

Improving outcomes after colorectal surgery

Combining laparoscopic approaches with fast-track recovery programmes provides added benefits after colorectal surgery

(Barcelona, 26 October 2010) The management of patients undergoing elective colorectal surgery has evolved rapidly in recent years. The introduction and widespread acceptance of laparoscopic colorectal resection has resulted in less operative trauma, reduced physiological stress, and accelerated recovery compared with equivalent open surgery. Fast-track recovery programmes – sometimes referred to as enhanced post-operative recovery after surgery (ERAS) programmes – have the potential to further improve outcomes after colorectal surgery, and evidence is mounting that the combination of laparoscopic surgery and use of fast-track recovery protocols offers added benefits. Speaking at a press conference at the 18th United European Gastroenterology Week (UEGW) in Barcelona, Prof. Abe Fingerhut from the Centre Hospitalier Intercommunal de Poissy-Saint-Germain in Poissy, France, urged colorectal surgeons to consider taking this combined approach in their own hospitals.

“We have known for some time that laparoscopic colorectal surgery can reduce the length of hospitalisation by up to 9 days compared with open surgery,” he told journalists. “We also know that enhanced recovery programmes reduce the length of hospitalisation and complications associated with colorectal surgery compared with traditional care. Importantly, studies are now emerging suggesting that, by combining the two approaches, clinical outcomes can be further improved and patients can be discharged even earlier after their operations.”

Benefits of laparoscopic colorectal surgery

Since the introduction of laparoscopic surgery in 1991, clear advantages over open surgery have been demonstrated. The avoidance of large abdominal incisions results in reduced stimulation of inflammatory cytokines, less pain and cardiovascular stress, faster resolution of ileus, and fewer wound infections. “These physiological and clinical advantages translate into much shorter hospital stays for the patient, which is beneficial for both them and, of course, the hospital budget,” said Prof. Fingerhut.

Recent evidence that laparoscopic oncological clearance and recurrence rates are comparable to those achieved using open surgery has resulted in the widespread acceptance of the technique in the treatment of cancer.

What is ERAS?

ERAS programmes have been developed and applied to various fields of elective surgery, but were first developed by Kehlet *et al.* for large bowel surgery in the early 2000s. The aims of ERAS programmes are to avoid common hindrances to early discharge such as the need for parenteral analgesics or fluids, delayed patient mobilisation, complications and lack of home care. The main elements of

an ERAS programme are extensive pre-operative counselling, no bowel preparation, no pre-medication, synbiotics administered before surgery, no pre-operative fasting, tailored anaesthesiology, avoidance of peri-operative fluid overload, short incisions, non-opioid pain management, no routine use of drains and nasogastric tubes, early removal of bladder catheters, and early and enhanced post-operative feeding and mobilisation.

According to Prof. Fingerhut, the evidence supporting the benefits of ERAS programmes in colorectal surgery is compelling. However, although their use is certainly increasing, he says there is still some resistance to its universal adoption.

“Unfortunately, ERAS programmes can be complex and labour intensive,” he explained. “There is also some evidence that aggressive ERAS programmes can be associated with high rates of readmission, which is clearly undesirable. These factors have led some units to continue using traditional approaches rather than moving to enhanced recovery protocols.”

Benefits of fast-track laparoscopic surgery

Numerous observational studies have reported the benefits of ERAS programmes in patients undergoing laparoscopic colorectal surgery. In a prospective study published earlier this year, the benefits of using a simplified ERAS programme were compared with a traditional post-operative care approach in 117 patients undergoing open or laparoscopic colorectal resection. Patients managed with the simplified ERAS protocol had a significantly shorter hospital stay; those who underwent laparoscopic surgery and were managed with the ERAS protocol had by far the best clinical outcomes.

“In this first direct comparison of these four treatment approaches, the benefits of fast-track laparoscopy were clear,” said Prof. Fingerhut. “Perhaps the key to successful integration of fast-track programmes in colorectal surgery is their simplification. As was seen in this study, a manageable focus on early mobilisation, early introduction of diet, and reduction in the use of opioid-based analgesia was an effective alternative to traditional post-operative approaches.”

REFERENCE

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