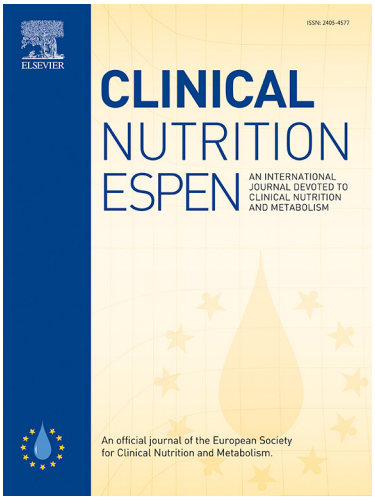

ERAS® Society
8th ERAS
World Congress
ENHANCED RECOVERY
AFTER SURGERY
1 - 3 June 2022
HOTEL MELIA CASTILLA
MADRID, SPAIN
MADRID


ISSN: 2405-4577
ELSEVIER
CLINICAL
NUTRITION
ESPEN
AN INTERNATIONAL JOURNAL DEVOTED TO CLINICAL NUTRITION AND METABOLISM
An official journal of the European Society for Clinical Nutrition and Metabolism.

Methods: The gynecological surgery department of the University Hospital of Tours followed the ERAS implementation from January to October 2019. A team made up of two surgeons, an anesthetist, a health manager and two nurses was trained with the Valenciennes team. We implemented 50 pre-ERAS patients to obtain a comparative database. The ERAS guidelines allowed us to rewrite our protocols as a team during regular meetings, to get closer to the ERAS principles and to become 75% compliant during our certification. We also had to train the various collaborators (operating room, care department) in these new practices.
Results: Since our certification in October 2019, we have included over two years and two months (10/2019 to 12/2021) 400 patients for hysterectomy (203 laparoscopies, 76 laparotomies, 47 vNOTES, 46 vaginal, 28 robots). Treatment for cancer concerns 33.5% (134 patients) the remaining 66.5% (266 patients) represent prophylactic and benign surgery. Our compliance has gone from 41.4% pre-ERAS to 75.1%. Pre-ERAS LOS was 2.8 days, dropping to 2 days after implementation. Post-operative complications have practically halved, dropping from 40% to 21.5%.
Conclusion: The ERAS implementation will have had a major benefit on the postoperative complications of patients undergoing hysterectomy. ERAS will have allowed us to reduce an already short LOS. These results will have prompted us to extend ERAS care to other surgical procedures such as prolapse cures now implemented, then more surgeries such as those for endometriosis as well as mastectomies. However, the current ERAS database does not allow us to implement these. This is the reason why, in 2020, our team chose to initiate a protocol for mastectomies. Thus, we conducted a comparative study allowing us to demonstrate the beneficial impact of ERAS, in patients undergoing radical breast cancer surgery.
Disclosure of Interest: None declared

PO51

IMPLEMENTATION OF CLOSED INCISION NEGATIVE PRESSURE THERAPY IN ENHANCED RECOVERY AFTER SURGERY FOR IMMEDIATE BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC ARTERY PERFORATOR FLAP

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Objectives: To compare the number of abdominal dehiscences in patients undergoing immediate breast reconstruction with Deep Inferior Epigastric artery Perforator flap (DIEP) before and after implementation of the Enhanced Recovery After Surgery (ERAS) protocol that adds postoperative Closed Incision Negative Pressure Therapy (ciNPT) to conventional abdominal binder compression therapy.
Methods: We retrospectively analyzed 63 ERAS patients (3 February 2021 to 29 March 2022) and 176 non-ERAS patients (5 July 2017 to 29 January 2021) (N=239). Clinical data, demographics and immediate complications (1 month post-surgery) are collected. Differences in proportions and means are analyzed with a confidence level α=0.05 with Chi- Squared and ANOVA tests using SPSS®.
Results: Preliminary results indicate that there are significant differences between both groups, with fewer abdominal dehiscences in the ERAS group (ciNPT + abdominal compression). No differences were observed according to age, Body Mass Index (BMI), smoking, medical pathology or neoadjuvant (chemotherapy/radiotherapy).
Conclusion: Those patients who underwent breast reconstructive surgery by DIEP flap and who underwent the ERAS protocol had a lower incidence of dehiscence in the abdominal donor site.
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Disclosure of Interest: None declared

PO52

THE COLORECTAL ERAS PROTOCOL SHORTENS THE LENGTH OF HOSPITAL STAY IN PATIENTS WITHOUT ANEMIA, BUT NOT IN PATIENTS WITH ANEMIA

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Objectives: Iron deficiency anemia is associated with adverse outcomes, which can be seen in up to 75% of colorectal cancer (CRC) patients. The treatment of preoperative anemia as a component of ERAS protocol may improve patient outcomes. We aimed to evaluate the effect of anemia on length of hospital stay (LOS) in patients undergoing CRC surgery before and after ERAS implementation.
Methods: The data of patients who underwent CRC with the ERAS protocol between 2021 and 2022 (*Group ERAS, E, n=61*) were compared retrospectively with the data of patients before the implementation of ERAS protocol (*Group Control, C, n=61*). Anemia was defined as <12 gr/dL for female and <13 gr/dL for male. Demographics, prevelance of perioperative (preoperative: PA, discharge: DA) and postoperative (A1:at 1st month, A2:at 2nd month, A3:at 3th month) anemia, perioperative (preoperative: PHb, discharge: DHb) and postoperative hemoglobin levels (Hb1:at 1st month, Hb2:at 2nd month, Hb3:at 3th month), amount of bleeding, transfusion rates and LOS were compared between 2 groups.
Results: Overall ERAS protocol compliance rate was 79% in Group E. Iron treatment was given to 4 (6,6%) and 37 (60,7%) patients, before 2,5 vs 6,4 days from surgery in Group C and E, respectively. There was no difference in demographics, the prevalance of perioperative and postoperative anemia, amount of bleeding and transfusion rates between two groups. LOS was shorter in patients without anemia in Group E compared with Group C [6 (5-21) vs 8,5 (6-57) days; $\boldsymbol{p<0.001}$]. However, there was no difference in anemic patients regarding LOS between 2 groups. The Hb2 and Hb3 levels of Group E were higher than Group C [12,6 (8,9-16,3) vs 12,0 (8,4-13,8) gr/dL for Hb2, $\boldsymbol{p=0.005}$; 12,8 (10,3-17,6) vs 12,4 (7,3-15,0) gr/dL for Hb3, $\boldsymbol{p<0.005}$].
Conclusion: The positive effect of the ERAS protocol on the LOS in CRC surgery occurred only in patients without anemia. Due to the semi-elective nature of this type of surgery, it was determined that adequate treatment of anemia at least 3 weeks before surgery could not be performed even in the ERAS group. The inability to treat preoperative anemia, which has a very high prevalence in CRC patients, in a timely and effective manner is thought to be one of the most important obstacles to the implementation of the ERAS protocol with adequate compliance.
Disclosure of Interest: None declared

PO53

THE EFFECT OF MANUAL ACUPUNCTURE ON POSTOPERATIVE PAIN AND RECOVERY FROM ABDOMINAL SURGERY: A SYSTEMATIC REVIEW

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