

Perioperative Safety and Length of Stay Analysis of Gastric Per-Oral Endoscopic Myotomy: A Single-Center Experience



Manesh Kumar Gangwani, MD, MPH, Yash Shah, MD, Urveesh Sharma, MD, Vishnu Kumar, MD, Sumant Inamdar MD. MPH



Department of Gastroenterology and Hepatology, University of Arkansas for Medical Sciences

BACKGROUND

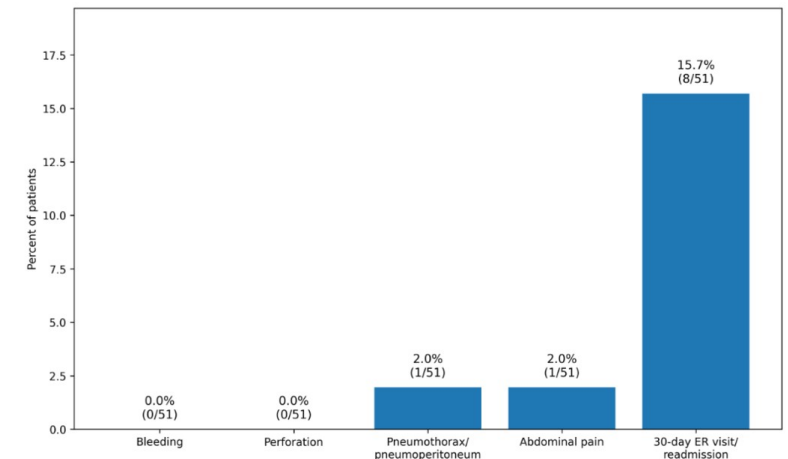
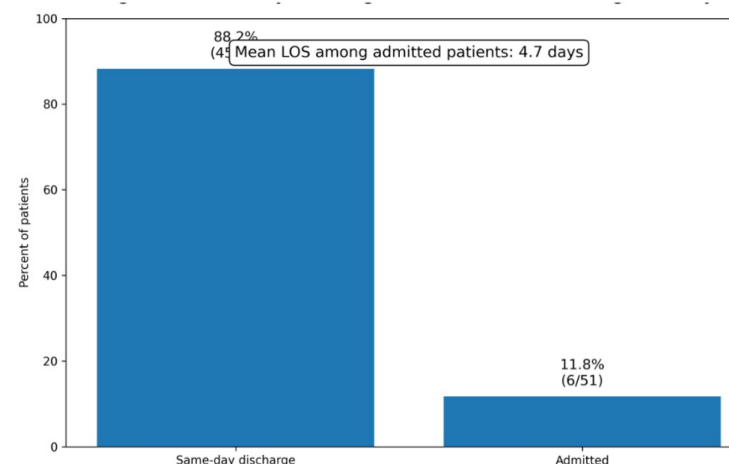
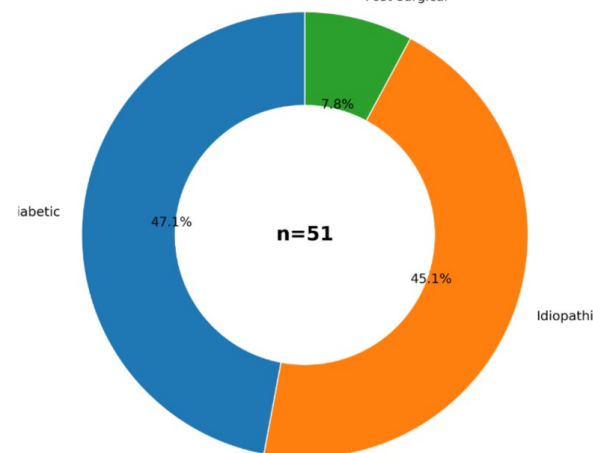
- Definite gastroparesis prevalence has been reported at 13.8 to 267.7 per 100,000 adults.
- G-POEM has high technical success and about 72% pooled 1-year clinical success.
- Same-day discharge is increasingly relevant, but institute
- onal real-world data remain limited.
- In a 482-patient multicenter study, adverse events and 15-day readmissions were each 4.1%.
- We assessed safety, LOS, same-day discharge, and 30-day acute care use in our single-center cohort

METHODS

- Retrospective single-center review of 51 patients undergoing G-POEM for refractory gastroparesis.
- Collected baseline demographics, etiology, procedural details, and closure method.
- Evaluated perioperative adverse events, same-day discharge, LOS, and 30-day ER visit/readmission.
- All cases used a greater curvature

RESULTS

- Etiology: diabetic 47.1%, idiopathic 45.1%, post-surgical 7.8%
- Same-day discharge: 88.2%, admitted 11.8%, mean LOS 4.7 days
- Bleeding 0%, perforation 0%, pneumothorax/pneumoperitoneum 2.0%, abdominal pain 2.0%, 30-day ER visit/readmission 15.7%



CONCLUSIONS

- Our single-center experience suggests that outpatient G-POEM is feasible and appears safe in appropriately selected patients.
- High same-day discharge rates and the absence of major perioperative complications support the use of an ambulatory care pathway.
- Further multicenter and prospective data are needed to validate generalizability and optimize discharge criteria.

ACKNOWLEDGEMENTS

None