

Question: Should ERAS protocol vs. standard care be used for patients undergoing bariatric surgery?

Certainty assessment							N ^o of patients		Effect		Certainty	Importance
N ^o of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	ERAS protocol	standard care	Relative (95% CI)	Absolute (95% CI)		
Major postoperative complications (follow up: range 14 days to 8 weeks)												
5	observational studies	serious	serious	not serious	serious	none	163/3278 (5.0%)	77/1578 (4.9%)	OR 0.94 (0.58 to 1.51)	3 fewer per 1.000 (from 20 fewer to 23 more)	⊕○○○ VERY LOW	CRITICAL
Minor postoperative complications (follow up: range 14 days to 8 weeks)												
5	observational studies	serious	very serious	not serious	not serious	none	370/3278 (11.3%)	182/5781 (3.1%)	OR 0.88 (0.55 to 1.41)	4 fewer per 1.000 (from 14 fewer to 12 more)	⊕○○○ VERY LOW	IMPORTANT
Length of stay												
10	observational studies	serious	very serious	not serious	serious	strong association	2291	1366	-	MD 2.4 days lower (3.9 lower to 0.9 lower)	⊕○○○ VERY LOW	CRITICAL
Readmission												
9	observational studies	serious	serious	not serious	not serious	publication bias strongly suspected strong association	214/3330 (6.4%)	122/1677 (7.3%)	OR 0.86 (0.57 to 1.30)	10 fewer per 1.000 (from 30 fewer to 20 more)	⊕○○○ VERY LOW	CRITICAL

Mortality

8	observational studies	serious	serious	not serious	serious	strong association	1/2006 (0.0%)	3/1163 (0.3%)	RR 0.4 (0.1 to 2.2)	2 fewerper 1.000 (from 2 fewer to 3 more)	⊕○○○ VERY LOW	CRITICAL
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Cost

2	observational studies	very serious	very serious	serious	very serious	publication bias strongly suspected strong association all plausible residual confounding would reduce the demonstrated effect dose response gradient	82	65	-	SMD 1.17 SD fewer (2.83 fewer to 0.5 more)	⊕○○○ VERY LOW	IMPORTANT
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CI: Confidence interval; **OR:** Odds ratio; **MD:** Mean difference; **RR:** Risk ratio; **SMD:** Standardised mean difference