MULTIMODAL OPIOID-SPARING ANALGESIA PROTOCOL IN AN ERAS PROGRAM: OUR OUTCOMES

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BACKGROUND:

The aim of ERAS program is decrease surgical damage, morbidity, mortality and complications due to a multimodal analgesia perioperative protocol.
We compared two groups: ERAS (A) and before ERAS program (B) and analysed many items in order to learn if our program is beneficial for our surgical patients.

MATERIALS AND METHODS:

Group A were submitted in ERAS program in 2017 and group B: was an historic group where colorectal surgery (CRS) was held without ERAS program in 2015.

	PREOPERATIVE	INTRAOPERATIVE	POSTOPERATIVE
GROUP A	Gabapentine 300 mg.	<ul style="list-style-type: none"> Magnesium IV (30 mg/kg) Lidocaine IV (bolus 1,5mg/kg + continuous infusion 1mg/kg). Dexamethasone (0,1 mg/kg). Bilateral transversus abdominis plane (TAP) block. 	NSAID. Morphine 0.5 mg/kg if VAS>4 **Laparotomies: epidural catheter
GROUP B		<ul style="list-style-type: none"> Opioids and NSAID. Dexamethasone (0,1 mg/kg). 	

RESULTS:

Laparoscopic surgery is 65% in group A and 59% in group B. In group A the analgesia protocol compliance was above 90%.
We used VAS score and morphine consumption 12 hours after surgery and on the first, second and third postoperative day to measure the analgesic effect. Also we collected data about nauseas and vomits, ileus and length of hospitalization.

CONCLUSSIONS:

Multimodal analgesia is an useful protocol in perioperative pain management. It seems that opioid- sparing analgesia in an ERAS program decreases opioids consumption, side effects, RCP and the length of hospital stay (we obtained $p<0,05$ in almost every item analyzed).