



ERABS THEWAYPOINT

LA STANDARDIZZAZIONE

4^a edizione

VIETRI SUL MARE

LLOYD'S BAIA HOTEL

28-29 MAGGIO 2026

PRESIDENTE ONORARIO
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PRESIDENTE
UGO BARDI

RESP. SCIENTIFICO
ANTONIO BRAUN

set point gestionali di team

MIRTO FOLETTO

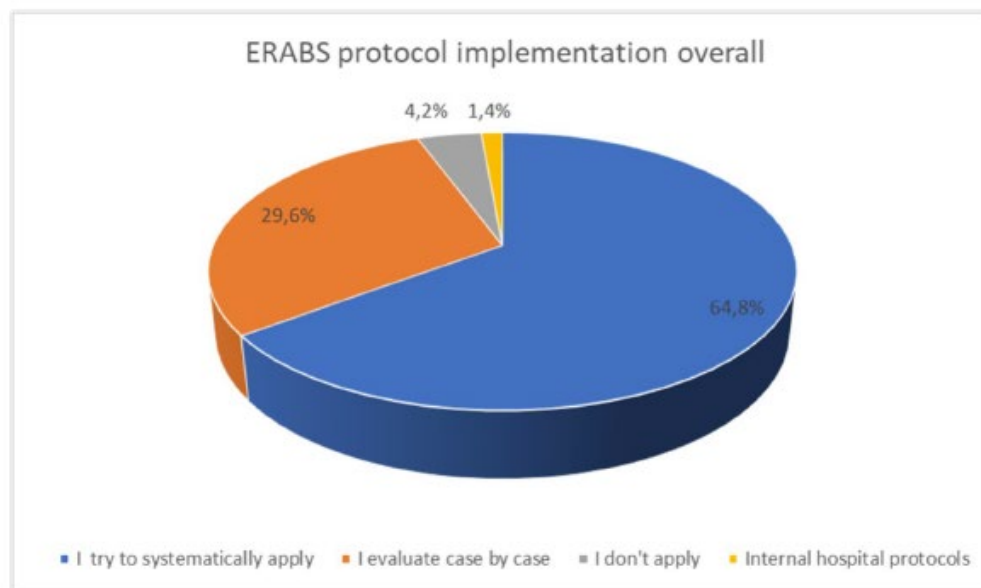
AZIENDA OSPEDALE UNIVERSITA' PADOVA



Enhanced recovery after bariatric surgery: a comprehensive survey-based analysis of ERABS actual clinical implementation in Italian bariatric centers

Lidia Castagneto-Gissey¹ · Maria Francesca Russo¹ · Annalisa Diddoro¹ · Maurizio De Luca² · Mario Musella³ · Giuseppe Navarra⁴ · Luigi Piazza⁵ · Marco Antonio Zappa⁶ · Marco Raffaelli⁷ · Nicola Di Lorenzo¹ · Giovanni Casella¹ · Collaborative Group

Fig. 2 Overall ERABS protocol implementation across bariatric centers participating to the survey



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Table 3 Overall compliance denotes the full implementation of ERABS items, categorized by center type and geographical location

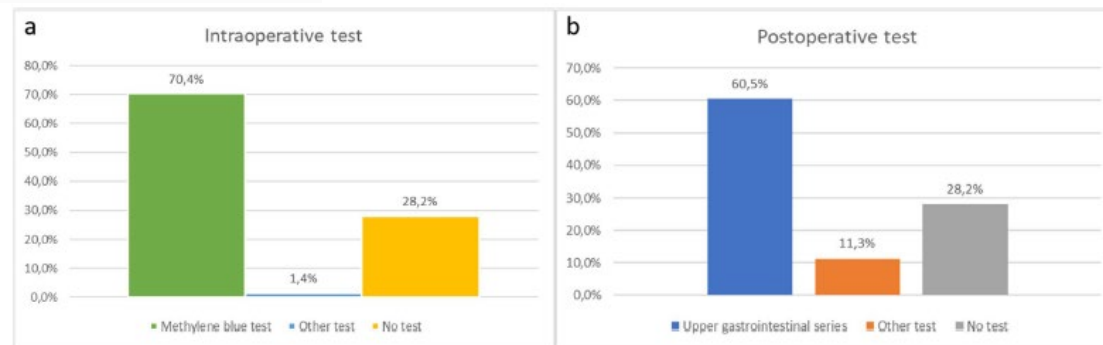
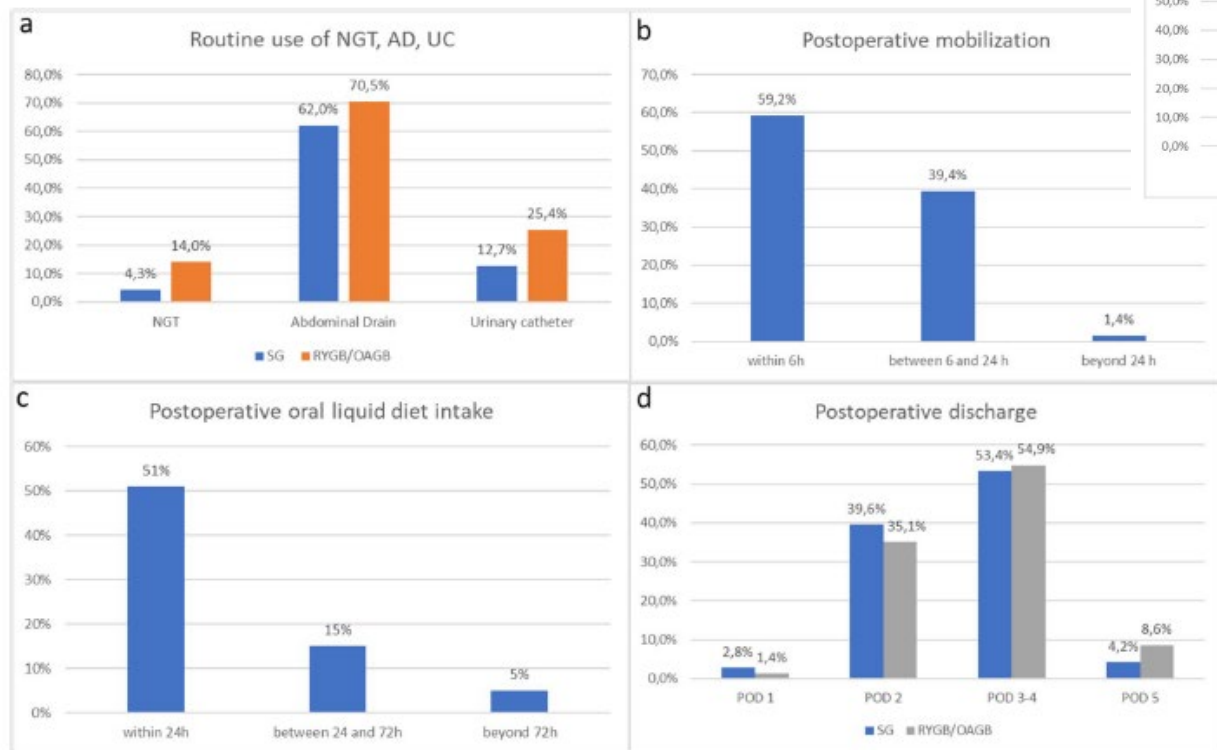
Compliance	%
Overall (<i>n</i> = 71)	58.4
By type of center	
Excellence (<i>n</i> = 31)	62.1
Affiliated (<i>n</i> = 18)	47.7
Accredited (<i>n</i> = 13)	66.9
Non-registered (<i>n</i> = 9)	60.1
By geographic localization	
North (<i>n</i> = 30)	65.1
South (<i>n</i> = 17)	51.9
Center (<i>n</i> = 17)	51.5
Islands (<i>n</i> = 7)	69.7

No significant differences were found in terms of compliance between center type and geographic localization



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Implementing novel modalities into an institutional enhanced recovery after bariatric surgery (ERABS) protocol

David Motola¹ · Romulo Lind¹ · Lauren Geisel¹ · Gary Aghazarian¹ · Muhammad Ghanem¹ · Andre F. Teixeira¹ · Muhammad A. Jawad¹

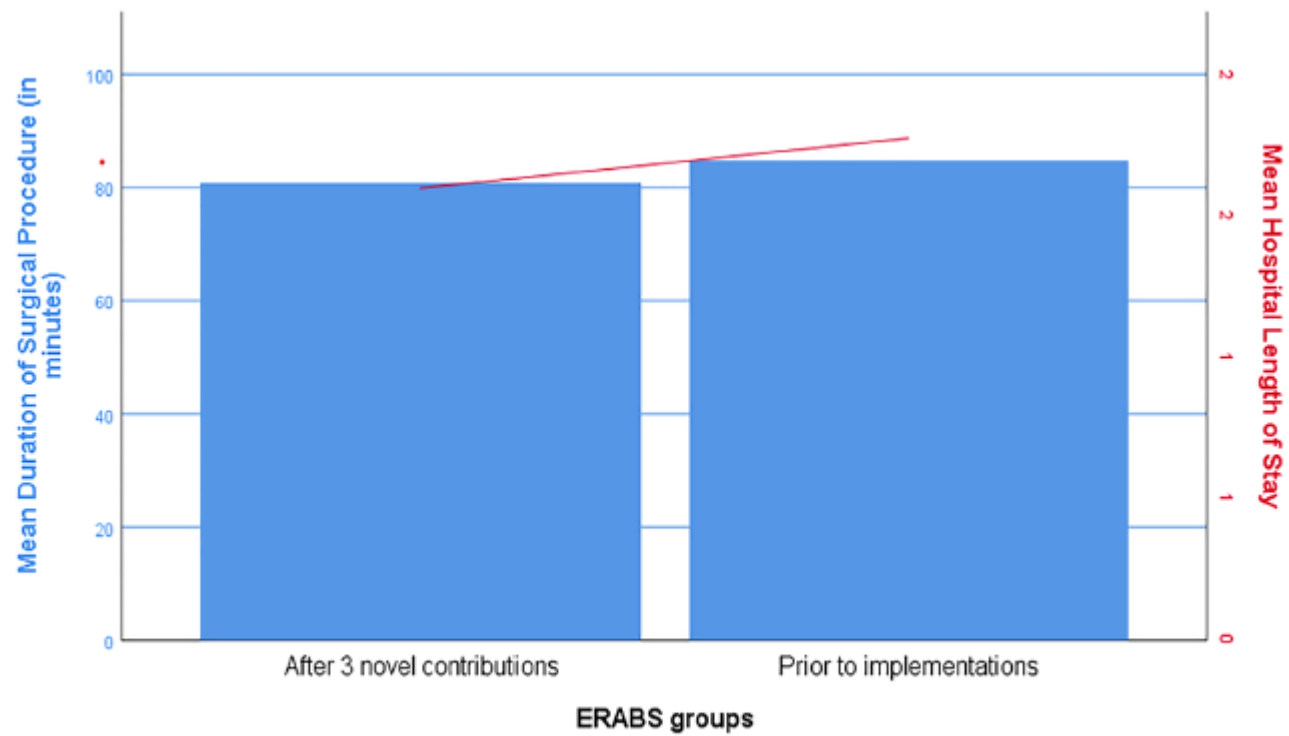


Fig. 1 Mean LOS and mean surgical procedure duration, separated by groups



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Table 1 ERABS protocol with suggested contributions

Preoperative	Multidisciplinary counseling Physical activity encouragement Smoking cessation recommendation
Perioperative	<u>Standardized anesthesia protocol plus ketamine and TAP block (group 2)</u> Gastric acid reduction (20 mg injection) PONV prophylaxis (Group 1, 4 mg ondansetron; Group 2, 75 mg fosaprepitant) <u>Analgesia (1000 mg acetaminophen plus ketamine only for Group 2)</u> Thromboprophylaxis (5000 units subcutaneous heparin) 1 dose of antibiotics (3 g cefazolin 500 mg metronidazole) Nasogastric tube removal after operation Avoidance of urinary catheters Avoidance of intra-abdominal drains
Postoperative	Early mobilization and ambulation (1–2 h after surgery) Early oral intake (4 h after surgery) Opioid sparing pain management <u>PONV management; option for second dose of fosaprepitant (Group 2)</u> 1 dose of antibiotics (3 g cefazolin 500 mg metronidazole) Respiratory exercises Formal postoperative instructions regarding self-care, diet, physical activity, and medication Recommendation for office follow-up visits

Table 2 Demographics, surgical details and complications

Total number of patients, <i>n</i> (%)	1480	Group 1	Group 2
LRYGB	331 (22.4%)	243 (21.5%)	88 (25.3%)
LSG	1149 (77.6%)	889 (78.5%)	260 (74.7%)
Gender, <i>n</i> (%)			
Male	328 (22.2%)	254 (22.4%)	74 (21.3%)
Female	1152 (77.8%)	878 (77.6%)	274 (78.7%)
Age (years)			
Mean ± SD	45.35 ± 11.65	45.87 ± 11.59	43.64 ± 11.70
BMI (Kg/m ²)			
Mean ± SD	45.40 ± 6.8	45.53 ± 6.8	44.99 ± 6.7
Comorbidities, <i>n</i> (%)			
Diabetes type 2	448 (30.2%)	369 (32.6%)	79 (22.7%)
Hypertension	779 (52.6%)	616 (54.4%)	163 (46.8)
Obstructive sleep apnea	488 (33%)	393 (34.7%)	95 (27.3%)
Hyperlipidemia	426 (28.8%)	356 (31.4%)	70 (20.1%)
Severe COPD	25 (1.7%)	25 (2.2%)	0 (0%)
History of myocardial infarction	25 (1.7%)	22 (1.9%)	3 (0.9%)
Operative time (Minutes)			
Mean ± SD	83 ± 26.53	84.79 ± 24.21	80.78 ± 32.8*
Length of hospital stay (Days)			
Mean ± SD	1.73 ± 1.02	1.79 ± 1.04	1.60 ± 0.90*
Readmissions, <i>n</i> (%)	89 (6.0%)	64 (5.7%)	25 (7.2%)
Reoperations, <i>n</i> (%)	21 (1.4%)	17 (1.5%)	4 (1.1%)
Overall complications, <i>n</i> (%)	120 (8.1%)	90 (8%)	30 (8.6%)

**p* < 0.05

Effectiveness of ERABS after bariatric surgery

Table 3 Efficacy results

ERABS item	Pre-ERABS group	ERABS group	<i>p</i> -value	ERABS B1 group	ERABS B2 group	<i>p</i> -value
LoS	4.5 days	3.05 days	< 0.05	3.8 days	2.3 days	< 0.05
PONV	40%	30%	0.03	29.6%	16.3%	< 0.05
Pain	35.7%	27%	< 0.05	35.6%	25%	NS
Adherence to ERABS				67%	80%	NS



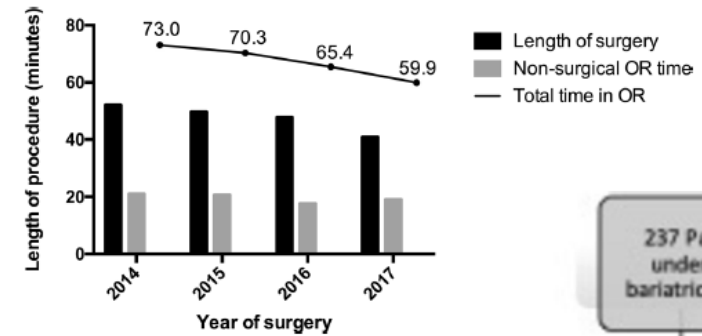
Reducing complication rates and hospital readmissions while revising the enhanced recovery after bariatric surgery (ERABS) protocol

Marjolijn Leeman¹ · Stefanie R. van Mil¹ · L. Ulas Biter¹ · Jan A. Apers¹ · Kees Verhoef² · Martin Dunkelgrun¹

Fig. 3 Crude hospital readmission rates within 30 days, decreasing over the years when comparing 2014 and 2017 ($p < 0.001$)

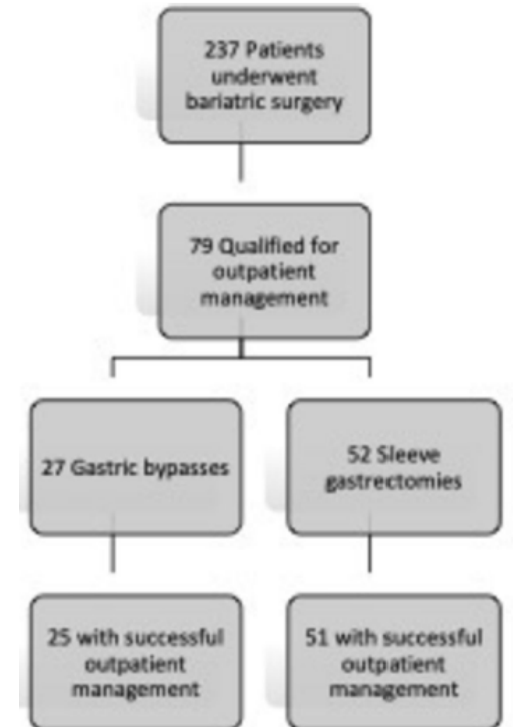


Fig. 4 Crude mean length of procedure in minutes, divided in perioperative time and length of surgery ($p < 0.001$)



Protocol for rapid discharge following bariatric surgery, outpatient and same-day discharge: an observational study of feasibility, safety and results of our protocol

Frédéric de la Codre^{1,2} · Joumana Al Ani¹ · Arnaud Mori^{1,2} · Antoine Sina¹



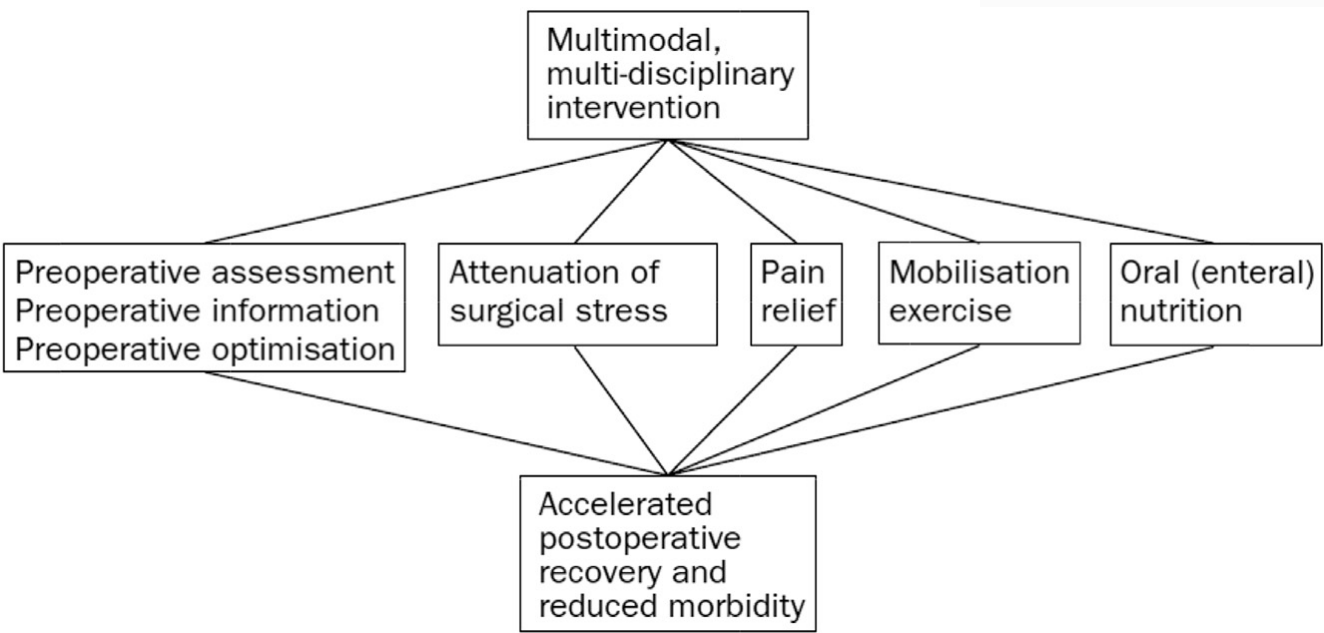
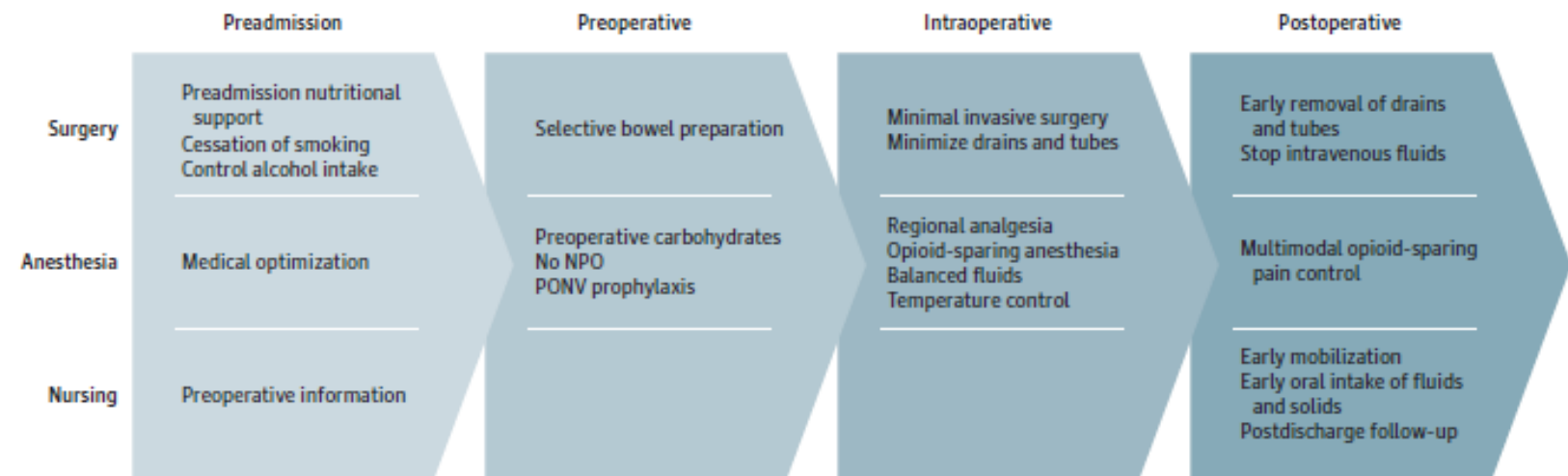


Figure. Enhanced Recovery After Surgery (ERAS) Flowchart



Set point 1

Presenza coscienza (awareness) e preparazione (mindsetting + mindfulness)

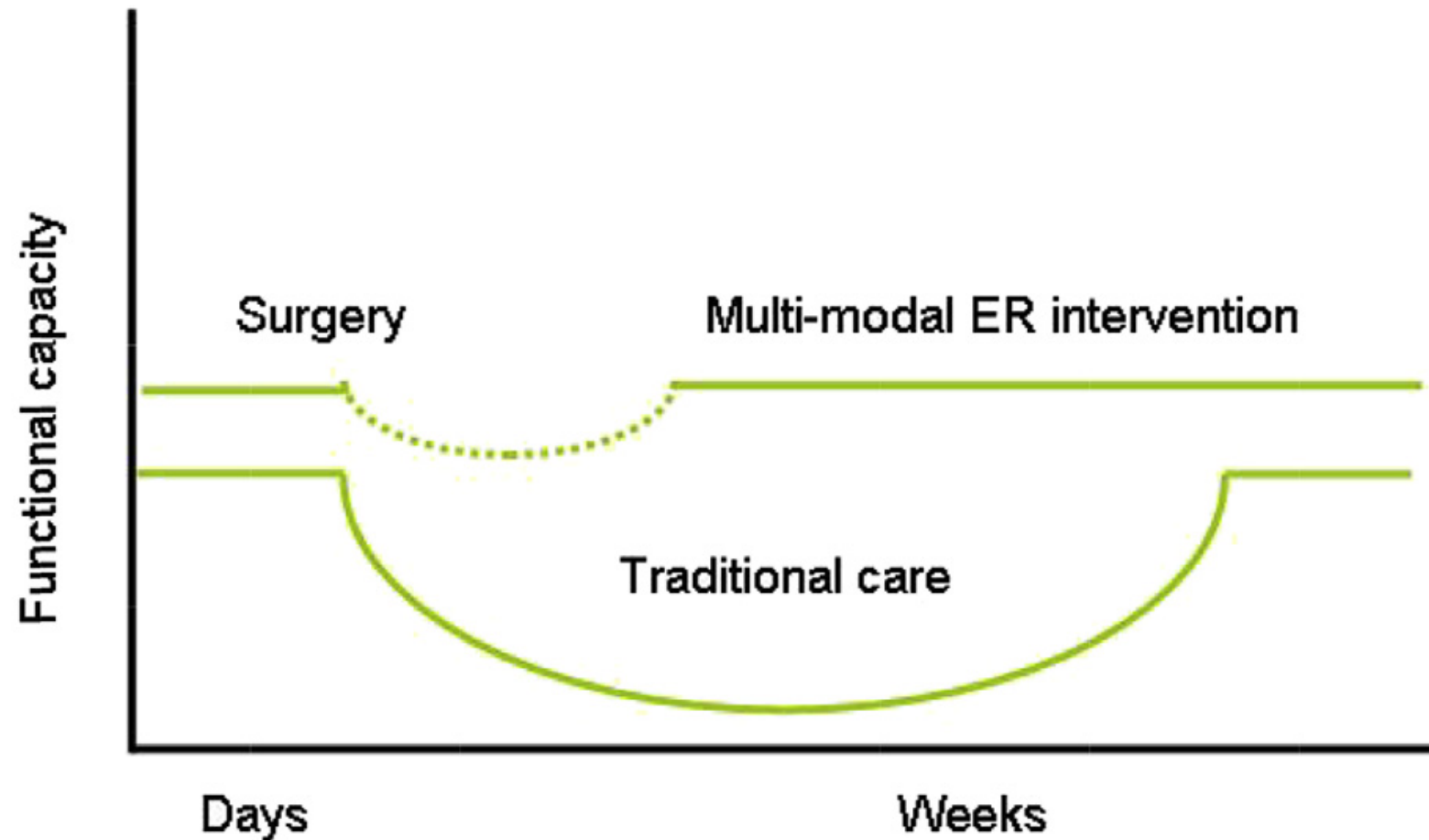


Empowerment

Set point 2

Risposta allo stress chirurgico

Enhanced recovery after surgery

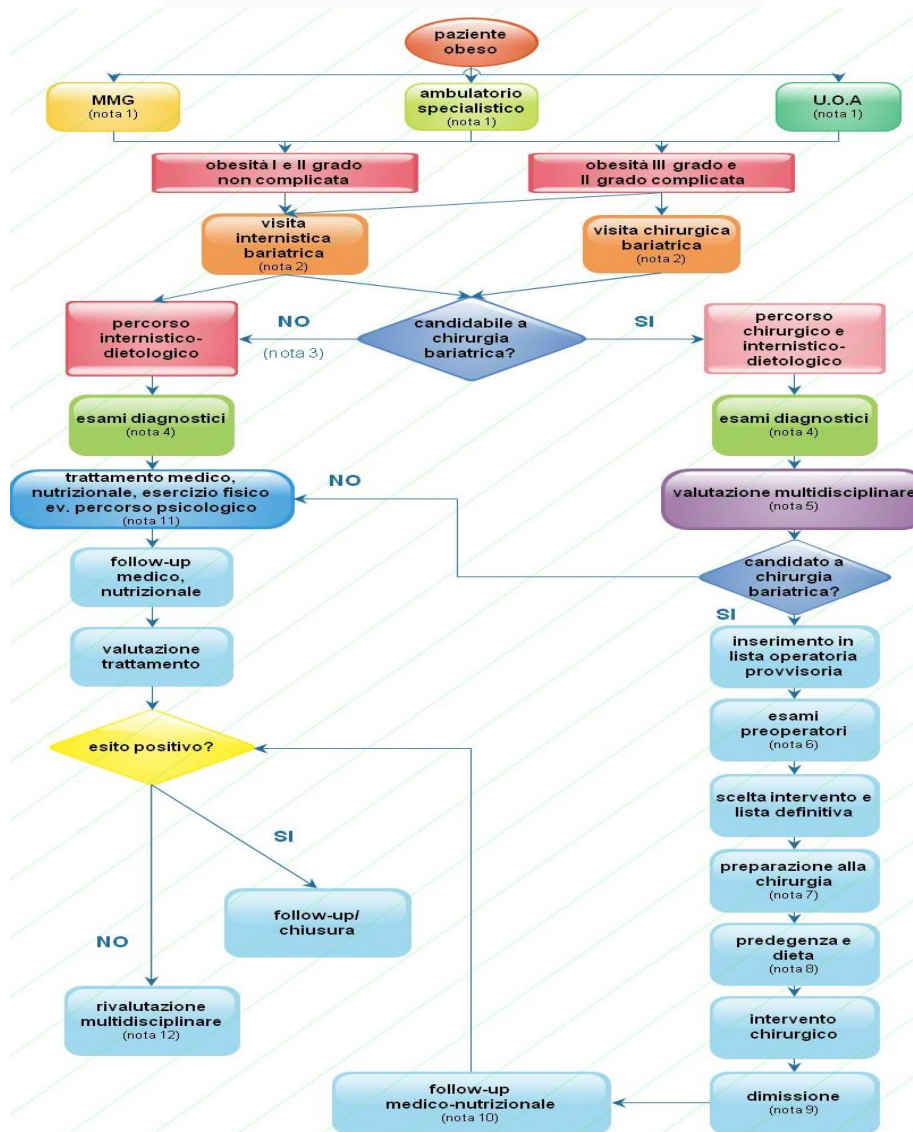


Set point 3

Dimissione e «committment» reciproco



PDTA ADULTO



Nota 1: Triage

MMG, Specialista ambulatoriale/ospedaliero

Nota 2: Presa in carico

- anamnesi/EO generali
 - ricerca sintomi OSAS e questionario ESS (allegato A)
 - anamnesi alimentare (allegato B)
 - questionari motori (allegato C)
 - test psicometrici per assessment psicologico (allegato D)
- Medico Chirurgo,
Medico Internista
Medico Nutrizionista/Dietista

Nota 3: Criteri di esclusione

- età ≥ 70 aa
- ASA IV
- rifiuto del pz all'approccio chirurgico

Nota 4: Fenotipizzazione

- esami di laboratorio
- valutazione nutrizionale con diario alimentare
- polisonnografia se sintomi OSAS/ESS
- assessment psicologico quando richiesto
- auspicabile valutazione Medicina Sport (corollario 1)

Nota 5: Stadiazione dell'obesità sec. Edmonton Score (allegato E)

Nota 6: Esami preoperatori di I livello

- EGDS con biopsie
 - RX tubo digerente prime vie
 - Ecografia addome completo
- preoperatori di II livello (se necessari)
- pH manometria esofagea
 - RMN/TAC

Nota 7: Preparazione

- rivalutazione internistica
 - counseling nutrizionale
 - ev. nutrizione riabilitativa - ev. supporto psicologico - ev training esercizio fisico in palestra didattica e recall infermieristico
- Medico Chirurgo
Medico Internista
Medico Nutrizionista/Dietista
Psicologo Clinico
Medico delloSport
Specialista dell'esercizio
Case manager

Nota 8: Predegenza

- routine preoperatoria
 - rivalutazione antropometrica e dieta preoperatoria
 - ev. nutrizione riabilitativa
 - visita anestesiologicala
- Medico Nutrizionista/Dietista
Medico Anestesista
Medico Internista/Chirurgo

Nota 9: Dimissione

- indicazioni nutrizionali post-operatorie
- Ev. presa in carico delle complicanze chirurgiche, internistiche, nutrizionali
- Medico Chirurgo
Medico Internista,
Medico Nutrizionista/Dietista

Nota 10: Follow-up

- 1 mese: chirurgico e dietologico/nutrizionale
 - 3/6/12 mesi: internistico e dietologico/nutrizionale
 - ev. indagini diagnostiche se complicanze
 - ev. valutazione di chirurgia plastica (corollario 2)
 - obesità e gravidanza
 - 6 e 12 mesi: auspicabile rivalutazione funzionale e prescrizione esercizio fisico (corollario 1)
- Medico Chirurgo
Medico Internista
Medico Nutrizionista/Dietista
Medico dello Sport
Chirurgo Plastico

Nota 11: Terapia medica

- Percorso medico internistico, nutrizionale, indicazione e promozione dell'attività fisica, farmacologico, ev. percorso psicoterapeutico
- Medico Internista
Medico Nutrizionista/Dietista
Medico dello Sport
Psicologo Clinico

Nota 12: Rivalutazione

- Multidisciplinare per
- eventuale chirurgia di revisione/conversione
 - eventuale ricovero per nutrizione riabilitativa
- Chirurgo
Medico Internista
Medico Nutrizionista/Dietista
Psicologo Clinico

A photograph of a dirt path winding through a forest of large, mature trees. The path is made of light-colored gravel or dirt and is flanked by green grass. The trees have thick, textured bark and dense green foliage. The scene is brightly lit, suggesting a sunny day.

**Coordinatore di percorso
AI
Telemedicina**



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Grazie