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# CONGRESSO SICOB OBESITÀ

Tecnopolo di Reggio Emilia



18 APRILE 2026

# ERABS NELLA PRATICA CLINICA: APPLICAZIONE E CRITICITA' NEI DIVERSI CONTESTI ASSISTENZIALI

**DOTT. NAZARENO BURAGLIA**

**CENTRO DI CHIRURGIA  
BARIATRICA E METABOLICA**

**S.O.C. CHIRURGIA GENERALE E D'URGENZA  
DIRETTORE – STEFANO BONILAURI**



**SERVIZIO SANITARIO REGIONALE  
EMILIA-ROMAGNA**  
Azienda Unità Sanitaria Locale di Reggio Emilia  
IRCCS Istituto in tecnologie avanzate e modelli assistenziali in oncologia



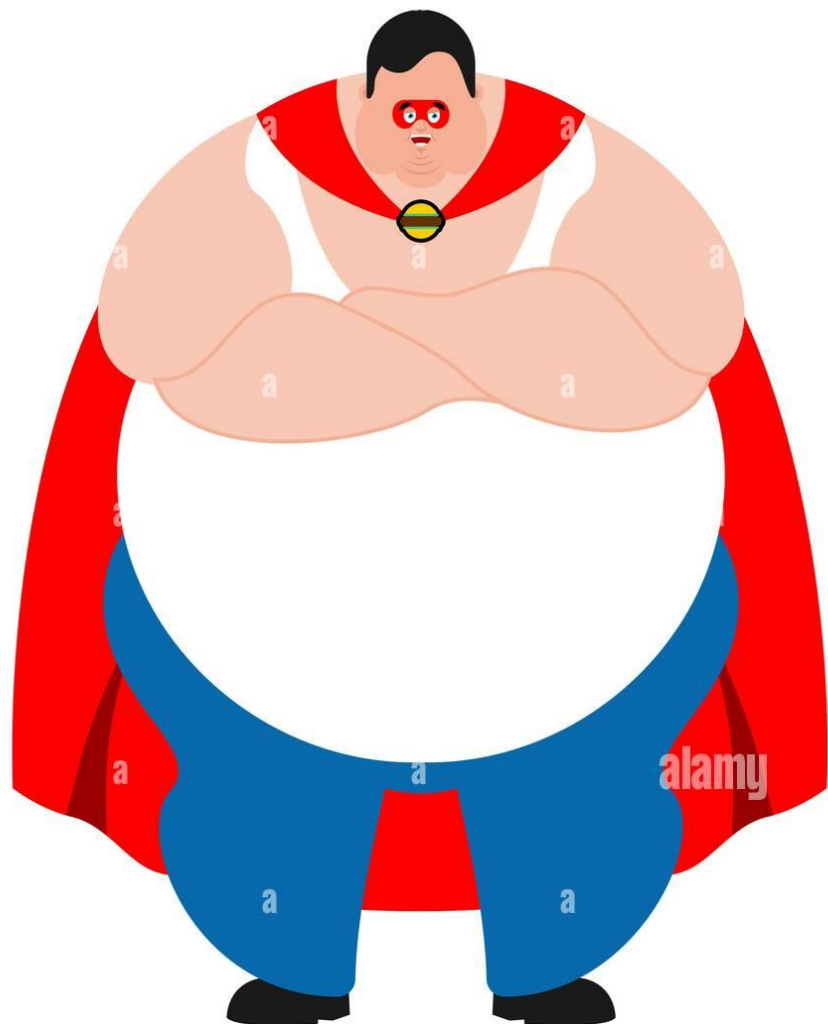
**A****EFFICACIA E SICUREZZA DELL'ERABS**

L'adozione di un protocollo ERABS in chirurgia bariatrica:

① Riduce la durata della degenza ospedallera	Livello di Evidenza	1
	Raccomandazione su Evidenze	A
② È una procedura sicura	Livello di Evidenza	1
	Raccomandazione su Evidenze	A
③ Non aumenta i costi della chirurgia	Livello di Evidenza	2
	Raccomandazione su Evidenze	B

# Enhanced Recovery After Bariatric Surgery (ERABS) protocol

PreOp	IntraOp	PostOp
Preadmission counseling	Minimally invasive surgical approach	No naso-gastric tubes
Carbohydrate loading	Local anaesthetic	No urinary catheteres (or early removal)
No premedication	Short acting anaesthetic agents	Early mobilisation
	Avoidance of sodium/fluid overload	Non-opiate oral analgesic
	Short incisions	Prevention of nausea and vomiting



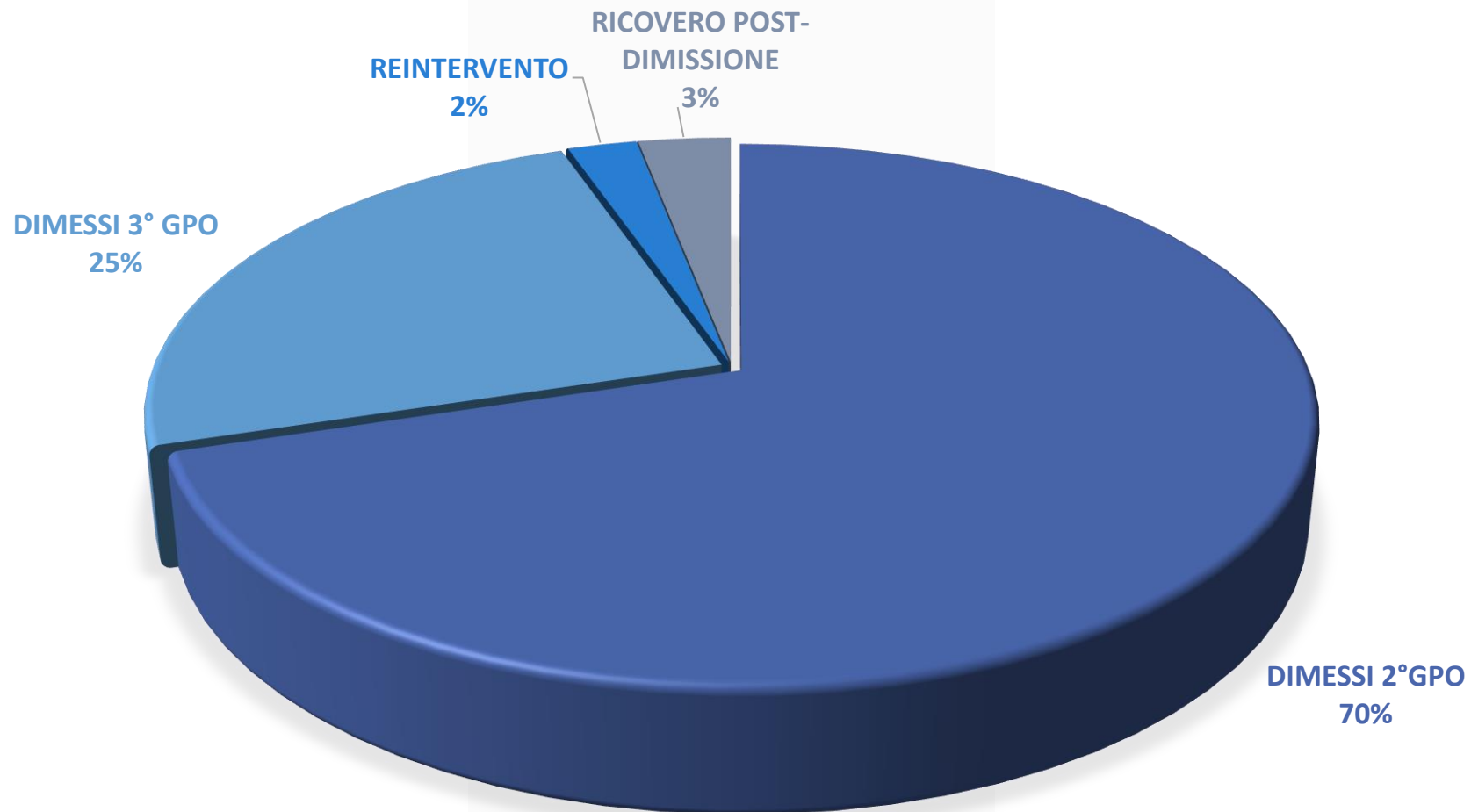
L'UTILIZZO DELLA TERAPIA FARMACOLOGICA NELLA PRE-HABILITATION HA RIDOTTO IL NUMERO DI PAZIENTI SUPEROBESI (BMI>50 kg/m<sup>2</sup>) ED HA MIGLIORATO L'ADERENZA AL PROTOCOLLO ERABS PER NUMEROSE REALTA' ASSISTENZIALI.

# ERABS: INDICATORI DEGLI OBIETTIVI E DEI RISULTATI

- DURATA DELLA DEGENZA
- MORBIDITA'
- MORTALITA'
- NUOVO RICOVERO OSPEDALIERO
- REINTERVENTO
- ADERENZA AGLI ELEMENTI DEL PROTOCOLLO ERABS

# CASISTICA DAL 2021 A MARZO 2026 PRESSO ASMN

## ESITI ERABS ASMN





*Se hai un sogno, devi proteggerlo.  
Quando le persone non riescono a fare qualcosa,  
dicono che non puoi farla neanche tu.  
Se vuoi qualcosa, vai e prenditela. Punto.*

# Reducing complication rates and hospital readmissions while revising the enhanced recovery after bariatric surgery (ERABS) protocol

Marjolijn Leeman <sup>1</sup>, Stefanie R van Mil <sup>2</sup>, L Ulas Biter <sup>2</sup>, Jan A Apers <sup>2</sup>, Kees Verhoef <sup>3</sup>, Martin Dunkelgrun <sup>2</sup>

Affiliations + expand

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## Abstract

**Background:** To optimize the postoperative phase following bariatric surgery, the enhanced recovery after bariatric surgery pathway (ERABS) has been developed. The aim of ERABS is to create a care path that is as safe, efficient and patient-friendly as possible. Continuous evaluation and optimization of ERABS are important to ensure a safe treatment path and may result in better outcomes. The objective of this study was to compare the clinical outcomes of patients undergoing bariatric surgery over 2014-2017, during which the ERABS protocol was continuously evaluated and optimized.

**Methods:** This is a retrospective cohort study. Data were collected from patients undergoing a primary Roux-en-Y gastric bypass or sleeve gastrectomy between January 2014 and December 2017. Outcomes were early complications, unplanned hospital revisits, readmissions, duration of surgery and length of hospital stay.

**Results:** 2889 patients underwent a primary bariatric procedure in a single center. There was a significant decrease in minor complications over the years from 7.0 to 1.9% ( $p < 0.001$ ). Hospital revisit rates decreased after 2015 ( $p < 0.001$ ). Readmission rates decreased over time ( $p < 0.001$ ). The mean duration of surgery decreased from 52 (in 2014) to 41 (in 2017) minutes ( $p < 0.001$ ). Median length of hospital stay decreased from 1.8 to 1.5 days in 2015 ( $p = 0.002$ ) and remained stable since.

**Conclusion:** An improvement of the ERABS protocol was associated with a decrease in minor complication rates, number of unplanned hospital revisits and readmission rates after primary bariatric procedures.

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# Enhanced recovery after bariatric surgery: an Italian consensus statement

Giuseppe Marinari <sup>1</sup>, Mirto Foletto <sup>2</sup>, Carlo Nagliati <sup>3</sup>, Giuseppe Navarra <sup>4</sup>, Vincenzo Borrelli <sup>5</sup>, Vincenzo Bruni <sup>6</sup>, Giovanni Fantola <sup>7</sup>, Roberto Moroni <sup>8</sup>, Luigi Tritapepe <sup>9</sup>, Roberta Monzani <sup>10</sup>, Daniela Sanna <sup>11</sup>, Michele Carron <sup>12</sup>, Rita Cataldo <sup>13</sup>

Affiliations + expand

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PubMed ID

## Abstract

**Background:** Enhanced recovery after bariatric surgery (ERABS) is an approach developed to improve outcomes in obese surgical patients. Unfortunately, it is not evenly implemented in Italy. The Italian Society for the Surgery of Obesity and Metabolic Diseases and the Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care joined in drafting an official statement on ERABS.

**Methods:** To assess the effectiveness and safety of ERABS and to develop evidence-based recommendations with regard to pre-, intra-, and post-operative care for obese patients undergoing ERABS, a 13-member expert task force of surgeons and anesthesiologists from Italian certified IFSO center of excellence in bariatric surgery was established and a review of English-language papers conducted. Oxford 2011 Levels of Evidence and U.S. Preventive Services Task Force Grade Definitions were used to grade the level of evidence and the strength of recommendations, respectively. The supporting evidence and recommendations were reviewed and discussed by the entire group at meetings to achieve a final consensus.

**Results:** Compared to the conventional approach, ERABS reduces the length of hospital stay and does not heighten the risk of major post-operative complications, re-operations, and hospital readmissions, nor does it increase the overall surgical costs. A total of 25 recommendations were proposed, covering pre-operative evaluation and care (7 items), intra-operative management (1 item, 11 sub-items), and post-operative care and discharge (6 items).

**Conclusions:** ERABS is an effective and safe approach. The recommendations allow the proper management of obese patients undergoing ERABS for a better outcome.

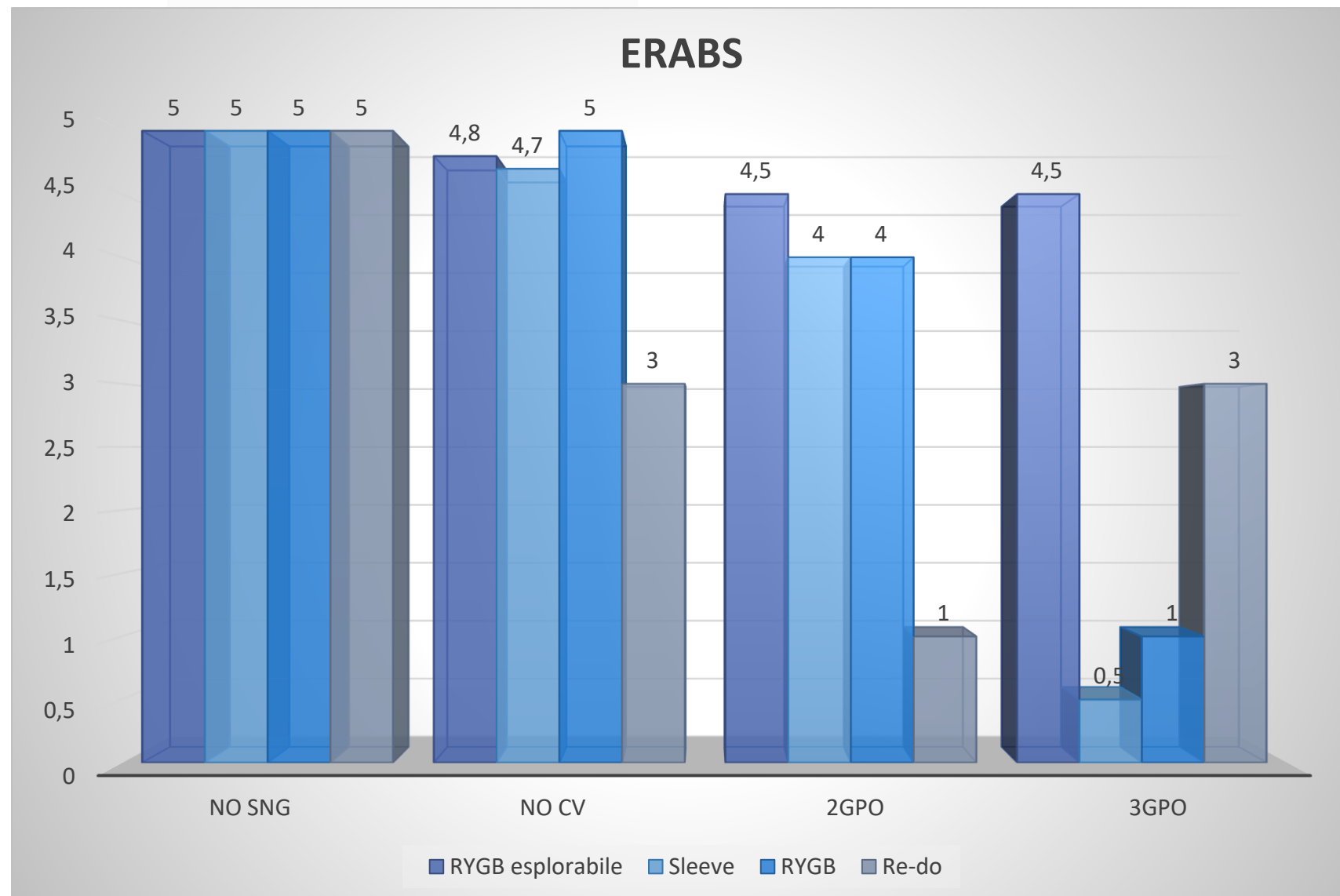
# LE CRITICITA' NELL'APPLICAZIONE DEI PROTOCOLLI ERABS

1. NUMERO ELEVATO DI ITEMS SPESSO DIFFICILI DA APPLICARE NELL'IMMEDIATO
2. CREARE UNA EQUIPE MULTIDISCIPLINARE CHE POSSA LAVORARE IN SINTONIA
3. CONTESTO ASSISTENZIALE CON ATTIVITA' CHIRURGICA AD ALTI VOLUMI, PIU' FACILE INIZIARE IN UNA REALTA' «VERGINE»



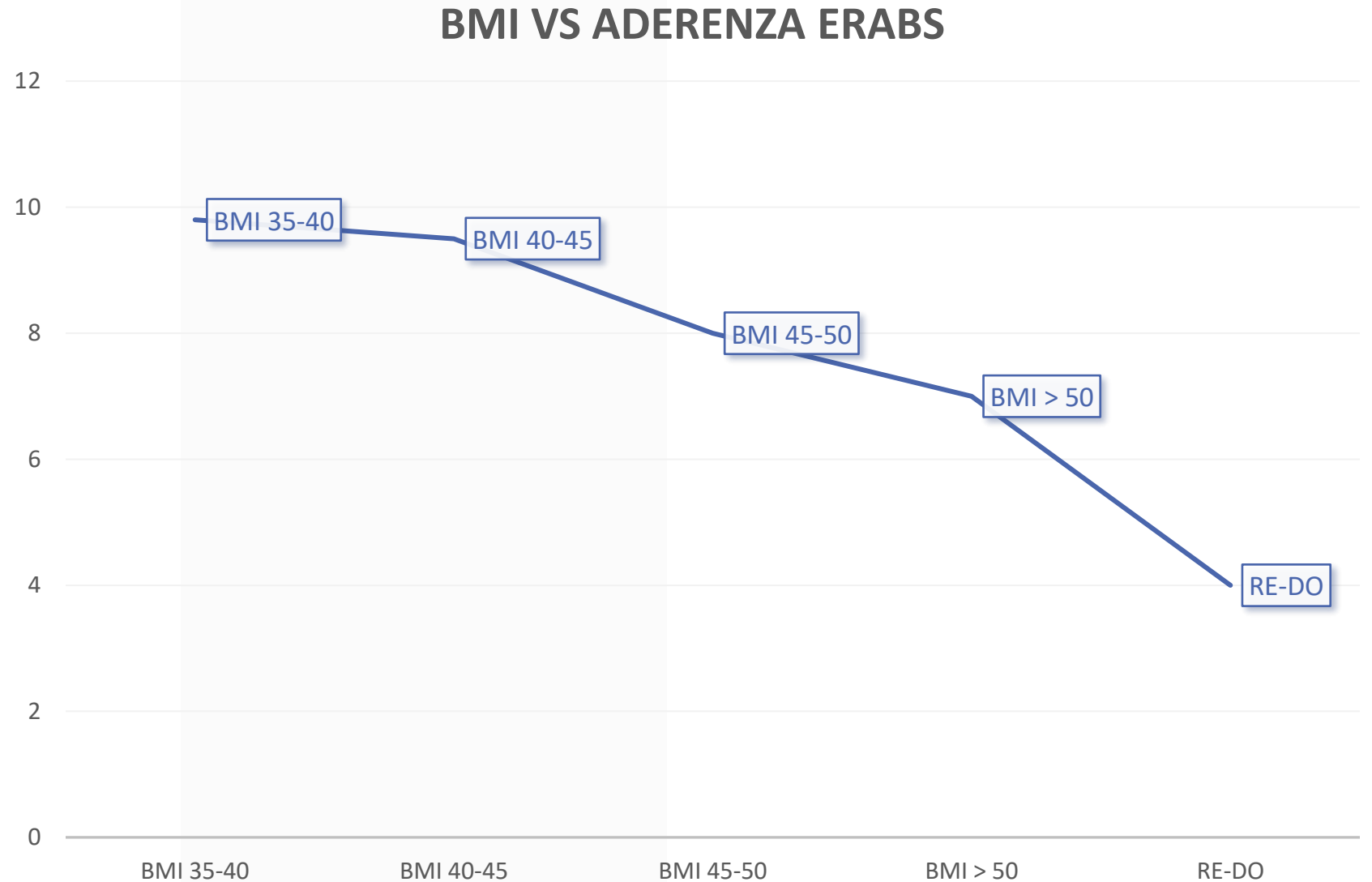
# LE CRITICITA' NELL'APPLICAZIONE DEI PROTOCOLLI ERABS

ITEMS APPLICATI  
E DIMISSIONI TRA  
IL 2021 ED IL 2026  
PRESSO ASMN



# LE CRITICITA' NELL'APPLICAZIONE DEI PROTOCOLLI ERABS

ADERENZA  
ERABS IN  
RELAZIONE A  
BMI E RE-DO  
SURGERY DAL  
2021 AL 2026  
PRESSO ASMN



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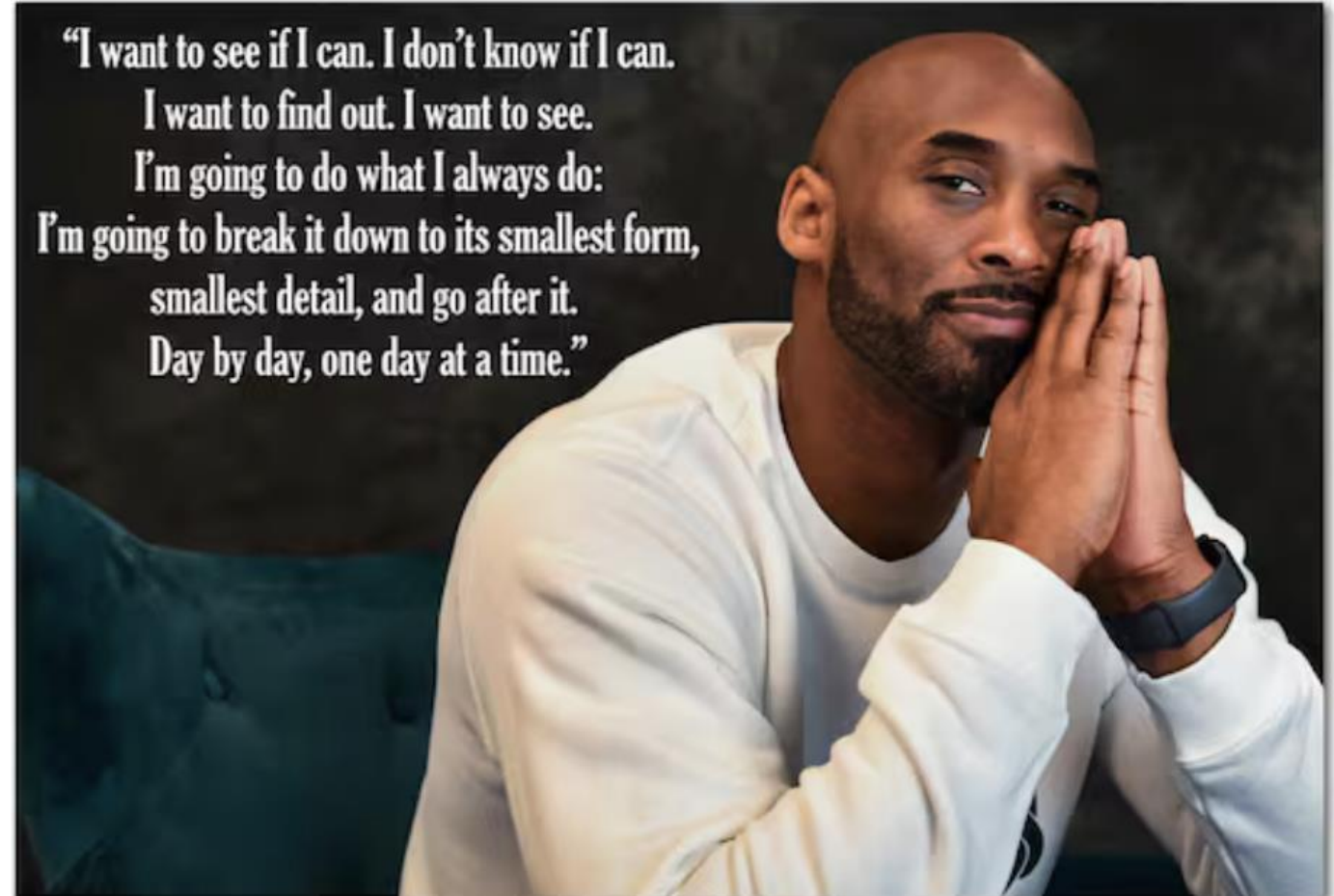
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18 APRILE 2026



# Grazie