What Does Eating, Drinking and Mobilising After Enhanced Recovery Surgery Really Mean?

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Background/Introduction: Enhanced Recovery Pathways (ERP's) focus on the delivery of bundles of evidence-based care practices that expedite a patient's recovery and return to normal function. Central to recovery is establishing early mobilization and enteral nutrition.

It is well recognized that there are barriers to successful implementation of ERP's [1]. One of these includes successful dissemination of a pathway and the goals of treatment to a multidisciplinary team. We were interested to examine the opinions of a group of experts, when defining those basic principles of eating, drinking and mobilizing after surgery.

Methods: Individuals invited to an enhanced surgical recovery working group meeting in Europe (n=13) were contacted by email in December 2015 to anonymously complete an online questionnaire that probed their literal understanding of the definitions of *eating*, *drinking* and *mobilizing* after surgery.

All members of the working group had agreed to participate at the meeting, with the intent that it was important to identify variation, and ultimately establish a consensus, and in what these definitions meant in clinical practice to different individuals.

Results: All individuals contacted (n=13) completed the questionnaire. There was variation in defining each domain, (eating, drinking and mobilizing). For drinking, the greatest number to agree (53.8%, n=7/13) described this feature as "*return to baseline fluid intake"*. 15.4% (n=2/13) qualified this definition as *"sips of clear fluid"*. For eating, again there was wide variation in defining the term. *"Light solid intake (such as sandwich/fruit/yoghurt)"* was the most cited response, by (53.8%, n=7/13) respondents. The greatest variation in responses was seen in defining mobilisation after surgery. No consensus was reached, with equal numbers (n=2) defining this postoperative goal as either *"sitting out of bed"*, *"minimal steps"*, *"independent walking without assistance"* or *"return to baseline function"*.

Conclusion: This small "snapshot" of experts' views demonstrates an unmet need to more clearly define the goals for patients after surgery.

Interestingly, there is significant variation amongst champions of enhanced recovery in defining those important terms of eating, drinking and mobilizing after surgery. From this, we might infer that the delivery of clear guidance to adopters of enhanced recovery practices may be compromised, with the effect of diluting the impact of patient's realising these important goals.

In our institutions, we recommend explicitly defining these goals for patients *and* healthcare professionals in both patient information and published pathways. By effectively disseminating clear information, we anticipate less ambiguity in the interpretation of ERP's, leading to better understanding of the provenance of the pathway by all. Moreover, we feel these important and agnostic indicators of recovery should be at the very heart of the focused drive of ERP's.

References:

1. Pearsall EA, Meghji Z, Pitzul KB, et al. A qualitative study to understand the barriers and enablers in implementing an enhanced recovery after surgery program. *Ann Surg* 2015; 261(1):92-6