

## **ENHANCED RECOVERY AFTER OPEN COLECTOMY- IMPLEMENTATION AT A PUBLIC HOSPITAL**

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Structured multimodal care plans, or Enhanced Recovery After Surgery (ERAS) protocols, are becoming widespread in elective large bowel surgery to reduce surgical stress responses. A pilot programme was begun at the Manukau Surgical Centre (MSC), Auckland in October 2005. Prior to the introduction of the ERAS programme the median inpatient hospital day stay for a patient undergoing an elective open colectomy at MSC was approximately 8 days.

Two senior nurses and a surgeon attended an ERAS course in Denmark to learn how to implement the programme. Key features of the implementation plan included development of a nursing care-plan and development of an anaesthetic protocol. Key players were consulted and education was given to nurses and doctors involved in the programme. The early phase of the programme was associated with very tight monitoring and audit.

Consecutive patients undergoing elective segmental colonic resection without a stoma at MSC have been managed within this multimodal structured peri-operative care pathway. We have excluded those unable to communicate in English, those with dementia and ASA $\geq$ 4. The protocol includes pre-operative counseling and information, carbohydrate loading, thoracic epidural anaesthesia, conservative fluid management, removal of urinary catheter on day 1, early mobility, early nutritional intake, opioid sparing analgesia and establishment of clear discharge criteria. Over 200 patients have now been through this programme. Our median daystay is 4 days and we have demonstrated improvements in postoperative recovery, decreased complications and cost effectiveness. Patient satisfaction has been high. The programme has been utilized in a number of randomized controlled trials to improve patient recovery.

In summary, ERAS can be implemented without increasing complications or readmission rates. ERAS principles are now well established at our institution.