

AB048. Implementation of an enhanced recovery protocol in a complex colorectal patient cohort in Galway University Hospital (GUH)

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Background: Enhanced recovery after surgery (ERAS) is an evidence-based multimodal perioperative care pathway designed to achieve early recovery by reducing the post-operative stress response. Most ERAS studies to date have a predominance of low risk carefully selected patients. Our aim was to assess the feasibility of implementation of ERAS protocol in a high risk population. Primary outcome was length of stay (LOS). Secondary outcomes were morbidity, mortality, return of bowel function and 30-day readmission. **Methods:** A prospective case control study was conducted

of patients undergoing elective bowel resection over a 1-year period. All were given written instructions on ERAS protocol at pre-operative consultation.

Results: A total of 50 patients were included and divided into two groups based on American Society of Anaesthesiologists (ASA) grade. There were 27 patients in group A (ASA 1 and 2; median age 53). There were 23 in group B (ASA 3 and 4; median age 64). No statistical or clinical significance was shown in LOS (5.4 *vs.* 6.1) or return of bowel function (2 *vs.* 2.6 days). Postoperative complications were assessed using the Clavien-Dindo classification. There was no significant difference in the two groups (6 *vs.* 5 CD II). There was no mortality. One patient in group B was readmitted within 30 days.

Conclusions: Complex high risk surgical patients derive equivalent benefit from enrolling on an ERAS to their less complex counterparts. Based on this feasibility study we plan to include all patients undergoing elective colorectal resection going forward.

Keywords: Enhanced recovery after surgery (ERAS); colorectal; general surgery

doi: 10.21037/map.2020.AB048

Cite this abstract as: Kamil AM, Samy A, Rooney S, Hogan A. Implementation of an enhanced recovery protocol in a complex colorectal patient cohort in Galway University Hospital (GUH). *Mesentery Peritoneum* 2020;4:AB048.