

## **ENHANCED RECOVERY FOR ELECTIVE COLORECTAL SURGERY**

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**Background Information:** Patient length of stay for elective colo-rectal surgery was above national averages according to reports from the National Surgical Quality Improvement Project (NSQIP). An extensive literature review was conducted to assess recommended elements of practice by Enhanced Recovery after Surgery (ERAS) Society compared to our current practice. Implementing the elements of Enhanced Recovery requires a multi-disciplinary approach with input and commitment across all phases of patient care. A proposal was developed by the interdisciplinary team to adopt components from the pre-op, intraoperative and post-operative element sets.

**Objectives of Project:** A multi-disciplinary approach was taken to implement an education plan to prepare staff and patients for the newly adopted elements of practice from ERAS. Patient safety and excellent care slated as the final objective to decrease length of stay.

**Process of Implementation:** The team implemented the following components from all phases of the element sets. Adoption from the pre-op set includes pre-op counseling, no prolonged fasting, fluid and carbohydrate loading, avoidance of salt and water overload, antibiotic prophylaxis, thromboprophylaxis, and no premedication. Intraop elements adopted include short acting anesthetic agents, no surgical drains and maintenance of normothermia. Post op elements include prevention of nausea and vomiting, early removal of foley catheter, early nutrition, non-opioid oral analgesia/NSAIDS, regional blocks, early mobilization, stimulation of gut motility, and audit of compliance and outcomes. Elements not adopted include no/selective bowel preparation due to conflicts in literature, intraop and post-op mid-thoracic epidural anesthesia/analgesia because of reported adverse events and complications in or own institution. Cases with length of stay is a chief indicator of an adverse advent or complications that were not identifiable before surgery.

**Statement of Successful Practice:** Since October when data collection began, length of stay has decreased from 9.23 to 7.07 days. Successful compliance for pre-admit counseling is 92.6%, pre-op meds given as ordered 88.9%, clear liquids 3 hours before surgery 81.5%.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Perianesthesia nurses play an important part in education and obtaining patient cooperation in post-surgical interventions facilitating earlier discharge. More data is needed in how effective nurses are in this role.