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When it comes to colon cancer surgery, the key is in the ERAS approach, not in the keyhole approach**Ned Abraham**

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Colorectal cancer resection was traditionally associated with potentially significant morbidity and prolonged stay in hospital. Laparoscopic colorectal resection was first described in 1991 as a minimally invasive form of colorectal surgery. It was later assessed by multiple randomized controlled trials and was found to be associated with a faster recovery and a shorter stay in hospital compared with open resection. The concept of fast track colorectal surgery was introduced by Kehlet, less than ten years later as a means of enhanced recovery after surgery. The fast track programs comprise mainly of pre-operative education, minimal peri-operative starvation, carbohydrate loading, no bowel preparation, non-narcotic analgesia, maintaining high oxygen concentrations and normothermia, avoiding routine use of nasogastric tubes and drains, early post-operative mobilization and oral feeding. Fast track protocols have been shown to be associated with a clearly reduced length of hospital stay compared with traditional colorectal resection with no increase in morbidity rates but a minimal increase in re-admission rates. The role of laparoscopic surgery in the fast track era has been brought into question. Recent research suggests that it is ERAS approach that makes the difference and not so much the laparoscopic approach. The laparoscopic approach is associated with an increase in operating time of about 30% and in cost of about 20% compared to the conventional open technique. We present the outcomes of 111 colorectal resections as part of an ERAS protocol at a regional 200 bed hospital with a median length of stay of 5 days. We also present a summary of the current literature on the role of laparoscopic colorectal surgery in the ERAS era.

Recent Publications

1. Abraham N and Alabayati S (2011) Enhanced recovery after surgery programs hasten recovery after colorectal resections. *World J Gastrointest. Surg.*; 3: 1-6.
2. Abraham N S, Young J M and Solomon M J (2004) Meta-analysis of short-term outcomes after laparoscopic resection for colorectal cancer. *Br J Surg.*; 91(9): 1111-1124.

References

1. Hewett P J, Allardyce R A, Bagshaw P F, et al. (2008) Short-term outcomes of the Australasian randomized clinical study comparing laparoscopic and conventional open surgical treatments for colon cancer: the ALCCaS trial. *Ann Surg.*; 248: 728-738.
2. Vlug M S, Wind J, Van der Zaag E, et al. (2009) Systematic review of laparoscopic vs open colonic surgery within an enhanced recovery program. *Colorectal Dis.*; 11: 335-343.
3. Gouvas N, Tan E, Windsor A, et al. (2009) Fast-track vs. standard care in colorectal surgery: A meta-analysis update. *Int J Colorectal Dis.*; 24: 1119-1131.

Biography

Ned Abraham is a Professor of Colorectal Surgery at UNSW Australia, Coffs Harbour Campus, NSW. He has graduated with Honors in 1986 and obtained the degrees of Master of Medicine and a PhD in Surgery from the University of Sydney. He is a Practicing Colorectal and General Surgeon, an Endoscopist with close to 20 years of experience. His main areas of interest include evidence-based surgery, enhanced recovery after surgery programs, capsule endoscopy and biofeedback. He is a Fellow of Royal Australasian College of Surgeons and Royal College of Surgeons of England. He got trained at Royal Prince Alfred Hospital in Sydney and is a Member of Colorectal Surgical Society of Australia and New Zealand. His research has been widely published and cited in international peer reviewed journals and he has been an invited guest speaker at multiple national and international meetings in Asia, Europe, USA, Australia and New Zealand

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