



| | |
|------------------|--|
| Title | Brief Review: Fast-Track Surgery and Enhanced Recovery after Surgery (ERAS) Programs |
| Agency | ASERNIP-S, Australian Safety and Efficacy Register of New Interventional Procedures – Surgical PO Box 553, Stepney SA 5069, Australia; Tel: +61 8 83637513, Fax: +61 8 83622077; asernips@surgeons.org, www.surgeons.org/asernip-s |
| Reference | Report no. 74. ISBN 978-0-9806299-5-8. www.surgeons.org/Content/NavigationMenu/Research/ASERNIPS/ASERNIPSPublications/Fast_track_surgery_a.htm |

Aim

To assess the safety and efficacy of fast-track surgery programs on patient outcomes; and to qualitatively explore the status of fast-track surgery in Australia.

Conclusions and results

In relation to safety, 2 studies reported that optimized patients had significantly lower mortality and morbidity than conventionally treated patients, with the remainder of studies either reporting no difference between the groups, or not reporting any statistical analyses. There appeared to be little difference in patient-reported pain, although patients in the optimized groups may have had less pain shortly after surgery.

Optimizing conditions before, during, and after surgery reduced the length of hospital stay for patients with no increase in readmission rates. Using the mobilization protocols, patients mobilized faster and spent more time out of bed shortly after surgery. Optimized patients generally had a faster return of gastrointestinal function than conventional patients.

A search of ongoing trials demonstrated that this an area of increasing interest. Some trials currently underway might not be recorded in a manner that notes fast-track surgery to be part of the research, and might instead incorporate it into a study in a different area.

Surgeon interviews showed that many surgical units are investigating some aspects of optimized surgery. General principles were similar, although some followed protocols more strictly than others. Education of all staff in fast-track surgery principles was acknowledged to be important.

Recommendations

None.

Methods

Systematic literature review: Studies were identified by searching MEDLINE, PubMed, and the Cochrane Library from inception to January 2009. One sys-

tematic review, 11 RCTs, and one guideline document were included for review. Data were extracted by an ASERNIP-S researcher using standardized data extraction tables developed *a priori* and checked by a second researcher. Statistical pooling was not appropriate due to the study and result heterogeneity.

Survey of surgeons: Surgeons from Australia and New Zealand who conduct fast-track surgery were identified via literature searches or through personal referrals. Responses from informal semi-structured interviews were deidentified, grouped into themes, and reported narratively.

Further research/reviews required

Further work is required to define the key aspects of optimized surgery, the indications, and the patient groups most likely to benefit.