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ERAS in elderly patiens – Does one size fit all?

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The role of the anesthesiologist, nowadays, is not just limited to patient care in the operating room but also plays a key role in the ERAS (Early Recovery After Surgery) protocol, including anesthesia management, adequate peri-operative analgesia, reasonable infusion therapy, nutritional support and efficient rehabilitation in order to obtain the shortest hospitalization with the lowest rate of adverse complications for patients undergoing surgery. The fast-track protocol was first designed for patients undergoing major abdominal surgery, but its principles were through some decades extended to all other surgical specialties. As the most advanced technical equipment and drugs are often insufficient to successfully manage serious conditions, their synergic use and mutual purposeful coordination are even more important. Patients older than 65 are at higher risk of the postoperative cognitive dysfunction (POCD) due to an improper general anesthesia, inferior opioid analgesia, massive infusion load and incorrect postoperative exercise. Thus, POCD has become a social and economic challenge. It seems that only the evidence-based individually tailored practice and very tight cooperation of the whole team (in particular of the anesthesiologist and the surgeon) is necessary, as demonstrated by the workgroup of Evidence Based Medicine in Surgery of the Canadian Association of General Surgeons and the American College of Surgeons.

Biography

Tomas Vymazal completed his graduation in Master of Healthcare Administration (MHA) and PhD degree at Charles University, Faculty of Medicine, Prague. He has been Consultant Cardiac Anesthesiologist Cardiac Surgery, Dept. University Hospital Motol, Prague and Senior Consultant, Deputy to Head of Department of Anesthesiology and Intensive Care Medicine, University Hospital 2nd School of Medicine, Motol, Prague. Currently he is the Head of Department of Anesthesiology and Intensive Care Medicine, University Hospital 2nd School of Medicine, Prague. He is a member of Czech Association of Anesthesiology, Resuscitation and Intensive Care Medicine – ČSARIM, Czech Association of Intensive Care medicine – ČSIM, Member of Working group for ERAS, Czech Republic European Association of Cardio-Thoracic Anesthesiologists – EACTA, New Advances in Transfusion Alternatives – NATA and Czech Medical Association of J.E. Purkyně. He is the Reviewer Board Member of BMC Anesthesiology, IF 2.47 and Biomedical Papers, IF 1.66.

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