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Editorial

Enhanced Recovery After Surgery (ERAS) in Thoracic Surgery - Audit

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Aim

Assess the compliance of our department with the ERAS recommendations in thoracic surgery and what we should do to improve our compliance with ERAS.

Background

Enhanced recovery after surgery (ERAS) is a protocol that has been introduced to reduce surgical stress and improve postoperative recovery. It is providing a protocol divided into (preoperative, Intraoperative, and postoperative phases) with recommendations in each phase to improve the recovery and decrease the length of stay.

Methods

Retrospective audit included patients who had lung resection. Included only patients who underwent elective lung resection. Patients who underwent empyema and pneumothorax procedures were excluded.

Results

ERAS provides 40 recommendations for pre, intra, and post-operative care. Our current practice provides around 80% of these recommendations. Points for improvement can be in the preoperative phase, where patients should check to nutritional status, anemia, and PFT in the first referral clinic to have the opportunity to be corrected before surgery. Also, ERAS recommends an oral carbohydrate loading preoperatively which can be achieved by either carbohydrate solution or late toast dinner. Regarding the postoperative phase, we need to try having a standardized pain management protocol with less use of opioids. Also, regarding chest drain management, ERAS recommends (early drain removal if output <= 450ml, single drain, without suction). All these points can be improved in our service.

Conclusion

Our performance is very good but we can improve it. High-risk patients should start optimization before surgery in 4 weeks at least to have good results and decrease the risk of postoperative comorbidities. Post-operative pain management should be standardized and keep re-auditing the protocol until reaching the best outcome. Post-operative drain management should follow ERAS recommendations (single drain without suction and early removal).