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Bariatric Care Regimen Significantly Reduces Hospital Readmissions, Opioid Use

By Anna DeNelsky

A new care regimen for bariatric surgery patients cut postoperative recovery time in half and reduced opioid use by 95%, according to a study conducted at Roper St. Francis Bariatric & Metabolic Services, in Charleston, S.C.

Patient outcomes, evaluated before and after the surgery center implemented the enhanced recovery after surgery (ERAS) protocol in 2016, showed decreases in readmission rates by nearly 40%, postoperative average length of stay from 3.3 to 1.5 days, and average in-hospital per-patient morphine equivalents from 89.1 to 4 mg.

“Before the protocol, 96% of our surgical patients received opioids either upon induction of anesthesia or during the case. That number now is zero,” Charles K. Mitchell Jr., MD, a bariatric surgeon at Roper St. Francis, said in a press release. “Depending on the month, somewhere between 55% and 70% of patients receive no opioids during their hospital stay.”

In addition, ERAS proved to be cost-effective for the hospital, not only due to shorter hospital stays, fewer readmissions and less pain medication, but also types of pain medication used. “Some programs will implement these protocols and they’ll use very expensive pain medications, such as intravenous Tylenol [Ofirmev, Cadence Pharmaceuticals] or Exparel suspension [Pacira],” Dr. Mitchell said. “We decided that strategy was cost-prohibitive, so we administered 0.25% bupivacaine as a local anesthetic and Tylenol tablets.”

The cost of that analgesic combination at Roper St. Francis was \$6.24 for the first 24 hours postoperatively compared with approximately \$672 for three doses of IV Tylenol and one vial of Exparel, Dr. Mitchell noted.

Implementing the protocol involved more than adopting new practices. “Anytime you start an enhanced recovery after surgery protocol, the first thing you have to get people to understand is that it’s not just an order set; it’s a completely different mindset,” Dr. Mitchell said.

The protocol involves preoperative patient education about a pain management plan and nursing staff training on multimodal analgesics. Furthermore, ERAS promotes patients’ physical activity and taking liquids by mouth within six hours of their operations.