

## The Role of Proton Pump Inhibitor in Quality of Nursing Care in Sleeve Gastrectomy

<sup>1</sup>E-Da Bariatric & Metabolic International Surgery Center, Taiwan

Li-Chun Lin<sup>1</sup>, Chi-Hsien Lo<sup>1</sup>, Chih-Kun Huang<sup>1</sup>

**Abstract**Background: Recent a few years, laparoscopic sleeve gastrectomy (LSG) is gaining ground as a new option for the treatment of morbid obesity in Asia-Pacific area. But postoperative reflux symptoms bothered the patient and caring nurse. The aim of this study is to evaluate whether proton pump inhibitors (PPI) prior to the surgery can improve the quality of nursing care. Methods: From February 2009 to October of 2010, 34 morbid obese patients underwent laparoscopic sleeve gastrectomy. Preoperatively intravenous PPI was prescribed to 16 patients (group A) and no PPI was given to 18 patients (group B). Both groups were compared in the length of hospital stay, operation time, Visual analogue scale (VAS) pain score and medications frequency (analgesic and anti-emetic). Results: All of 34 patients (15 men and 19 women) underwent laparoscopic sleeve gastrectomy with Fr 38 bougie. No difference of sex, age, comorbidity and BMI was noted in these two groups. Operation time was 53.5 minutes for group A and 59.89 minutes for group B without statistic difference. No differences were found in frequency of morphine injection and VAS pain score in early postoperative and discharge time. Two complications happened, one postoperative bleeding in group A and one staple leakage in group B. The frequency of additional antiemetic use (Prochlorperazine) was higher in group B (38.9% vs. 6.3%) ( $p = 0.025$ ). The length of hospital stay was shorter in group A (3.19 vs. 4.00) ( $p = 0.025$ ). Conclusion: Laparoscopic sleeve gastrectomy is a safe procedure with low morbidity. After surgery, the reflux and vomiting can lead to discomfort, increased use of anti-emetic and prolonged the hospital stay. Preoperative PPI use demonstrated an effective method to contour this problematic and improved the quality of nursing care for sleeve gastrectomy perioperatively.