

DIFFERENCES IN NARCOTIC UTILIZATION FOR PANCREATICODUODENECTOMY AFTER IMPLEMENTATION OF A GENERICALLY APPLIED INTEGRATIVE ENHANCED RECOVERY PROGRAM

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Enhanced recovery (ER) protocols have repeatedly been shown to improve outcomes in surgery. Our institution’s surgical oncology ER program was fully implemented on January 1, 2016. The integrative program was applied generically to all major abdominopelvic surgeries. One of the major objectives in an ER program is reduction in narcotic utilization but these changes are not clearly defined for pancreaticoduodenectomy. . **Method:** A retrospective review was performed on all pancreaticoduodenectomy procedures performed at our institution from 2013 through August 2017. Procedures were grouped as control, before implementation of ER protocol, and treatment, all those after initiation of the protocol. Charts were reviewed for overall opioid use and route of administration. **Results:** A total of 47 patients were identified, 23 control and 24 treatment. 5 patients were identified who were on chronic narcotics prior to their procedure and they were eliminated from evaluation (3 controls and 2 treatment). In the remaining patients there was a significant difference in total oral morphine equivalents used intraoperatively and on postoperative days 2 and 3 (figure 1). In terms of route of administration there was a clear movement to early oral administration which continued through the day prior to discharge (figure 2). **Discussion:** Our treatment group received all three components of enhanced recovery; Preoperative, Intraoperative and Postoperative. However, the intraoperative elements of our ER program were established well before full implementation of the program and were utilized in 19/23 control patients. These intraoperative elements include multimodal analgesics with low to no narcotic techniques, regional anesthesia, and Goal Directed Fluid Management. **Conclusion:** After implementation of an integrated ER protocol into a program which already had anesthesia management consistent with ER principles, pancreaticoduodenectomy patients used significantly less opioids and the ratio of oral to parenteral use was significantly greater. This difference is from the fully integrated multidisciplinary ER program as a whole.

