

Enhanced Recovery Implementation Guide

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Shown is the first five pages of the 94 page ASER produced implementation guide for enhanced recovery. A full version of the Guide is available to all ASER members. To become a member visit the website or contact ASER at membership@aserhq.org.



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Foreword

Enhanced Recovery is a new, comprehensive, multidisciplinary, multimodal approach to improving care in patients undergoing surgery. It is a radical change from business as usual and challenges the status quo and surgical tradition.

Outcomes following surgery are highly variable and differ greatly among different hospitals. In an effort to improve outcomes and reduce variability, Enhanced Recovery Pathways (ERPs) were developed, initially led by the Danish surgeon Henrik Kehlet. Over the past decade, its adoption expanded to other countries in Europe and the UK. Several centers in the US started ER over 5 years ago. It has already been shown to significantly benefit patients undergoing a variety of surgeries, including colorectal, major gynecological, urological and orthopedic. It is likely that it may have wider applications beyond these surgical procedures.

Enhanced recovery adopts a patient-centered care strategy, focusing on the entire perioperative journey, from preoperative education to postoperative recovery after hospital discharge. In particular, most ERPs focus on the prevention of pre-operative starvation and hypovolemia from prolonged fasting, avoidance of perioperative fluid overloading, minimization of systemic opioid use by using multimodal non-opioid strategy, aggressive post-operative ambulation and early return to normal diet and baseline activity, and involving the patient in his/her own care. Adopting an enhanced recovery strategy has resulted in a significant reduction in length of hospital stay, reduced complications, decreased variability of care and health care cost. In short, ERP increases quality and safety and improves patient satisfaction.

This implementation guide will serve as a starting point for individuals, teams or organizations committed to providing the highest quality of care to adopt and implement enhanced recovery as best clinical practice for patients undergoing major surgical procedures. It dovetails nicely with the mission of the recently established American Society for Enhanced Recovery (ASER, www.aserhq.org), which is to advance the practice of perioperative enhanced recovery, to contribute to its growth and influence by fostering and encouraging research, education, public policies, programs and scientific progress.

I am both excited and confident that the enhanced recovery strategies will become the standard of care in the near future and urge you to seriously consider this new paradigm of care. The ultimate beneficiary is our patients, whom we are committed to serve.

Tong Joo (TJ) Gan

President, ASER



Section 1: What is enhanced recovery?

PREVIEW



Section 1: What is enhanced recovery?

Enhanced recovery is a patient-centered approach to care designed for planned surgery that has a strong evidence base. Enhanced recovery is a pathway that includes several elements. When these elements are implemented collectively the benefits of enhanced recovery pathways (ERPs) are greater than when only a select few are implemented.

ERPs empower the patient to be a partner in his/her own care and have greater choice, for example through shared decision-making. ERPs should start as soon as a surgical opinion is sought and continue with the patient in control of his/her ongoing recovery after discharge from hospital.

The overall goal of enhanced recovery is to enable patients to recover from surgery and return to normal function sooner by minimizing the stress responses of the body during surgery. By decreasing surgical stress:

- outcomes following surgery are improved;
- costs and variability in pathway management are decreased, and therefore
- value is added.

Principles 4

Enhanced recovery is based on 4 guiding principles and, unless you are delivering all 4 principles, you are not implementing ERPs.

1. The patient is a partner in their own care (where possible).
2. The patient is in the best possible condition perioperatively.
3. The patient has the best possible evidence-based management during and after his/her operation that minimizes surgical and anesthetic harm.
4. The patient experiences the best possible care and rehabilitation enabling them to return to their normal level of activity as soon as possible

This can only be achieved by an interdisciplinary team working consistently to an agreed approach.