

Eras multimodal analgesia protocols result in marked reduction in opioids with associated improved pain scores, decreased los and accelerated return of gut function

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Background

Implementation of multimodal pain management protocols is known to reduce opioid consumption in postoperative patients. Our study correlates decreased reliance on opioid analgesics postoperatively, due to the use of multimodal strategies, with a positive impact on patient reported pain scores, LOS and return of gut function.

Methods

Forty-six consecutive elective colon resection cases were reviewed as a baseline cohort and entered into the ERAS Encare database. Subsequently, forty-seven colon resection patients that underwent surgery under ERAS care pathways were entered. Opioid consumption, LOS and return of gut function were compared for pre and post ERAS implementation.

Results

Nineteen ERAS pathway patients received no opioid medication following elective colon resection. Of those, fourteen patients received no opioid medication in either PACU or postop. This contrasted with two patients in the pre-ERAS group receiving no opioid medication postop. Return of gut function decreased by one day for passage of flatus and two days for stool. Patients were able to tolerate solids three days earlier. Maximum daily reported pain scores were all significantly less in ERAS patients.

Conclusions

A dramatic reduction in opioid use did not result in any negative patient experience outcomes and patients left the hospital more quickly due to earlier resumption of GI function, tolerance of diet and avoidance of the side effects of opiate pain medications.

Comparison of Elective Colorectal Cases

