

Evaluation of the Clinical Pathway for Laparoscopic Bariatric Surgery

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<Background>Clinical Pathways (CPs) are comprehensive systematical patient care plans for specific procedures. The CPs for morbid obesity were implemented in our department in February 2006. The aim of this study is to evaluate the CPs for laparoscopic bariatric surgery. <Methods>The CPs were applied to the 189 patients who underwent bariatric surgery. The assessment criteria included degree of compliance with hospital stay, indicators of clinical care effectiveness, and comparison with the other CP reported in Pubmed. <Results>Fig. shows the number and rate of noncompliance with hospital stay in different bariatric procedures. The only reason for noncompliance with hospital stay was patient-dependent causes. There was no staff-related or institution-related reason. This result was almost similar to that reported in the past from Spain. <Conclusion>Our data show that compliance with hospital stay depends on the difficulty of bariatric surgery. From the point of view of the reason of noncompliance with hospital stay, clinical pathway which is controlled by a team with a wide experience in bariatric surgery can offer our patients with morbid obesity bariatric surgery with the smallest possible range of complications.

Laparoscopic Procedure [↵]	Number of noncompliance /total number of procedure [↵]	Rate of noncompliance [↵]
Adjustable Gastric Banding [↵]	0/17 [↵]	0% [↵]
Roux-en-Y Gastric Bypass [↵]	13/51 [↵]	25.49% [↵]
Sleeve <u>Gastrectomy</u> [↵]	13/81 [↵]	16.04% [↵]
Sleeve with Duodenal <u>Jejunal</u> Bypass [↵]	10/40 [↵]	25.00% [↵]
Total [↵]	36/189 [↵]	19.04% [↵]