

Is Fast track surgery (FTS) – as safe in revisional surgery as in primary cases?

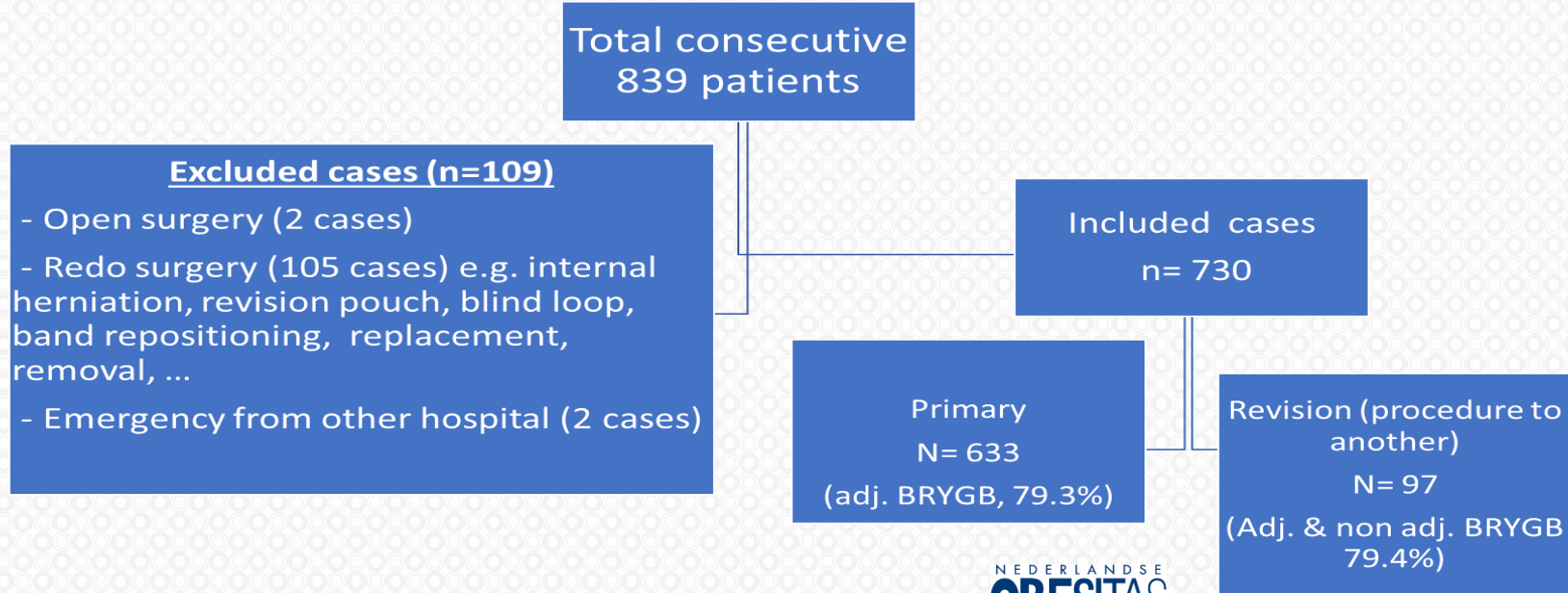
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- **Fast track surgery (FT)** : coordinated perioperative approach aimed at reducing surgical stress and facilitating postoperative recovery
- **Aim :**
 1. Compare the efficacy and safety of FT perioperative protocol for management of primary and revision bariatric patients.
 2. Identify factors that may limit early discharge in both groups.
- **End points:**
 1. Primary endpoint: length of stay (LOS) = discharge time - admission time
 2. Secondary endpoints: 30 days clinical outcomes of early discharge
 - Frequency of hospital contact
 - Readmission rate
 - Surgical complications that needed re-intervention.

Methodology

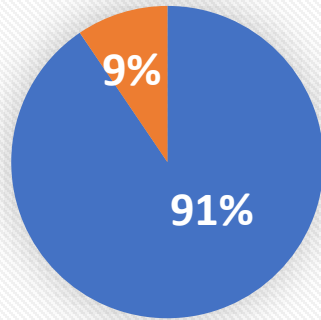
- Retrospective , prospective collective data of 30 days outcomes
- January 2016- December 2017



Length of stay: discharge time - admission time

Target of FT protocol : discharge the day after surgery (one night hospital stay; LOS=1)

Primary



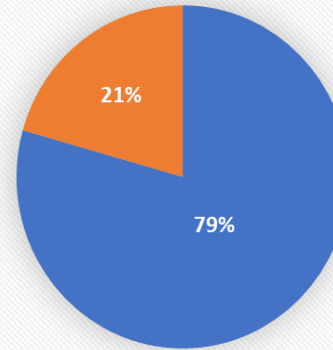
■ one night ■ more than one night

Median LOS

1.13

(0.17-14.09 days)

Revision



■ one night ■ more than one night

Median LOS

1.16

(0.32-14.13 days)

0.12

Difference in clinical outcomes between FT managed primary and revision bariatric patients (total population = 730)

	Primary (n= 633, %)	Revision (n=97, %)	P value
Contact to the hospital	156 (24.6%)	30 (30.9%)	0.186
Readmission	39 (6.2%)	13(13.4%)	0.010
Reintervention	19 (3%)	6 (6.2%)	0.108

- **Most common causes of LOS 2 nights or more**

- ✓ Nausea and vomiting
- ✓ oral intolerance, dysphagia
- ✓ Abnormal signs "not good patient" (fever, tachycardia, trocar bleeding, tired or exhausted)

Predictors for LOS (LOS ≥ 2)

Multivariate regression analysis(sig. <0.05)

1ry versus revision procedure		Sig.	RR	95% CI for EXP(B)	
				Lower	Upper
Primary	Sex (female)	.053	2.431	.987	5.983
	Hypothyroidism	.006	3.201	1.386	7.392
	Asthmatic	.020	2.914	1.183	7.181
	Operative time (every minute)	.003	1.024	1.008	1.040
	Operative time (more than 2 hours)	.476	.535	.096	2.990
	Associated non- bariatric procedure	.074	2.466	.917	6.631
Revision	Age (50 years or more)	.250	1.869	.644	5.426
	Operative time (more than 2 hours)	.044	3.243	1.033	10.179

Hospital contact

	Primary (n=633) 156 (24.6%)		Revision (n= 97) 30(30.9%)	
	N	readmissio n	N	readmission
Phone call	97 (15.3%)	8	15 (15.5%)	0
Emergency room visit	48 (7.6%)	25	16 (16.5%)	13
Visit outpatient clinic	41 (6.4%)	6	3 (3.1%)	0
		39		13

	Primary 156 (24.6%)	Revision 30 (30.9%)
Abdominal pain	52	18
Dysphagia/oral intolerance	26	3
Nausea and vomiting	25	3
Constipations	24	4
Question about the medications	16	1
Wound complaints: infection, bleeding, haematoma, pain	15	3
Fever	14	2
Bleeding complaints	9	1
Respiratory complaints	8	1
Shoulder pain	5	0
Food impaction	3	0
Acute cholecystitis	2	1

Readmission and re-operation

Readmission after one/ more than one night		Conservative	Endoscopic	Laparoscopic	Endoscopy and laparoscopy	Total readmission
Primary	Discharge after one night	24 (68.5%)	4	3	4	35/573 (6.1%)
	Discharge more than one night	2	2			4/60 (6.6%)
	Total	26	6	3	4	39/633
Revision	Discharge after one night	6 (60%)	1	3	0	10/ 77 (13%)
	Discharge more than one night	2			1	3/20 (15%)
	Total	8	1	3	1	13/97

40%

More than 2 hours operative time

After one night discharge

	Primary (n=573, %)	Revision (n=77, %)	P value
Contact to the hospital	139 (24.3%)	24 (31.2%)	0.189
Readmission	35 (6.1%)	10 (13%)	0.026
Reintervention	11 (1.9%)	4 (5.2%)	0.072

After one night discharge

Primary group

Readmission: 6.1%

- 70% : conservative
- 30 % reintervention 60 %
in revision group.

Revision group

Readmission : 13%

- 60% conservative treatment
- 40 % reintervention

Operative time : more than 2
hours

Conclusion

- Fast track protocol is feasible and safe in the revision compared to primary bariatric procedures.
- One day discharge is safe and applicable in primary and revisional surgery
- Operative time is a good predictor for longer hospital stay and for reintervention in FT managed bariatric patients.
- Operative time is the most important predictor for longer hospital stay (2 nights or more) especially for revision patients (more than 2 hours).



**THANK YOU
for your
ATTENTION!**