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111 Open colorectal resections under an ERAS protocol with a median stay of 5 days

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An Enhanced Recovery after Surgery (ERAS) Program was introduced for elective colorectal resections at the Coffs Harbour Health Campus, a 200 bed hospital in NSW in 2006 using the concepts of Fast Track colorectal surgery reported by Kehlet in 1999.

The program was made possible by the cooperation of surgeons, anesthetists, nursing staff and others. It comprised of a pre-operative education session, minimal peri-operative starvation, preoperative carbohydrate and protein loading, no routine bowel preparation, minimally invasive surgery, high oxygen concentrations, normothermia, no routine use of nasogastric tubes or drains, multimodal analgesia, routine use of prokinetic agents, early postoperative mobilization & oral feeding, ...

The outcomes of 111 open colorectal resections by one surgeon using the ERAS protocol are presented. The median age (range) was 67 (28 - 88). 20 patients (18%) had other simultaneous procedures, 9 (8%) had temporary stomas and 12 (11%) permanent. There were no deaths. Anastomotic leakage, wound and other complications occurred in 5%, 12.6% and 16.2% respectively. There were 4 (3.6%) unplanned returns to the operating theatre. The median length of stay (range) was 5 days (3 to 27) with 7 (6.3%) unplanned readmissions within a month of discharge.

An ERAS protocol was associated with a clearly reduced length of hospital stay compared with traditional colorectal resection with no increase in morbidity rates but an increase in re-admission rates. Multiple studies and trials have shown that it is the ERAS approach that makes the difference and not the surgical approach (laparoscopic or open). It can be argued that ERAS programs should form the mainstay for elective colorectal cancer surgery.

Biography

Ned Abraham is an Associate Professor of Surgery at the Faculty of Medicine, University of New South Wales, Australia. He graduated with Honors in 1986 and has since obtained the Degrees of a Master of Medicine and of a Doctor of Philosophy in Surgery from the University of Sydney. He is a Fellow of the Royal Australasian College of Surgeons and the Royal College of Surgeons of England. He trained at Royal Prince Alfred Hospital in Sydney then worked as the Surgical Superintendent of that hospital for three years attached to its Colorectal Unit. He is a practicing general and colorectal surgeon and endoscopist in Coffs Harbour, in northern NSW. He is also a Captain in the Australian Army Reserve and has served in Bougainville with the Peace Keeping Force. His main areas of interest are evidence based surgery, colorectal cancer surgery and capsule endoscopy.

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