

## **A Single Surgeon's Experience with Enhanced Recovery after Surgery: An Army of One**

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### Abstract

The benefits of enhanced recovery after surgery (ERAS) have been demonstrated for multiple surgical procedures in high-volume programs. However, resources required for its implementation may be daunting to individual surgeons. Patients undergoing elective abdominal procedures from June 2013 to April 2015 by a surgical oncologist before and after the implementation of an ERAS protocol were reviewed. A total of 179 patients were included. The mean age of the patients was 63 years, and a majority of them were females (53.6%), white (61.5%), had a Charlson score of 0 to 2 (45.8%), and a Clavien complication grade of 0 to I (60.1%). The univariate analysis revealed that the ERAS protocol was associated with shorter length of stay (LOS) (6.2 vs 9.6 days), lower cost (\$21,674 vs \$30,380), and lower mortality (0 vs 3.3%);  $P < 0.05$ . Differences were noted in LOS and costs for all procedures, the differences were the greatest for hepatic resection (3.8 vs 8.4 days and \$16,770 vs \$28,589), intestinal resection/stoma closure (4.8 vs 7.6 days and \$18,391 vs \$22,239), and other abdominal procedures (5.0 vs 10.8 and \$17,713 vs \$30,900);  $P < 0.05$ . The differences were less for patients undergoing procedures for which postoperative pathways were already in place such as pancreatic (9 vs 10.8 days and \$30,524 vs \$34,291) and colorectal (5.3 vs 6.5 days and \$20,733 vs \$25,150) surgeries.  $P > 0.05$ . An ERAS program can be instituted by an individual surgeon with the benefits of decreased LOS, cost, and mortality.