



OUTCOMES AFTER IMPLEMENTING AN ENHANCED RECOVERY PROGRAM FOR COLORECTAL SURGERY AT A TERTIARY VETERANS AFFAIRS MEDICAL CENTER

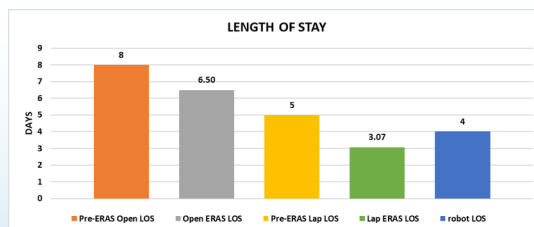
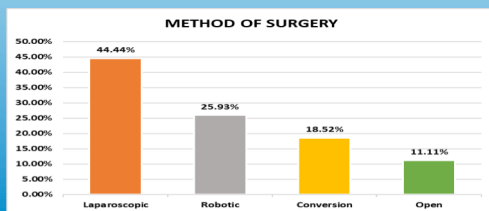
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INTRODUCTION

The aim of this prospective study was to evaluate the outcomes of elective colorectal surgery after implementing an enhanced recovery program at a large Veterans Affairs medical center (VAMC). Historical data for elective colorectal resection shows an average length of stay (LOS) of 8 days for open surgery and 5 days for laparoscopic surgery.¹ Enhanced recovery programs after surgery have driven the decrease in LOS.

MATERIALS AND METHODS

Veterans who underwent elective colorectal surgery utilizing a standardized enhanced recovery after surgery (ERAS) protocol between September 2018 and July 2019 were identified using the Computerized Patient Record System (CPRS). Targeted CPT codes and surgeon case logs were used to create a prospective database. Preoperative demographics and postoperative outcomes such as readmission and other complications were recorded. This data was compared to a 10-year retrospective review of elective colorectal surgery at our institution prior to ERAS protocol implementation.



RESULTS

27 consecutive patients undergoing elective colorectal surgery using the ERAS protocol were identified. Patients had a mean age of 64 and 92% were male. Malignant pathology accounted for 74.1% of the cases. The average LOS was reduced to 4.4 days (range 2-12) in the ERAS group versus 8.8 days prior to the ERAS protocol. Nearly three-quarters of the cases were completed via a minimally invasive approach (44.4% laparoscopic, 25.9% robotic). There were two readmissions, one for ileostomy related complications following a rectal cancer surgery, and the other for pain control following a revisional surgery for an ileorectal anastomosis in a Crohn's disease patient. There were no superficial surgical site infections. There was one mortality following a laparoscopic right hemicolectomy which was complicated by an anastomotic leak, atrial fibrillation and massive stroke. Five cases were converted from laparoscopic to open (18.5%). One patient who underwent a conversion had an extended LOS at 12 days secondary to a prolonged ileus while another patient who underwent a laparoscopic resection had an extended LOS at 9 days secondary to bleeding from the EEA staple line.

CONCLUSION

Utilizing a standardized ERAS protocol after elective colorectal surgery significantly reduces the length of stay following elective colorectal surgery, regardless of approach. Additional study of this prospective cohort and comparison with historical experience can help identify safe, effective ways to reduce LOS after elective colorectal operations.

