

ERAS protocol in colon laparoscopic surgery - impact on the time of hospitalization

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Introduction

In 2016, the ERAS protocol was introduced in colorectal cancer surgery in the Department of General Surgery and Oncological Surgery in Wrocław. The observation included 103 patients operated for colorectal cancer. 46 patients (44.7%) had laparoscopic surgery. In the group of 46 patients operated by the laparoscopic method, 20 patients (43.5%) were fully successful in the ERAS protocol. In this group of patients a shorter time of hospitalization was demonstrated, in comparison to patients undergoing laparoscopic surgery, in which the ERAS protocol was not implemented.

Discussion

In the group of patients with implemented ERAS protocol the average time of hospitalization was shortened by an average of 2 days in relation to patients operated on the same method, in which the ERAS protocol was not used. The average time of hospitalization of laparoscopic patients who underwent the ERAS protocol was 4 days from the day of surgery. In the group of laparoscopic patients who did not receive the ERAS protocol, the main causes of prolonged hospitalization were: prolonged postoperative ileus and surgical site infection.

Conclusions

Obtained results, even with a relatively small group of patients, allow to show significant benefits from the implementation of the ERAS protocol in colorectal laparoscopic surgery. These results are consistent with reports in the literature. The use of the ERAS protocol brings measurable benefits in patients' care after surgery, reduces the time of patients' return to the pre-operative condition and reduces the cost of treatment. It is also important that shortening the time of hospitalization increases the number of available beds in the ward per year. This increase the number of patients being operated and reduce waiting time for surgery.

Kategoria: K4. Chirurgia kolorektalna – nowe metody i techniki operacyjne / Chirurgia minimalnie inwazyjna w nowotworach narządowych / Powikłania w chirurgii minimalnie inwazyjnej / Colorectal surgery – new methods and surgical techniques / Minimally invasive surgery in organ tumors / Complications in minimally invasive surgery