

# Enhanced Recovery Pathway in Gynecologic Surgery



## Improving Outcomes Through Evidence-Based Medicine

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### KEYWORDS

- Enhanced recovery • Perioperative care • Gynecologic surgery • Benign
- Abdominal hysterectomy • Vaginal hysterectomy • Laparoscopic hysterectomy

### KEY POINTS

- Enhanced recovery after surgery (ERAS) is an evidence-based approach to perioperative care shown to hasten recovery and attenuate the stress response to surgery.
- ERAS principles include preoperative patient education; avoidance of prolonged preoperative fasting, and bowel preparation; multimodal analgesia; perioperative euvoolemia; intraoperative normothermia; early oral intake; early mobilization.
- ERAS is associated with earlier return of gastrointestinal function, reduced opioid use, shorter length of stay, stable complication and readmission rates, and substantial cost reductions.

### INTRODUCTION

In recent years, a paradigm shift from traditional perioperative care models to the “Enhanced Recovery Pathway (ERP)” or “Enhanced Recovery After Surgery (ERAS)” has taken place across a wide range of surgical specialties including gynecologic surgery. These programs, also known as “Fast-Track Surgery (FTS),” are not new; they were first introduced in the 1990s by European surgeons and anesthesiologists, pioneered in particular by Kehlet, and challenged the efficacy of longstanding, non-evidence-based practices of perioperative care.<sup>1</sup> Surgical stress forces the body

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into a highly catabolic state with increased cardiac demands, relative tissue hypoxia, increased insulin resistance, impaired coagulation profile, and altered pulmonary and gastrointestinal functions.<sup>2</sup> The body's response to surgical stress results in organ dysfunction, increased morbidity, and, ultimately, delayed convalescence.<sup>3,4</sup> The ERAS programs aim to maintain normal physiology perioperatively and optimize patient outcomes by introducing interventions that have been proven to either decrease surgical stress or help the body mitigate the negative consequences associated with it.

The ERAS pathways do not base their success on the incorporation of a single intervention into clinical practice but rather represent a multimodal approach to perioperative recovery. The main ERAS elements differ drastically from traditional care and can be divided into preoperative, intraoperative, and postoperative interventions. These elements include preoperative patient education and counseling, minimizing preoperative fasting, avoiding bowel preparation and dehydration, preemptive analgesia, nausea and vomiting prophylaxis, tailored anesthesia with a focus on short-acting anesthetics and regional anesthesia, goal-oriented fluid management to achieve perioperative euvolemia, intraoperative normothermia, no routine use of drain and nasogastric tubes (NGTs), early oral intake, early mobilization, early catheter removal, a preference for nonopioid analgesics, and preemptive use of laxatives. Importantly, the successful implementation of these programs is based on the collaborative work of a multidisciplinary team consisting of surgeons, anesthesiologists, nursing staff, and pharmacists, as well as the active engagement of the patient in enhancing their recovery.

ERAS pathways were initially introduced in colorectal surgery. They have since been successfully implemented in many surgical specialties, including cardiac, thoracic, vascular surgery, urology, and orthopedics. A growing body of evidence suggests that it is both a safe and effective perioperative care approach allowing for shorter length of hospital stay, decreased morbidity, and significant cost reduction without increasing postoperative complication and readmission rates while maintaining high patient satisfaction.<sup>5-11</sup> Notably, a collaborative initiative, called the Enhanced Recovery Partnership Programme, was established in England in 2009 aiming toward the widespread adoption of ERAS in 4 major specialties (colorectal, urology, gynecology, and musculoskeletal).<sup>12,13</sup> Although initially slow, several studies have surfaced over the past few years reporting the successful implementation of this multimodal approach in the perioperative care of the gynecologic surgical patient.

## **BASIC CONCEPTS OF ENHANCED RECOVERY AFTER SURGERY PATHWAYS**

### ***Preoperative***

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#### ***Patient counseling and education***

Successful implementation of ERAS pathways to enhance postoperative recovery requires active engagement of all involved parties with the patient playing a central role. Patient counseling should start as early as the initial consult visit and include explaining the rationale behind the ERAS pathway in order to engage the patients in their recovery. In the outpatient setting, providers and nursing staff should identify patient expectations for the hospitalization and educate patients on early mobilization, early postoperative feeding, postoperative pain goals and pain management, and duration of hospitalization. It is helpful for the patients to be given educational materials to take home because this allows patients to familiarize themselves with these concepts. Patient education has been shown to be associated with improved outcomes, including decreased postoperative complications, superior pain control, and shorter recovery

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