Interview with Dr. Chris Jones: reflecting on his two recent special series on Enhanced Recovery after Surgery and perioperative care of the cancer patient

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Editor's note

As an emerging journal in the field of digestive diseases, *Digestive Medicine Research* (DMR) has published a number of special series in recent years, receiving overwhelming responses from academic readers around the world. Our success could not have been achieved without the contribution of our distinguished guest editors. Taking this opportunity, this year DMR launched a new series, "Interviews with Outstanding Guest Editors", to highlight our active contributors. We hope to express our heartfelt gratitude for their tremendous effort and further uncover the stories behind the special series.

The special series "Enhanced Recovery After Surgery (ERAS) Program in General Surgery" (1) led by Dr. Chris Jones, Dr. Chuangqi Chen and Dr. Xuefu Zhou, and "Perioperative Care of the Cancer Patient" (2) led by Dr. Leigh Kelliher and Dr. Chris Jones have attracted numerous readers since their release. These series share the same goal to give a comprehensive look at how ERAS was changing the perioperative management of a number of different surgical specialties, and then follow up with a more specific look at how care has changed for the patient undergoing cancer surgery. At this moment, we are honored to have an interview with Dr. Chris Jones to share his scientific career experience and insights on these two special series.

Expert introduction

My name is Chris Jones and I have been a Consultant Anaesthetist at the Royal Surrey Hospital and St Lukes Cancer Centre in Guildford since 2013 (*Figure 1*). My training was based at St Georges Hospital in London, and I completed further specialist training in high risk and major oncology anaesthesia at the Royal Surrey, liver anaesthesia at Kings College London, as well as paediatric intensive care at the Evelina hospital and St Georges hospital London, and pre-hospital care in Sydney Australia. I have a keen interest in research and anaesthesia for major oncology surgery including hepatobiliary, oesophageal and major urology. I also have a passion for Perioperative medicine and Enhanced Recovery for Surgery. I have designed ERAS protocols for liver surgery and major urology surgery including robotic cystectomy and prostatectomy. I was awarded my Medical Doctorate (MDRes) from the University of Surrey in 2015 and my thesis was on ERAS for open liver resection surgery. I have lectured worldwide and have numerous publications in the field of ERAS. I am an executive member of the ERAS Society and their website editor. I have been the Associate Editor-in-Chief of *Digestive Medicine Research* since 2019. I am married and have two small children.

Interview

DMR: As a reputable expert in the anaesthesia for oncology surgery, what drove you into this field in the first place?

Dr. Jones: I chose anaesthesia fairly early in my career and have always loved it. There were not really any areas within it that I did not like, which did make it slightly harder to decide on my sub-specialism. I toyed with pediatrics and even pre-hospital care but in the end, anaesthesia for oncology surgery chose me. I loved the challenges that oncology gives. Each patient is different, as is the surgery and we end up giving a

Figure 1 Dr. Chris Jones.

totally bespoke service to each patient. Seeing a patient wake up, comfortable with no nausea allowing them to hit all the enhanced recovery goals after potentially prolonged and extensive surgery is still deeply satisfying.

DMR: You were the guest editor of two special series—Perioperative Care of the Cancer Patient (2) and Enhanced Recovery After Surgery (ERAS) Program in General Surgery (1) for DMR. Did you have any different feelings while working for the two special series? Why did you choose these two topics?

Dr. Jones: Simply speaking, these are two topics which are very important to me, and as an anesthetist working in a regional cancer centre, they are important to my patients as well. For two years of my life (time taken to undertake my medical doctorate), I lived and breathed ERAS. I could see firsthand how it could transform the recovery of patients. My research was on patients undergoing open liver resection surgery and after implementing some fairly simple measures, we reduced our historical length of stay from over 9 days down to just 4 (3). Patients loved it too. It empowered them and they felt much more in control.

DMR: ERAS is now used in many cases, what are the features and advantages of ERAS, and what do you think could be further improved in the future clinical practices?

Dr. Jones: ERAS is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major surgery. It represents a huge shift in perioperative care in two ways. First, it re-examines traditional practices, replacing them with evidence-based best practices where necessary. Secondly, it is totally comprehensive, covering all areas of the patient's journey from pre- to post-op. It has been shown to have many benefits both short-term and now longer-term. Obviously, it shortens hospital length of stay, but it also reduces morbidity, which has a huge cost saving and can improve quality of life. There is also emerging evidence that it can improve longer term survival after major surgery.

From an anesthetic point of view, I think the main improvements will come in the form of better analgesia. We are already seeing a movement away from thoracic epidurals to more 'simple' forms such as wound catheters and abdominal trunk blocks such as TAP blocks.

And whilst not a surgeon, there is obviously tremendous excitement about the future of robotic and minimal invasive surgery.

DMR: Perioperative care reduces the risk of surgery, making it safer and the patient's experience better. What do you think is the major change it has brought to patient treatment? What is the current status of implementation?

Dr. Jones: I think the main difference is that we have streamlined and protocolized all aspects of care. Meaning that all patients will always get the same high standard of care. There is also greater emphasis on the evidence base, which means that we are constantly evaluating each part of the perioperative pathway. There is obvious overlap with perioperative care and ERAS, and there is still work to do with implementation. A lot of institutions have a pathway, but simply having a pathway is not enough. Constant evaluation and audit of the pathway is needed otherwise you will never know how well / badly it is going. It is generally well implemented in higher income countries but a lot of work is still needed in low and middle income ones. This is being addressed by societies such as the ERAS society.

DMR: What kind of projects are you recently working on? How is the topic of this special series associated with some of them?

Dr. Jones: My main current project is introducing a new ERAS pathway for minimally invasive liver resection surgery. It is been really interesting and totally different to our open liver ERAS pathway. Some of the big differences is that there is less need for invasive lines, and less lines means less things to keep

patients in bed. But the biggest difference is analgesia and we have totally moved away from epidurals which was just slowing post-operative mobilization, and now using more spinals and just simple intravenous analgesia.

DMR: If there is a chance to update this special series, what would you like to moderate, add or emphasize more?

Dr. Jones: A good question. I think the main change will be updates in the way how we as anaesthetists provide analgesia. It changed dramatically in the last few years, which is why we have just put forward our third special series entitled "Current issues in analgesia for major surgery".

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Footnote

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References

1. Enhanced Recovery After Surgery (ERAS) Program in General Surgery. Available online: https://dmr.amegroups.com/post/view/enhanced-recovery-after-surgery-eras-program-in-general-surgery
2. Perioperative Care of the Cancer Patient. Available online: https://dmr.amegroups.com/post/view/perioperative-care-of-the-cancer-patient
3. Jones C, Kelliher L, Dickinson M, et al. Randomized clinical trial on enhanced recovery versus standard care following open liver resection. Br J Surg 2013;100:1015-24.

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