

Effect of Enhanced Recovery After Surgery (ERAS) protocol on post-operative outcomes in abdominal gynecologic oncology surgery.

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Background: ERAS protocol applies evidence-based perioperative care. It has been well studied in several surgical fields, but less data specific to gynecologic oncology exists.

Objective: Examine the effect of ERAS on surgical outcomes in abdominal gynecologic oncology operations.

Methods: ERAS was implemented in August 2016, including changes in non-narcotic multimodal analgesia, early ambulation and feeding, and goal-directed fluid resuscitation. Retrospective cohort analysis compared surgical patients during the year prior to ERAS versus the year immediately following.

Results: ERAS cohort of 49 patients was compared to 56 pre-ERAS patients. With ERAS, mean length of stay was reduced to 3.06 days versus 4.98 days ($p=0.0006$), total opiate consumption decreased to 82.0mg IV morphine equivalents versus 154.3mg ($p=0.0002$), and composite morbidity significantly reduced (1/49 vs 15/56, $p=0.0001$). Readmission rates were statistically similar.

Conclusions: ERAS in open gynecologic oncology surgery was associated with reduced length of stay, decreased opioid consumption, and decreased composite morbidity.