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GASTROESOPHAGEAL REFUX DISEASE OUTCOMES IN PATIENTS UNDERGOING LAPAROSCOPIC SLEEVE GASTRECTOMY AND CONCURRENT HIATAL HERNIA REPAIR

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Background: Hiatal hernia is present in up to 40% of patients with obesity. Whether HH repair (HHR) concurrent with laparoscopic sleeve gastrectomy (LSG) resolves preoperative GERD and prevents development of postoperative GERD is unclear. This study describes changes in GERD symptoms in patients undergoing LSG and HHR.

Methods: A retrospective chart review revealed 238 patients who underwent LSG and concomitant HHR from 2005 to 2018. Patients were considered to have GERD if they were symptomatic and receiving anti-reflux medication (PPI or H2 antagonist daily).

Results: 30% of hiatal hernias were diagnosed preoperatively. The technique of HHR included posterior crural repair (89.5%); anterior crural repair (8%); both anterior and posterior repair (2.5%); bioabsorbable mesh (2.5%); use of pledgets (11%); and placement of esophageal repair in crural stitches (3%). Overall, 47.9% of patients were found to have GERD preoperatively and 40.8% postoperatively. GERD resolved in 56/114 (49.1%) patients with preoperative GERD after a median time of 14.1 months (range: 14-2393 days). Of the 124 patients without GERD preoperatively, 39 (31.5%) developed de novo GERD after a median time of 30.3 months (range: 76-2779 days). The group with postoperative GERD included more patients with preoperative GERD (59.8% vs. 39.7%, p=0.002) and more women (92.8% vs. 83%, p=0.027) relative to the group without postoperative GERD.

Conclusions: LSG and concurrent HHR leads to resolution of symptoms in nearly 1 in 2 patients with GERD preoperatively and development of new symptoms in 1 in 3 patients. HHR at the time of LSG does not guarantee resolution of GERD.

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A PROSPECTIVE RANDOMIZED STUDY OF AN ENHANCED RECOVERY AFTER SURGERY (ERAS) PATHWAY IN PATIENTS UNDERGOING LAPAROSCOPIC SLEEVE GASTRECTOMY

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Background: Enhanced recovery after surgery (ERAS) aligns the practice of anesthesia with the care given by the surgical team before, during, and after surgery. In bariatric surgery, randomized clinical trials (RCT) on ERAS are few. We report the Results of an RCT testing an ERAS protocol incorporating a novel multidrug strategy in patients undergoing laparoscopic sleeve gastrectomy (LSG).

Methods: 132 patients undergoing LSG between March 2018 and January 2019 were randomized to either standard of care (SOC; N=65) or ERAS (N=67). Ten patients were excluded due to protocol violation. ERAS included a pre- and post-surgical medication regimen designed to reduce postoperative nausea, vomiting and opioid use. Groups were compared on time from arrival to the post-anesthesia care unit (PACU) until ready for discharge (RFD; measured on an objective 5-point scale including vital signs, liquid intake, nausea and vomiting score, pain score and ambulation).