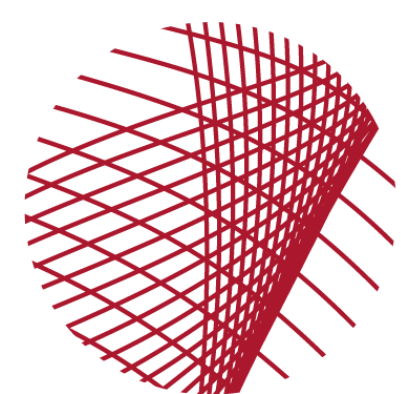




Background

- The implementation of the Enhanced Recovery After Surgery (ERAS) protocol in cardiac surgery has introduced a multidisciplinary treatment approach into clinical practice.
- **Same Day Surgery (SDS)** is a novel addition to this protocol

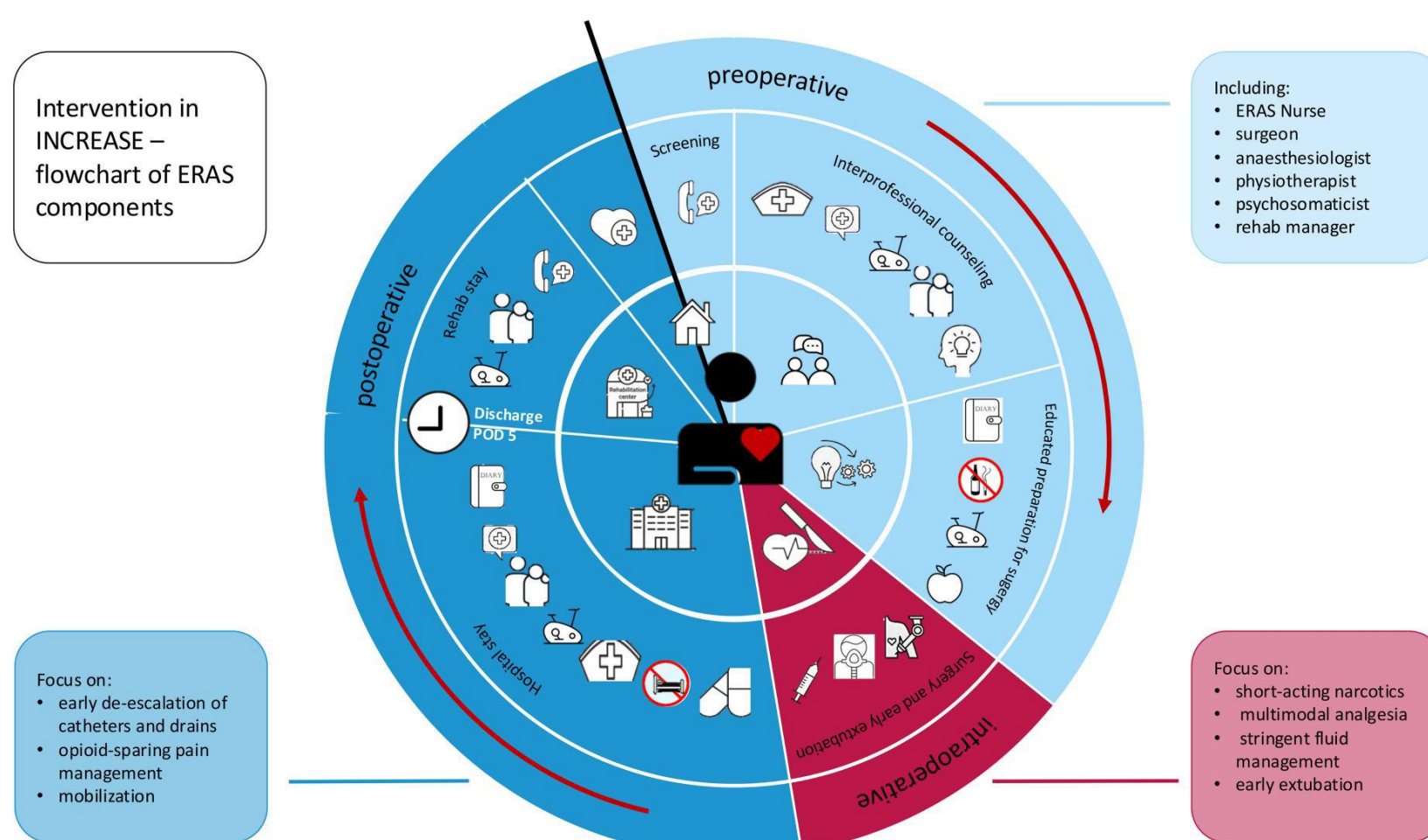
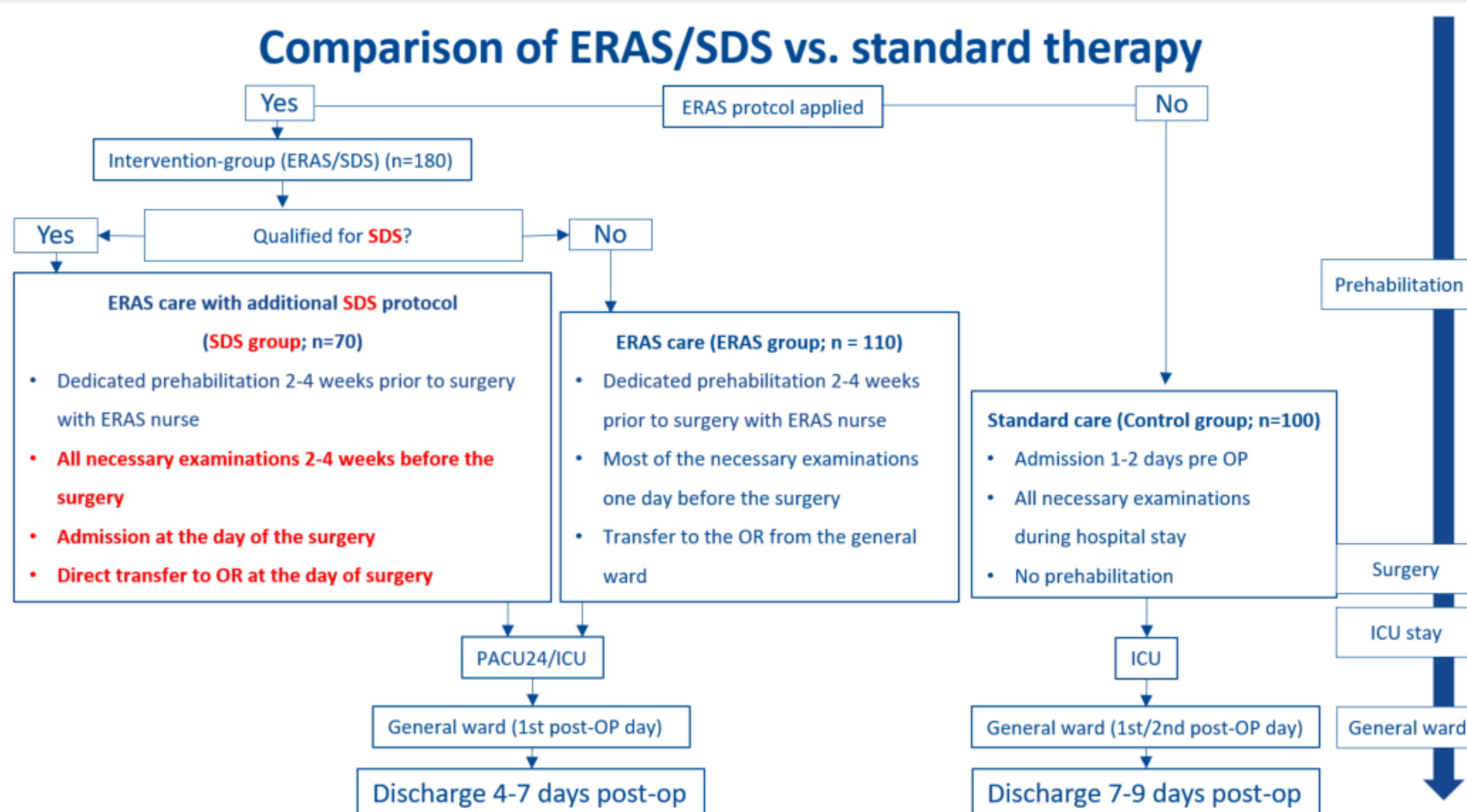


Figure 1. Flowchart of ERAS Components. Adapted from Petersen et al. Eur J Cardiothorac Surg 2026

- The aim of this study was therefore to analyze the clinical and economic impact of SDS in conjunction with ERAS.

Methods: ERAS/SDS Protocol

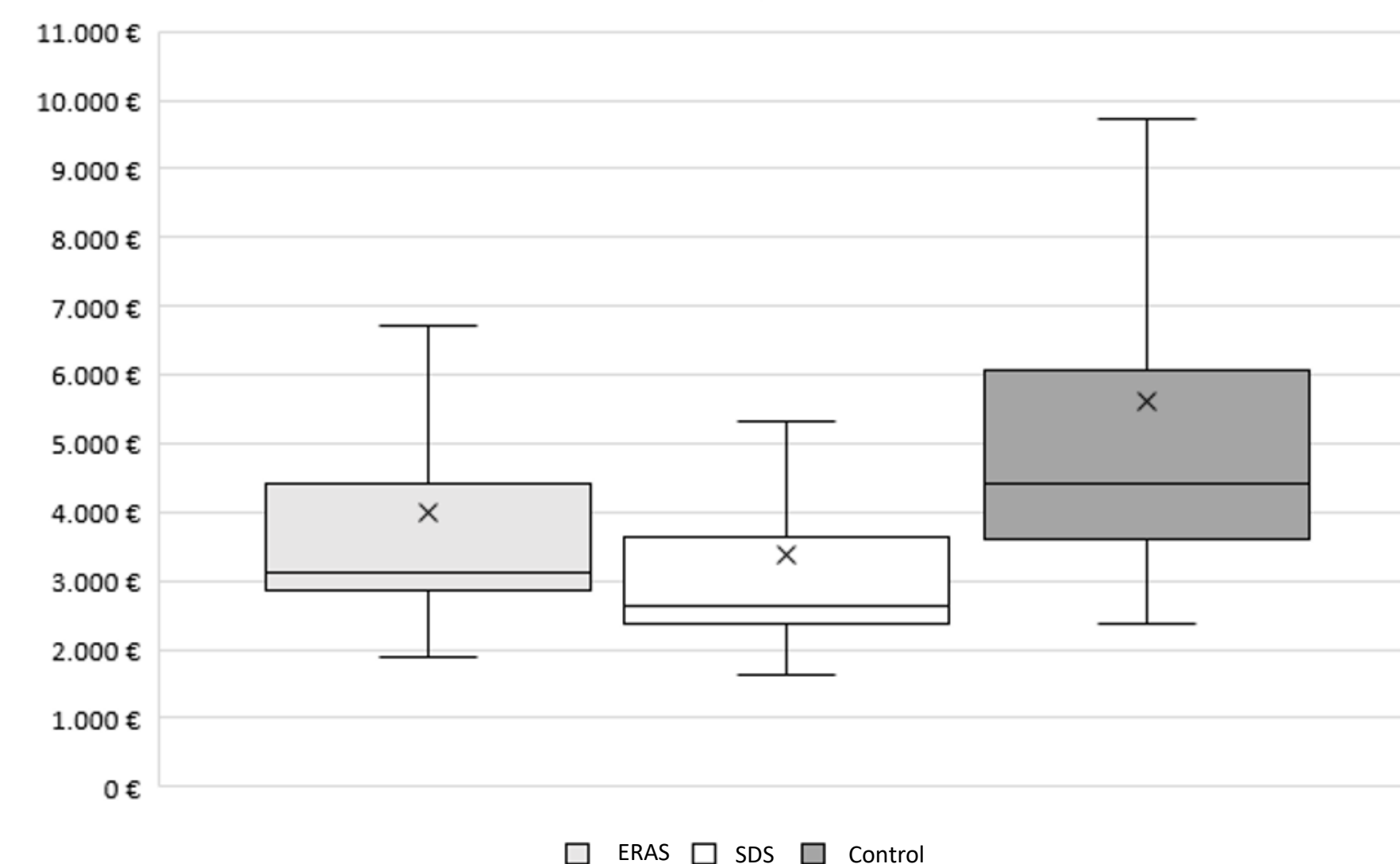
Comparison of ERAS/SDS vs. standard therapy



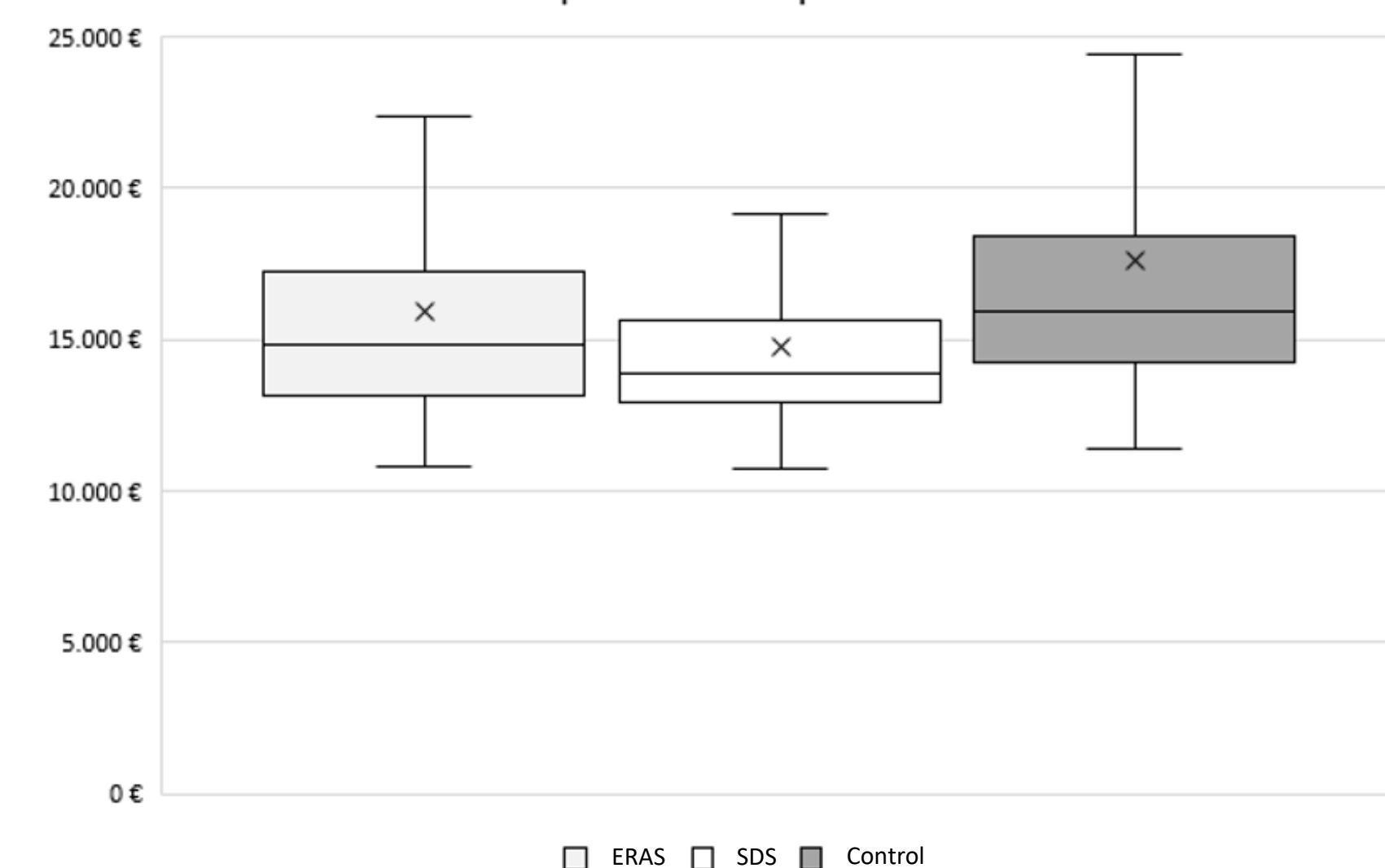
Results

- The overall hospital stay was significantly shorter in the SDS group (7.7 ± 3.8 days) than in the ERAS group (9.5 ± 3.5 days) and the control group (12.1 ± 5.8 days); $p < 0.001$.
- The ICU stay was similar in the SDS (1.7 ± 1.3 days) and ERAS groups (1.9 ± 1.8 days), and was significantly shorter than in the control group (3.0 ± 4.0 days; $p < 0.001$).
- Overall costs were significantly lower in the SDS group ($\text{€}14,799 \pm 3,296$) than in the ERAS group ($\text{€}15,915 \pm 4,112$) and the control group ($\text{€}17,584 \pm 5,700$); $p < 0.001$.
- These differences were mainly driven by reduced costs for stays in the ICU and on the general ward (SDS: $\text{€}1,793$; ERAS: $\text{€}2,224$; control: $\text{€}3,259$); $p < 0.001$.

Comparison of hospital stay costs



Comparison of hospital costs



Conclusion

- This all-comers study showed that same-day surgery (SDS) can be effectively incorporated into the ERAS protocol, leading to a reduction in hospital stays and costs of up to $\text{€}2,785$.
- This can provide important economic benefits during periods of constrained hospital capacity.