review. WR was defined as having regained ≥20% of excess weight lost. Patients with WR were compared with those without. Student’s t-test and multivariable binary regression analysis were used for analysis.

RESULTS: Fifty patients were interviewed. Of those, 15 (33.3%) were found to have WR (Table). After accounting for age, sex, time since surgery, and type of surgery, a higher WALI score and snacking after dinner were shown to be independent predictors of WR (OR 1.046, p=0.044 and OR 1.651, p=0.042, respectively).

CONCLUSION: Higher WALI score and snacking after dinner were independent predictors for WR. The WALI should be considered in the assessment of patient eating habits after bariatric surgery.

Table. Patient Demographics

<table>
<thead>
<tr>
<th></th>
<th>No Weight Regain</th>
<th>Weight Regain</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (SD)*</td>
<td>50.83 (±11.75)</td>
<td>44.32 (±13.97)</td>
<td>0.097</td>
</tr>
<tr>
<td>Female, %</td>
<td>80</td>
<td>74</td>
<td>0.43</td>
</tr>
<tr>
<td>Years since surgery, mean (SD)</td>
<td>3.88(1.064)</td>
<td>3.86 (±0.69)</td>
<td>0.93</td>
</tr>
<tr>
<td>Roux en-Y, %</td>
<td>67</td>
<td>86</td>
<td>0.283</td>
</tr>
<tr>
<td>Pre-Op WALI, mean (SD)</td>
<td>51.6 (±14.7)</td>
<td>60.2 (±20.6)</td>
<td>0.125</td>
</tr>
</tbody>
</table>

*SD It standard deviation

Clinical Feasibility of Same Day Discharge in Foregut Surgery
Ashwini S Pooja, MD, Laila Rashidi, MD, FACS, Kelly S Blair, MD, FACS, James S Sebesta, MD, FACS, Prakash Gatta, MBBS, FACS
Multicare Health System, Tacoma, WA

INTRODUCTION: Enhanced recovery protocols have been reported across surgical specialties. We studied the clinical feasibility of our same day discharge pathway for foregut procedures.

METHODS: We used a retrospectively collected data set of patients who underwent elective robotic foregut surgery between 2015 and 2020. An enhanced recovery pathway was implemented in 2018. Comparative analysis on pre-and post-pathway patients and between patients discharged within 24 hours and not.

RESULTS: There were 372 total foregut operations performed. Overall, the median age of patients was 62 years (IQR: 51-71), with a female majority (73%). There were 149 patients (49%) discharged within 24 hours of surgery, and 239 (79%) discharged within 48 hours. When comparing patients who were discharged within 24 hours and those who were not, there was no statistically significant difference in readmission rates (5% vs 6%, p=0.8), complication rates (6% vs 10%, p=0.2), emergency room visits (8% vs 6%, p=0.5), and early follow-up rates (3% vs 7%, p=0.1). When comparing pre- and post-pathway patients, there were statistically decreased OR times after pathway implementation (159 vs 189 minutes, p <0.001). Post-implementation patients had higher discharge rates on the same day (54% vs 3%, p<0.001) and within 24 hours (75% vs 23%, p < 0.001). There were increased same day discharge rates as time passed, with an initial discharge rate of 19% in 2015 and a nearly 90% discharge rate in 2020.

CONCLUSION: With pathway implementation, there were increased rates of early discharge. Same day discharge is feasible in elective foregut surgery with equivalent clinical outcomes.

Enhanced Recovery after Bariatric Surgery: Further Reduction in Opioid Use with the Introduction of Dexmedetomidine and Transverse Abdominis Plane Block
Yewoande R Alimi, MD, Erin Crawford, MD, Salome Hoorzuk, MSN, Nathalie Cheng, MD, Amy Lu, MD, MPH, Lindsay Kennedy, PA-C, Tasnim Ahmed, BA, Micaela Esquivel, MD, Dan E Azagury, MD, FACS, Yulia Zakh, MD, FACS
Stanford University School of Medicine, Stanford, CA, Stanford Healthcare, Stanford, CA

INTRODUCTION: Enhanced recovery after surgery (ERAS) protocols in bariatric surgery have mostly focused on reducing length of hospital stay. ERAS Society recommendations include a multi-pronged approach to minimizing narcotics, mitigating postoperative nausea and vomiting, and promoting early ambulation. In light of published data showing that up to 14.2% of opioid-naive patients become routine users of prescription opioids by 1 year after bariatric surgery, we explore the benefits of a modified ERAS protocol on postoperative opioid use.

METHODS: An ERAS Bariatric Pathway was instituted in 2019. The program included extensive prehabilitation education, standard use of intraoperative dexmedetomidine and transverse abdominis plane (TAP) blocks, multimodal analgesia, early initiation of oral intake, and concerted ambulatory protocols. Total morphine milligram equivalents (MME) were manually abstracted and compared in the pre and post ERAS cohorts. Descriptive statistics were used to compare the groups. A subgroup analysis was performed in those undergoing sleeve gastrectomy with TAP blocks.

RESULTS: There were 172 patients who underwent laparoscopic sleeve gastrectomy during the pre- and post-intervention period. Total postoperative median MMEs were significantly reduced after institution of the ERAS protocol (275.5 vs 83.8, p<0.001). There was a commensurate decrease in postoperative length of stay, down to a median of 1 day vs 2 days before ERAS (p<0.001). In the ERAS cohort, use of TAP blocks was found to significantly reduce the amount of required postoperative opioids (median 92.5 vs 66.5 MME, p<0.004).

CONCLUSION: ERAS protocols significantly reduce in-hospital opioid requirements and hospital length of stay. TAP blocks amplify the reduction in opioid requirements.