

VIII CONGRESO CHILENO DE
**CIRUGÍA BARIÁTRICA
Y METABÓLICA**



"Paragastric Neural Block: **an Emerging Tool for Pain and Nausea** **Management after Sleeve Gastrectomy"**

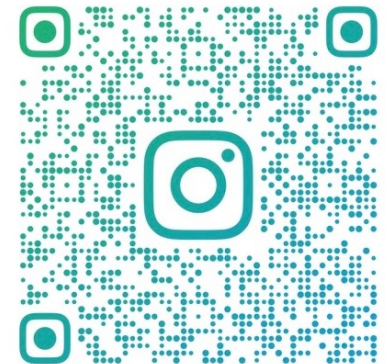


A Game-Changer in Ambulatory Bariatric Surgery

Dr Matías Sosa, Dr Pablo Castellaro, Dr Luciano Deganutti,
Dr Carlos Esquivel, Dr Manuel García, Dr Nicolás Martínez

CITOS Bariatric Center
Paraná / Santa Fe
Argentina

Sanatorio Allende
Córdoba
Argentina



Paragastric Neural Block: an Emerging Tool for Pain and Nausea Management after Sleeve Gastrectomy

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Can Sleeve Gastrectomy PostOp

be Improved to Shorten Hospital Stay

In Bariatric Surgery?

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A

**BACKGROUND
AND OBJECTIVE**

B

METHODS

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RESULTS

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CONCLUSIONS



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BACKGROUND
AND OBJECTIVE

There have been reports of Short Hospital Stay (<36hr) in
Bariatric Surgery for more than 20 years.

Annals of Surgery • Volume 242, Number 4, October 2005

Optimizing Outcomes in Bariatric Surgery

ORIGINAL ARTICLES

Optimizing Outcomes in Bariatric Surgery *Outpatient Laparoscopic Gastric Bypass*

Todd M. McCarty, MD,† David T. Arnold, MD,* Jeffrey P. Lamont, MD,* Tammy L. Fisher, RN,*
and Joseph A. Kuhn, MD**

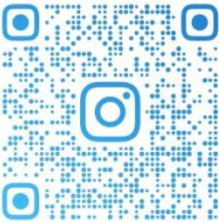


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BACKGROUND
AND OBJECTIVE



**AMBULATORY BARIATRIC SURGERY: WHEN IS IT FEASIBLE?
OUR PRELIMINARY EXPERIENCE IN OVER 250 PATIENTS**

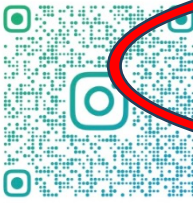
Authors: Matías Sosa ^{1,2}, Pablo Castellaro ^{1,2}, Luciano Deganutti ¹,
Alberto Sirabo ^{3,4}, Cristóbal Davanzo ^{3,4}

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² CITOS Ba



XXVIII IFSO World Congress
9-12 September 2025 | Santiago, Chile





**“Ambulatory Metabolic Bariatric Surgery:
Feasibility And Cost-effectiveness Assessing 400
Cases”**

Recruiting Criteria,
and Anesthesia Protocol

Dr. Matías Sosa, Dr Pablo Castellaro, Dr Luciano Deganutti,
Dr Alberto Sirabo, Dr Cristóbal Davanzo



CITOS Bariatric Center **Paraná / Santa Fe Argentina**

IFSO 2025 Santiago
Combined Therapies, The Dawn of a New Era

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BACKGROUND
AND OBJECTIVE

- PostOp Pain Management in Sleeve Gastrectomy

- Somatic Pain:

TAP Block

- Visceral Pain:

???



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BACKGROUND
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- PostOp Pain Management

- Visceral Pain:

???

PostOperative Nausea/Vomiting

25-60% - High Pressure System

Prolonged
Length of Stay and Readmissions

Risk factors for moderate to severe pain during the first 24 hours after laparoscopic bariatric surgery while receiving intravenous patient-controlled analgesia. *Anesthesiol Res Pract.* 2019;2019:6593736



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BACKGROUND AND OBJECTIVE

• PostOp Pain Management

PostOperative Nausea/Vomiting

Obesity Surgery (2022) 32:3551–3560
<https://doi.org/10.1007/s11695-022-06257-9>



ORIGINAL CONTRIBUTIONS



Paragastric Autonomic Neural Blockade to Prevent Early Visceral Pain and Associated Symptoms After Laparoscopic Sleeve Gastrectomy: a Randomized Clinical Trial

Jorge Daes^{1,2} · David J. Morrell³ · Andrés Hanssen^{1,4} · Melissa Caballero¹ · Erika Luque¹ · Rafael Pantoja^{4,5} · Jorge Luquetta⁵ · Eric M. Pauli³

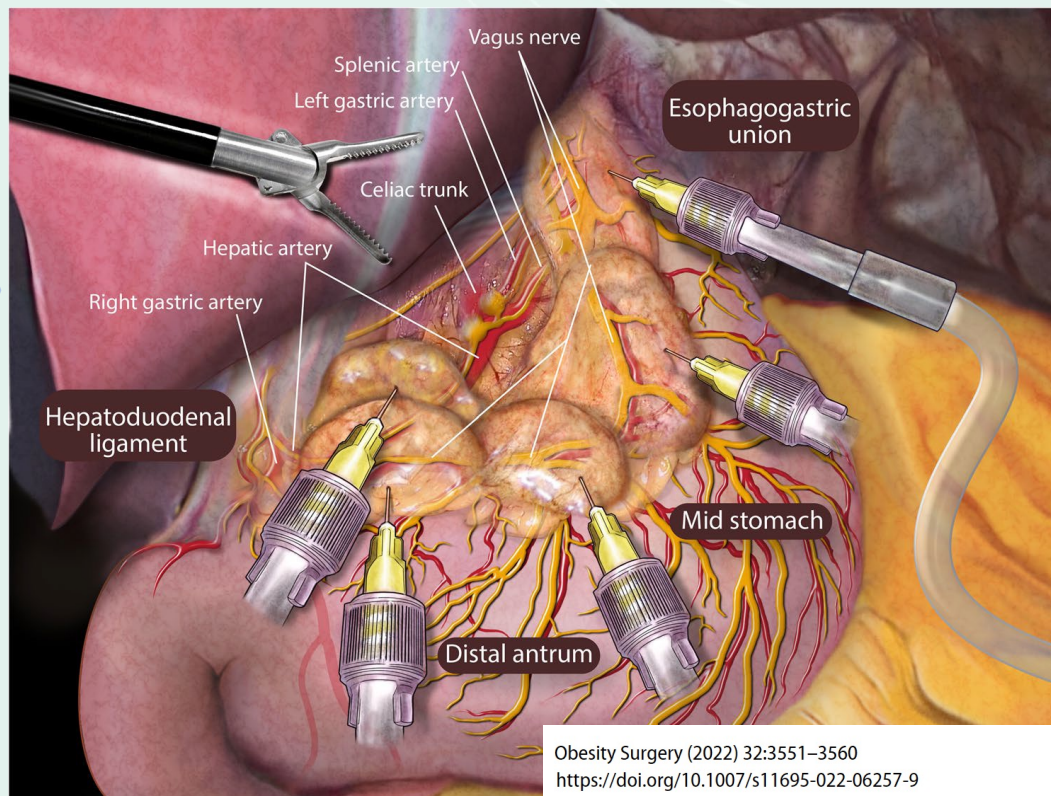
Daes J et al. Paragastric Autonomic Neural Blockade to Prevent Early Visceral Pain and Associated Symptoms After Laparoscopic Sleeve Gastrectomy: a Randomized Clinical Trial. *Obes Surg.* 2022 Nov

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BACKGROUND AND OBJECTIVE

Objective

To assess and to compare the EFFECTIVITY of the PARAGASTRIC NEURAL BLOCK as a treatment option FOR POSTOPERATIVE PAIN AND NAUSEA/VOMITING after SLEEVE GASTRECTOMY,

And to evaluate its potential benefit in AMBULATORY BARIATRIC SURGERY achievement



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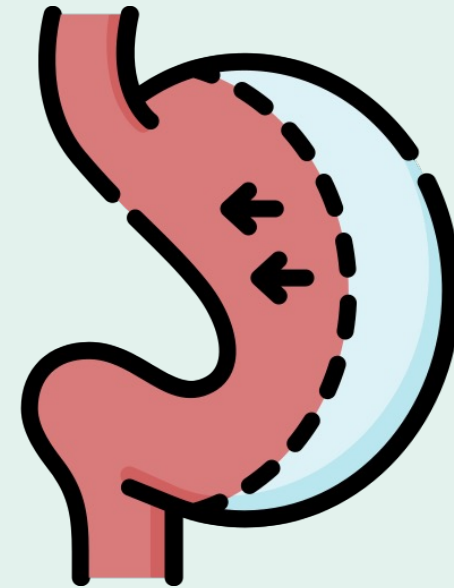
B

METHODS



- Recruiting Centers:

- 1- CITOS Paraná – Argentina
CITOS Santa Fe – Argentina
- 2- Sanatorio Allende, Córdoba - Argentina



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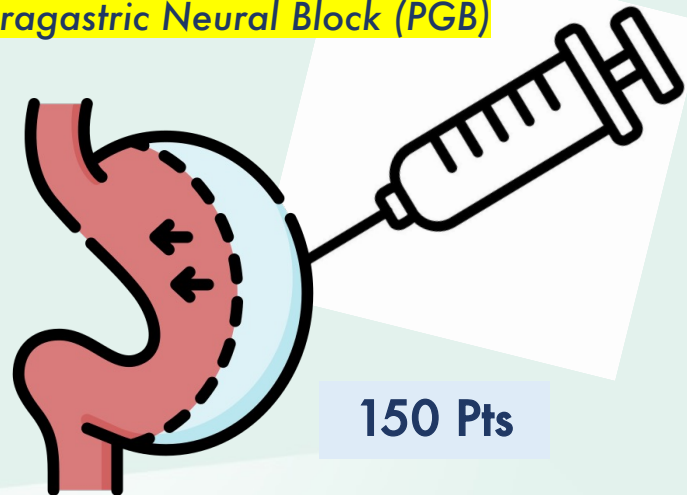
METHODS

- July 2023 to January 2025
- Total 300 pts recruited
- ParaGastric Block: 20ml of Non- diluted 0.5% Bupivacaine

Opioid-sparing Anesthesia
MULTIMODAL APPROACH

Group 1 (G1):

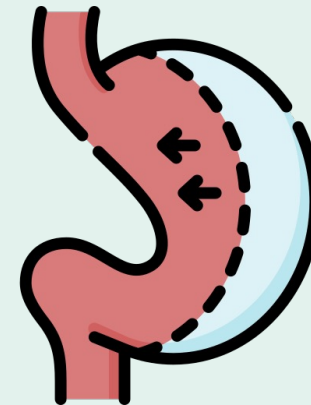
Paragastric Neural Block (PGB)



150 Pts

Group 2 (G2):

CONTROL



150 Pts

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Fase PeriOp

Access to OR Area

- PreOp Diet Suspension 6hr prior
- Clear liquids until 2hs PreOp
- Psychoprophilaxis (on demand)
- Anti-Thrombotic Soxs

Inside OR

- Pneumatic Boots
- Local Anesthesia in Trocar Access In&Out (Lidocaine/ropivacaine)
- **Paragastric Neural Block (Sleeve Only)**
- Tranexamic Acid
- Air Warming Blanket
- TIVA Anesthesia:
 - Propofol
 - Noradrenaline
 - Remifentanyl
 - Hioscine
 - Dexmedetomidine
 - Ketamine
 - Lidocaine
 - SO4 Mg

Immediate PostOp

- Air Warming Blanket
- Metoclopramide + Ondansetron + Dexametasone
- Enoxaparine 12hr postop
- Early Mobilization
- IV Analgesia:
 - Paracetamol
 - Ketorolac
 - Morphine 3mg (if AVS >4)

**Opioid-sparing
Anesthesia
MULTIMODAL
APPROACH**

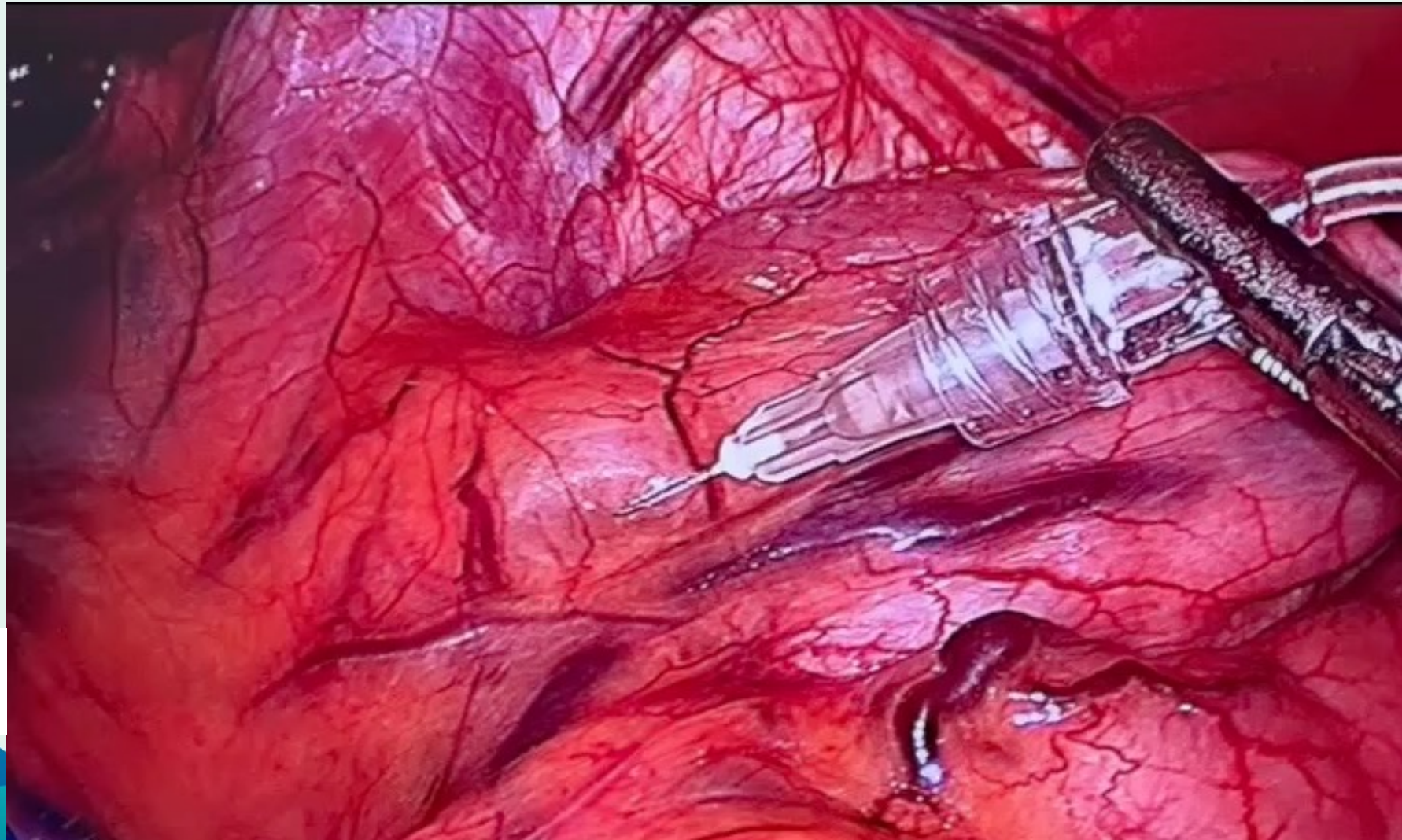
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Fase PeriOp

Opioid-sparing
Anesthesia
MULTIMODAL
APPROACH

**Paragastric Neural Block
(Sleeve Only)**



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METHODS

Paragastric Neural Block

Inclusion Criteria

- Primary Bariatric Surgery
- BMI 35-50
- No Co-Morbidities
- PreOp Anesthesia Interview 7d prior

		6h	Discharge
Pain	Absent		
	Mild		
	Moderate		
	Severe		
Nausea/Vomiting	Absent		
	Mild		
	Moderate		
	Severe		



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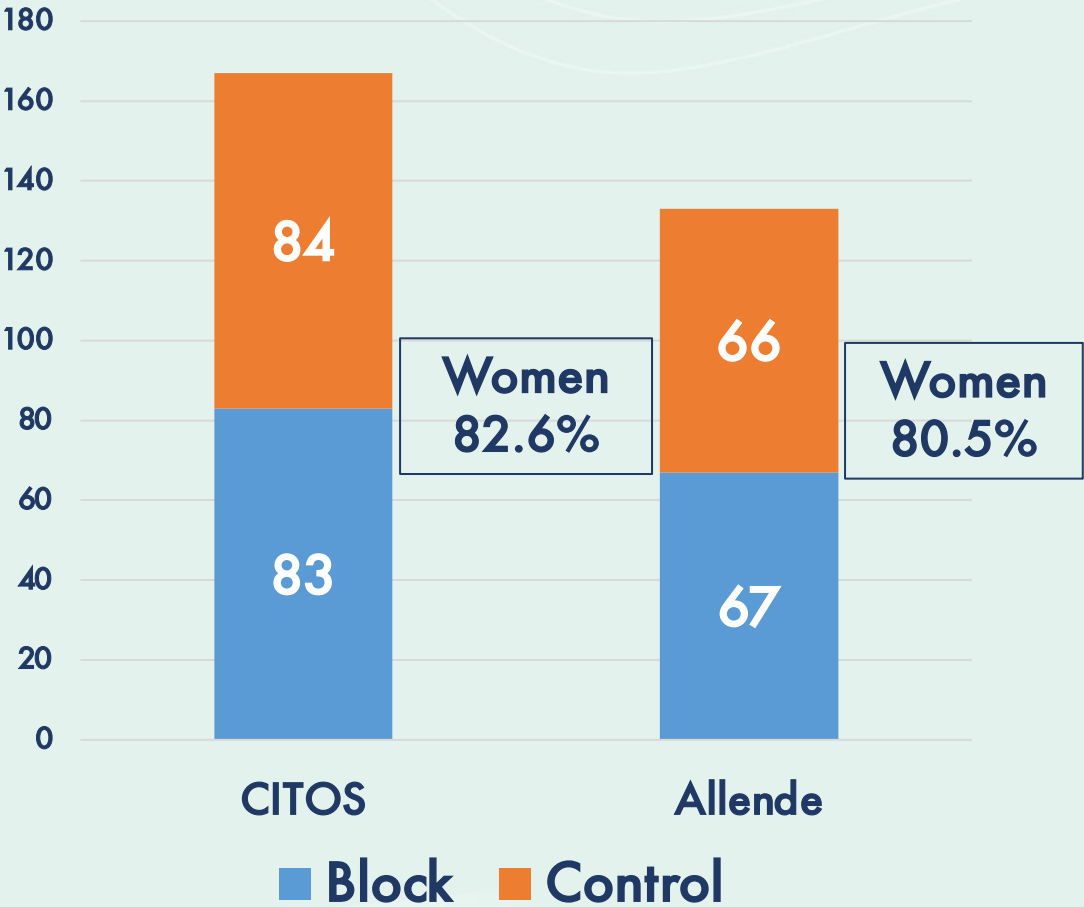
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C

RESULTS

Pts Recruited



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C

RESULTS

Pain
Management



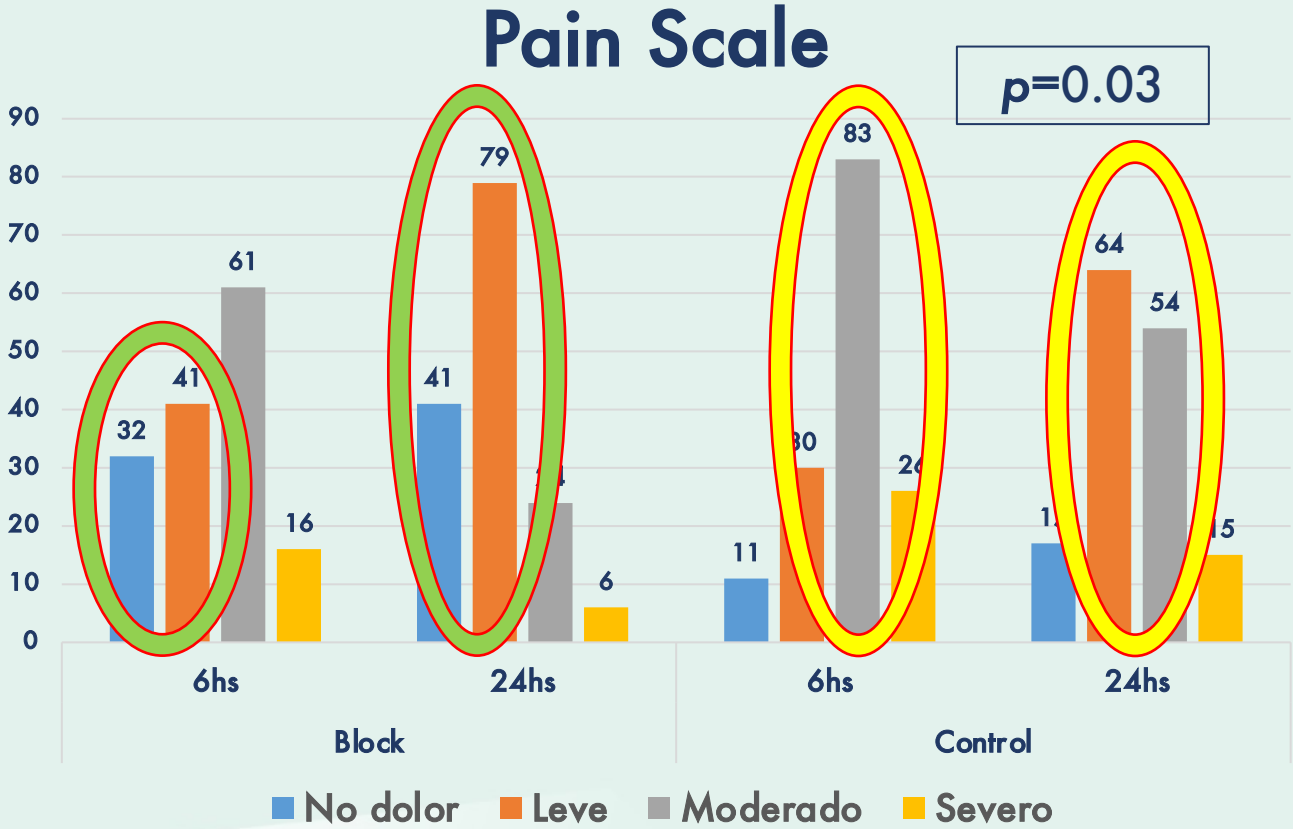
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RESULTS

Pain Management



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RESULTS

And what about Nausea and Vomiting?



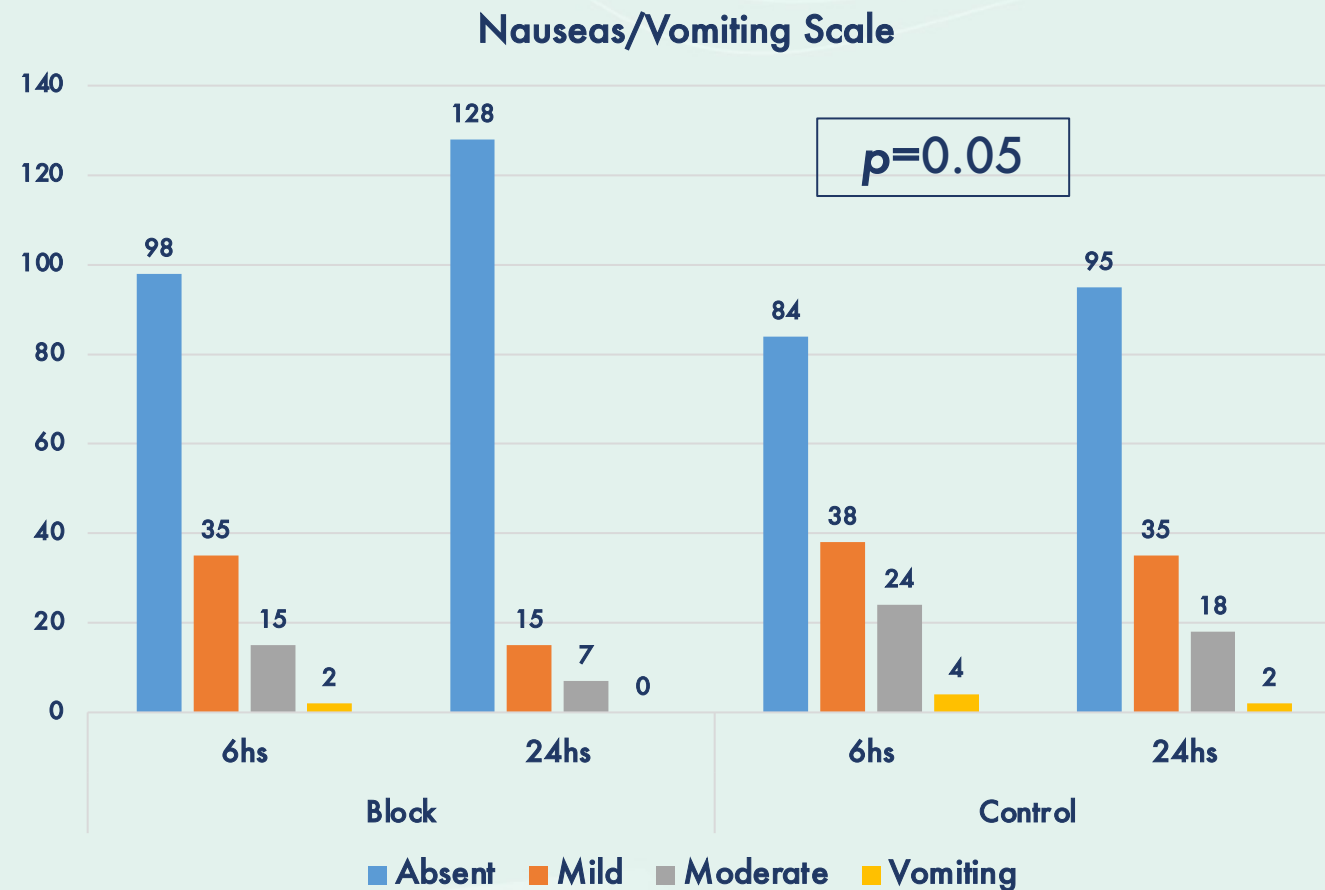
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D

REALMENTE
vale la pena?

2.500 USD



2.500 USD

1.800 USD

2.200 USD

5.500-8.500 USD en Argentina

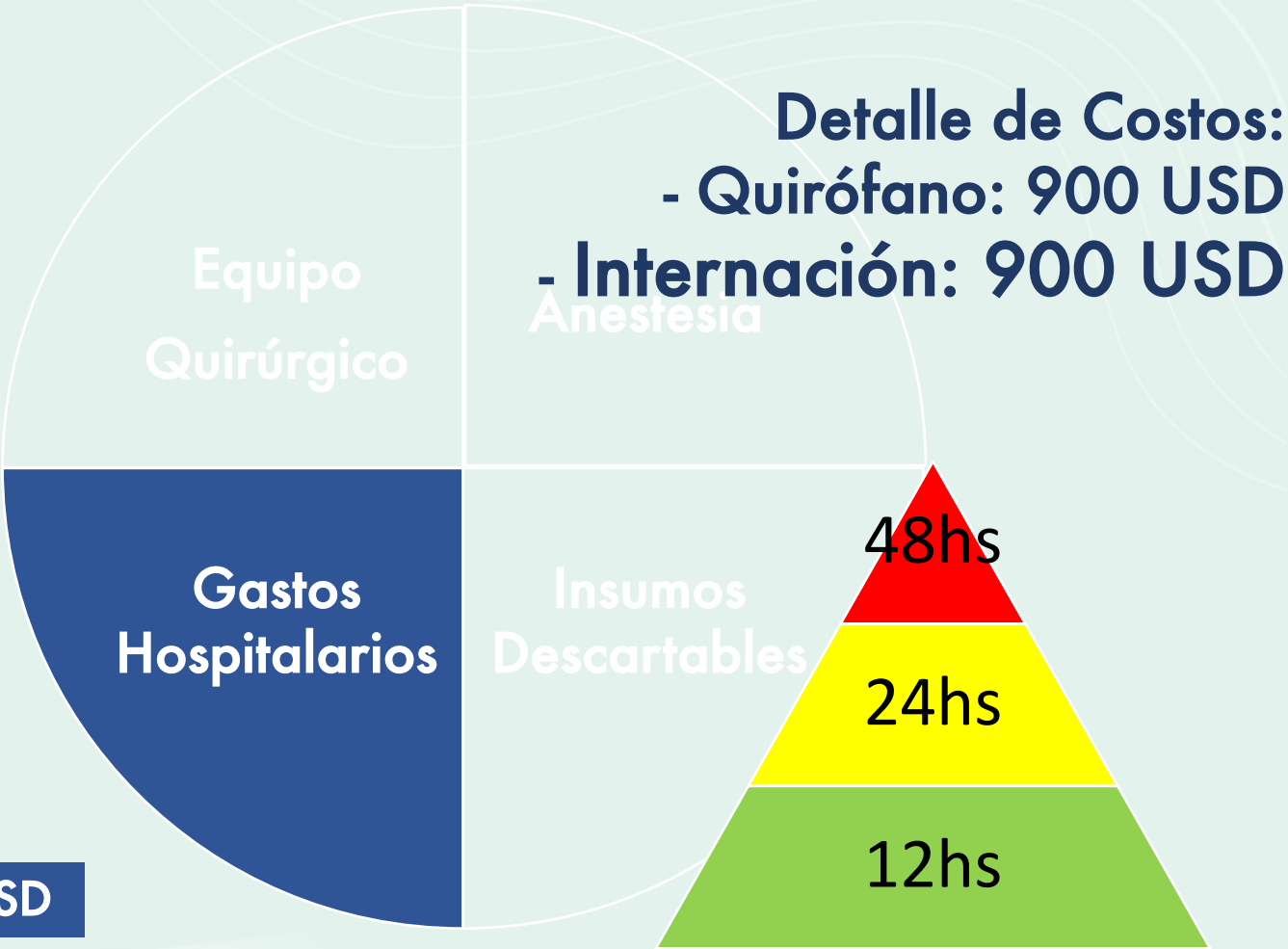
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REALMENTE
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1.800 USD



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REALMENTE
vale la pena?



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REALMENTE
vale la pena?

Equipo
Quirúrgico

Beneficios
INDIRECTOS
Preferencia de Pacientes
Prioridad en Quirófano



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D

REALMENTE vale la pena?

Definitivamente SI!

Para los Pacientes:

- Menor exposición a infecciones nosocomiales.
- Recuperación en un entorno familiar.
- Mayor satisfacción y comodidad.

Para las Instituciones:

- Optimización de recursos hospitalarios.
- Reducción de costos innecesarios asociados a la hospitalización.
- Mayor rotación de camas y capacidad asistencial.

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D

CONCLUSIONS

To sum up:

- PGB is Safe and Effective
- Operative time DID NOT Differ
 48.9 ± 4.2 for G1 and 45.6 ± 3.3 for G2 ($p = ns$)
- Reduces:
Pain
Nausea/Vomiting
Analgesia requirements



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CONCLUSIONS

To sum up:

- Helpful Tool as part of MultiModal Anesthetic Approach in order to Reduce PAIN and NAUSEA/VOMITING as well as HOSPITAL STAY and COSTS.



Paragastric Neural Block: an Emerging Tool for Pain and Nausea Management after Gastric Surgery

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ONS

CONGRESO C
LOGÍA BARIATRICA
METABÓLICA



S
MIENTO
30