RESULTS OF IMPLANTATION AN ENHANCED RECOVERY AFTER SURGERY (ERAS) COLORECTAL PROGRAMME IN A TERTIARY HOSPITAL

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BACKGROUND AND GOAL OF STUDY:

ERAS programs have been effective for reducing length of stay(LOS) and complications rate.
We review how implementation of colorectal ERAS program in a tertiary hospital affects complications, LOS and mortality.

MATERIALS AND METHODS:

Two cohorts of patients operated on colorectal surgery (CRS) were studied:

- A retrospective non-ERAS group: 66patients (41men/25women) between June and December 2015.
Average age was 65.8ys (SD=13.88).
- A prospective ERAS group: 165patients (101men/women) between January and November 2017.
Average age was 67.54ys (SD=12.34).

We evaluate complications classified by Clavien-Dindo, LOS (with an aim of 5days LOS), readmission, and mortality.

Table I. Classification of surgical complications (Clavien-Dindo)	
Grade	Definition
Grade I	Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic and radiological interventions. Allowed therapeutic regimens are: Drugs as antiemetics, antipyretics, analgesics, diuretics and electrolytes, and physiotherapy. This grade also includes wound infections opened at the bedside
Grade II	Requiring pharmacological treatment with drugs other than such allowed for grade I complications. Blood transfusions and total parenteral nutrition are also included
Grade III	Requiring surgical, endoscopic or radiological intervention
Grade IIIA	Intervention not under general anesthesia
Grade IIIB	Intervention under general anesthesia
Grade IV	Life-threatening complication (including CNS complications)* requiring intermediate care/ICU-management
Grade IVA	Single organ dysfunction (including dialysis)
Grade IVB	Multi organ dysfunction
Grade V	Death

*Including brain hemorrhage, ischemic stroke, subarachnoidal bleeding, but excluding transient ischemic attacks.

RESULTS AND DISCUSSION:

Compliance	CD I (%)	CD II (%)	CD III (%)	CD IV (%)	CD V (%)	Readmission (%)	Discharge on day 5 PO (%)	LOS (days) P50 [p25-p75]
Non- ERAS group	66,7	51,5	21,2	10,6	1,5	13,6	13,6	8 [7-12]
ERAS group	44	15,7	6,1	3,1	0,7	1,8	49,4	6 [5-10]
P value	0,003*	< 0,001*	< 0,001*	0,041*	> 0,1	< 0,001*	< 0,001*	< 0,001*

Compliance	Laparoscopic surgery(%)	Oncologic Surgery (%)	Rectal Surgery (%)
Non- ERAS group	59,09	81,8	27,3
ERAS group	65,45	77,7	21,4
P value	> 0,1	> 0,1	> 0,1

CONCLUSIONS:

It seems ERAS program reduce complications (grade I,II,III,IV), readmission rate, LOS and increases discharge on day 5 rate.

Both groups seem comparable in laparoscopic, oncologic and rectal surgery rate.