

Guidelines for Enhanced Recovery after Surgery (ERAS)

The Network recommends to its members the Association of Surgeons Great Britain and Ireland (ASGBI) evidence-based publication “Guidelines for the implementation of ERAS protocols”.

(http://www.asgbi.org.uk/en/publications/issues_in_professional_practice.cfm)

Monitoring goal directed fluid therapy is an element of enhanced recovery which we are aware is causing some network members considerable problems. The evidence-base (ASGBI guidelines pgs 10-12) is strongly in favour of oesophageal Doppler on account of the numerous randomised studies and a meta-analysis showing improved outcomes and shorter lengths of stay. The network strongly supports the implementation of oesophageal Doppler as it believes this to be the gold standard of perioperative care.

The network recommends that every unit practicing ERAS should have a dedicated facilitator. This should be someone distinct from the clinical lead whose responsibility it is to co-ordinate, implement, run, enforce and ensure compliance to the ERAS pathway. They should also be encouraged to collect prospective audit data.

In line with the ASGBI recommendations the network believes regular audit is essential to ensure compliance, good practice and promote excellent outcomes. It also recommends participation in regional audit, so that good practice can be shared between units. The network acknowledges the Department of Health ERAS “Toolkit”-a free web-based audit resource and recommends it to its members (go to <http://www.natcansatmicrosite.net/erpaccessrequest/>.) The toolkit allows comparison with other units whilst storing individual data anonymously. The network does recognise that individual units may already have audit databases in place and may prefer to continue with these instead.

Auditing compliance with an individual trust’s pathway should be carried out at regular intervals and the information gained fed back to the clinical staff involved in delivery of ERAS. A number of studies have demonstrated that good compliance translates directly into better outcomes and shorter lengths of stay.

Discharge planning, a crucial part of effectively reducing length of stay, has been found by many local trusts to be problematic. The network encourages trusts setting up ERAS programmes to liaise with their local social services to ensure that effective post-operative care in the community should not delay discharge when patients are medically fit.