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EVALUATION OF ENHANCED RECOVERY PROGRAM FOR ELECTIVE OPEN COLORECTAL CANCER SURGERY

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Background: Traditional colorectal surgeries usually require a relatively long hospital stay around 10 days. Inadequate pain control, intestinal dysfunction and immobilization are the main factors associated with delay in recovery. Fast track or enhanced recovery colorectal protocols have been used to optimize the perioperative care and to enhance the postoperative recovery.

Objectives: It is to study the outcome of the enhanced recovery program for selected patients with colorectal malignancies subjected to elective surgery compared with similar patients subjected with surgery with traditional perioperative care.

Methodology: This prospective study was performed at Fayoum University Hospital from Apr' 2008 to Feb' 2015 and involved 97 patients who have uncomplicated colorectal cancer and planned for elective open colorectal surgeries. They were divided into two groups, group A (44 patients) subjected to surgery based on fast track protocol and group B (53 patients) subjected to surgery based on traditional perioperative care. Hospital stay, perioperative morbidity, mortality data, post-operative pain and patient satisfaction data were collected, statistically analyzed and recorded.

Results: In group A and B respectively, the mean (±SD) age was 47.3±5.1 and 43.7±6.1 years, number of males were 31 and 44 while females were 13 and 9. According to ASA score, 43.2% and 54.7% of patients were ASA I and 56.8% and 45.3% were ASA II. 40.9% and 43.4% underwent low anterior resection, 36.4% and 22.6% sigmoidectomy, 22.7% and 28.3% right colectomy, and 0% and 5.7% left colectomy. The mean (±SD) length of postoperative hospital stay was 3.58±0.24 and 8.84±1.87 days. There was no mortality in the two groups, and overall morbidity rate was 22.7% and 22.6%; 4.5% and 7.5% wound infection, 2.3% and 0% abdominal wall dehiscence, 11.4% and 11.3% persistent vomiting, 2.3% and 3.8% postoperative fever and one patient in group A (2.3%) required readmission and re-surgery to manage anastomotic leakage and peritonitis.

Conclusions: Enhanced recovery program for elective colorectal cancer surgery has a very good impact on post-operative recovery as it shortens the length of hospital stay with high safety and good patient compliance, so we strongly recommend the application of such protocols provided that the availability of the well trained and adequately experienced personnel in equipped centers.

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