcotic adjuncts to reduce/eliminate need for narcotics
  - Decadron 4mg IV
  - Sevoflurane
  - 1g Mag sulfate
  - Precedex gtt, Lidocaine gtt, another 50mg Ketamine
  - Rocuronium redosing as needed
  - Typically another 1L fluids given (depends on length of case)
- Maximum narcotic dose allowed:
  - Fentanyl 50mcg
  - Most times can be avoided completely

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OUTPATIENT PROTOCOL
Wake Up

- 15mg Toradol
- Zofran 4mg
- Reversal
- Sevoflurane off early to facilitate wake-up speed, Precedex gtt continued during closing
- Fentanyl as needed (up to max 50mcg dose)
  - If RR above 25 or other indication of pain

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OUTPATIENT PROTOCOL
Post-op

- Recovery room pain control regimen :
  - Tylenol 650mg liquid PO q6h
  - Toradol 15mg IV q6h
  - Lidocaine patch
  - Oxycodone 5mg q4h PRN
- Immediately begin bariatric clear liquids (4oz per hour max)
- Ambulation within 60 minutes
- Over-hydrate!
- Discharge 4-6 hours post-op

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OUTPATIENT PROTOCOL
Over-hydration

- Fluid regimen
  - 250 mL/hour LR immediately on arrival to PACU on fluid pump
  - Continues until discharge
- POD #1 at home
  - Set alarm for 8am
  - Start 4-6 ounces fluid per hour

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OUTPATIENT PROTOCOL
At Home

- Narcotic free!
- Pain control regimen
  - Dissolvable pack Tylenol q6h
  - Lidocaine patch OTC
- If they call and are uncomfortable?
  - Gabapentin 300mg q8h PRN
  - Only 5% of patients, mainly sleeves

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OUTPATIENT CASE SELECTION CRITERIA

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OUTPATIENT CASE SELECTION CRITERIA

- Start with simple cases!

Sleeve Gastrectomy → Gastric Bypass → Revision

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WHO IS MORE LIKELY TO GO HOME SAME DAY?

A

40F BMI 41 with pre-Diabetes, sleeve gastrectomy, lives 25 min away with 15YO daughter

B

35F BMI 65 with HTN and OSA, gastric bypass, lives 2 hours away with husband and 6YO daughter

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WHO IS MORE LIKELY TO GO HOME SAME DAY?

WHY?

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OUTPATIENT CASE SELECTION CRITERIA

- Is lower BMI a predictor for success at home?

NO!!!!!

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OUTPATIENT CASE SELECTION CRITERIA

- Predictors for success:
  - MOTIVATED PATIENT
  - Support at home post-operatively
  - Prior robotic or laparoscopic surgeries (familiar with "gas pain")
  - Shorter operative time

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OUTPATIENT CASE SELECTION CRITERIA

- Consider overnight stay if:
  - Insulin-dependent Diabetic
  - Kidney disease
  - Cardiopulmonary disease
  - Limited social support or lives alone
  - Lives >90 minutes away from hospital

ANY CONCERN IN GENERAL

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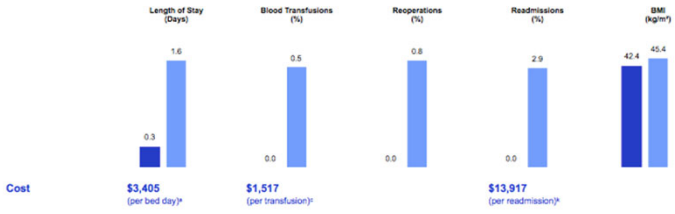
IS THIS SAFE?

Dr. Amanda Pysher Cox: Surgeon's own da Vinci data vs. published lap data
Bariatric Outpatient Sleeve



	Length of Stay (Days)	Blood Transfusions (%)	Reoperations (%)	Readmissions (%)	BMI (kg/m²)
Cost	$3,405 (per bed day)*	$1,517 (per transfusion)*		$13,917 (per readmission)*	

- RAS using da Vinci systems (n=82)
- Lap (n=26976)
- Open (Not Applicable)

Estimated Cost Savings Per Procedure
$4,770 vs. Lap

Estimated Total Cost Savings
$391,106 vs. Lap

Dr. Amanda Pysher Cox provided data for Bariatric Sleeve, da Vinci: 5/2021 - 7/2023. Outcome measures reported in this presentation are selected based on the surgeon's interests and availability of relevant data.
Reference: Acevedo E Jr, Mazzei M, Zhao H, Lu X, Soans R, Edwards MA. Outcomes in conventional laparoscopic versus robotic-assisted primary bariatric surgery: a retrospective, case-controlled study of the MBSAQIP database. Surg Endosc. 2020 Mar; 34(3):1353-1365. doi: 10.1007/s00464-019-06915-7. Epub 2019 Jun 17. PMID: 31209608; PMCID: PMC7222929

Data presented for robotic-assisted surgery reflect a single surgeon experience. Reported outcomes may or may not reflect typical patient or surgeon experience. A summary of a peer reviewed study based on large patient populations is available in this presentation and represents additional patient or surgeon experiences. The surgeon's results reported here may or may not be reproducible and are not generalizable. The data are not collected under formalized study. This data comparison is not case matched for patient complexity and/or disease status and may not be comparable across these surgical modalities. DATA ARE NOT PEER REVIEWED AND ARE NOT PUBLISHED. As such, this data presentation should be considered as informational only and is not conclusive. Cost estimates have been independently generated by Intuitive Surgical using cost modeling methodology based on national averages and have not been published or peer-reviewed.

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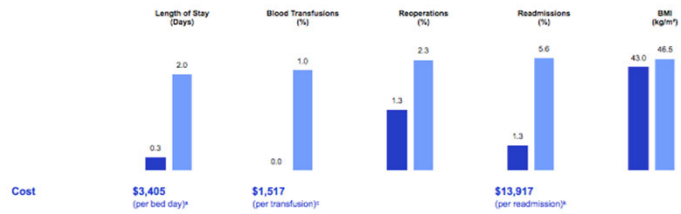
IS THIS SAFE?

Dr. Amanda Pysher Cox: Surgeon's own da Vinci data vs. published lap data
Bariatric Outpatient RNY Bypass



	Length of Stay (Days)	Blood Transfusions (%)	Reoperations (%)	Readmissions (%)	BMI (kg/m²)
Cost	$3,405 (per bed day)*	$1,517 (per transfusion)*		$13,917 (per readmission)*	

- RAS using da Vinci systems (n=79)
- Lap (n=9516)
- Open (Not Applicable)

Estimated Cost Savings Per Procedure
$6,476 vs. Lap

Estimated Total Cost Savings
$511,586 vs. Lap

Dr. Amanda Pysher Cox provided data for Bariatric RNY Bypass, da Vinci: 4/2021 - 7/2023. Outcome measures reported in this presentation are selected based on the surgeon's interests and availability of relevant data.
Reference: Acevedo E Jr, Mazzei M, Zhao H, Lu X, Soans R, Edwards MA. Outcomes in conventional laparoscopic versus robotic-assisted primary bariatric surgery: a retrospective, case-controlled study of the MBSAQIP database. Surg Endosc. 2020 Mar; 34(3):1353-1365. doi: 10.1007/s00464-019-06915-7. Epub 2019 Jun 17. PMID: 31209608; PMCID: PMC7222911

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PIFTALLS

- Dehydration
- Billing / Reimbursement
- Inadequate pre-op education
- Lack of support person

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QUESTIONS?

- Email – drcox@scnv.com
- Follow along online!
  - Amanda Pysher Cox
  - drpyshercox