

Title: **Survey of Practice of Enhanced Recovery for Colorectal Surgery**

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**Background and Goal of Study**

Enhanced recovery after surgery (ERAS) for colorectal (CR) surgery is widely practiced in the UK. It is not known how widespread the perioperative components of the ERAS protocol have been implemented in daily practice. We surveyed delegates attending the annual 2017 colorectal anaesthesia meeting organised by the Colorectal Anaesthesia Group-UK (CAG-UK) to investigate current practice of ERAS in their hospitals.

**Materials and Methods**

A structured paper questionnaire was handed out on the day of meeting. It contained 19 questions about ERAS specific to CR surgery including pre, intra and postoperative components and quality assurance of the ERAS pathway. Completed survey forms were collected on the same day. The forms were analysed using Excel for MAC.

**Results and Discussion**

72 forms were returned from 123 participants (58%).

92% respondents had ERAS protocols implemented in their hospitals. However patients' attendance at multidisciplinary meeting was 33% and hospitals had a dedicated ERAS nurse in 61%. The results of individual components are summarised in table 1. Only one third who responded had quality assurance process in the form of continuous audit review.

**Conclusions:**

Most hospitals have started using ERAS for colorectal surgery. However, all the specific recommendations of the ERAS protocol are not widely accepted. Of the individual ERAS protocols, compliance with preoperative components of the pathway are more common than postoperative period.

**References:**

Gustafsson,UO et al. World J Surg (2018); 42:2689–2690

Pisarska M et al. Int J Surgery 2016; 36:377-82.

Table 1.

Perioperative ERAS protocol component	% of respondents where protocol used
preoperative oral intake	74%
preoperative carbohydrate loading	74%
Preoperative bowel preparation	75%
Intraoperative fluid therapy	35%
Postoperative pain relief	38%
Postoperative oral intake	62%
Postoperative nutrition	54%
Postoperative mobilization	54%
Postoperative stopping fluid therapy	32%
Postoperative physiotherapy	47%
Postoperative removal of urinary catheter	39%
Intrathecal opioids	22%