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Feasibility of enhanced postoperative recovery pathways in emergency minimal access surgery

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Background & Aim: Minimal access surgery is an imperative element of ERAS and has significantly improved the outcomes. Enhanced Recovery After Surgery (ERAS) programs synonym fast track surgery was first conceived by Dr. Henrich Kelhet. Largely described for colorectal surgery and reported to be feasible and useful for maintaining physiological function and smooth the progress of recovery. Most of the patients who present for surgical emergency are not adequately prepared and many are not in normal physiological state. The feasibility of ERAS protocol in such emergency minimal access surgery remains indistinct. This study was designed to validate an ERAS program in patients who undergo emergency minimal access surgery.

Method: The subjects were patients who underwent emergency minimal access surgery between June 2016 and August 2017 at the Victoria Hospital, Bangalore. They received perioperative care according to an ERAS program. All the data were collected and analyzed. The end was the incidence of hospital stay, pain and post-operative complications.

Result: A total of 135 patients were studied. According to the Clavien-Dindo classification, the incidence of \geq grade-2 post-operative complications was 10.8% and that of \geq grade-3 complications was 3.9%. Nearly all patients did not require delay of meal step-up (95.1%). Only 6 patients (3%) underwent re-operation. The median post-operative hospital stay was 9 days. Only 4 patients (2%) required readmission. There was no mortality.

Conclusion: Our results suggest that our ERAS program is feasible in patients who undergo emergency minimal access surgery.

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