

# Enhanced recovery pathway for colorectal surgical patients improves outcomes, reduces cost

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A protocol that standardizes care before, during, and after colorectal operations has reduced hospital stays by more than half, reduced complications by more than one-third, and cut costs up to \$11,000 per procedure, according to study results presented yesterday at the American College of Surgeons (ACS) 2017 Quality and Patient Safety Conference.

The researchers evaluated 246 [patients](#) who underwent elective colorectal operations at Advocate Illinois Masonic Medical Center, Chicago. The standardized care [protocol](#), known as Enhanced Recovery After Colorectal Surgery (ERACS), was created and implemented in 2015. The study authors compared results under the protocol with operations performed in 2014, before the protocol was introduced.

The goal of the study, said Deepa Bhat, MD, a second-year surgery resident and lead study author, was to determine how ERACS would impact overall outcomes for colorectal surgery patients. "We found that not only does our pathway not negatively impact their hospital length of stay, readmission rate, and complication rates, but that ERACS actually improves these outcomes," Dr. Bhat said. "Our goal was to determine whether we could send patients home sooner after surgery without having to worry about increased complications or increased readmission rates."

The study findings Dr. Bhat and coauthors presented showed that the typical hospital length of stay after implementation of ERACS was 2.89 days vs. 5.65 days beforehand. The researchers found that the direct variable cost was approximately \$3,705 lower with the ERACS and total hospitalization costs were reduced by up to \$11,000 per patient. For the institution overall, that outcome translated into a savings of around \$1 million for the year.

Dr. Bhat explained how implementation of ERACS changed practices at the hospital. "Before the [enhanced recovery](#) pathway, each surgeon had their own way of doing things, such as when patients should start liquids or when they could be discharged home from the [hospital](#)," she said. "Now, care is standardized so that every patient experiences the same pre-, intra-, and postoperative protocol, which leads to better outcomes."

The ERACS pathway creates protocols for care before, during and after the operation. A key difference with the implementation of ERACS, Dr. Bhat said, is that patients receive more "coaching" and education. "The patient goes into [surgery](#) having a very clear idea of what they can expect, such as how their pain will be controlled, when they can start liquids, and what their expectations are for ambulation," she said. "By making patients active participants in their own care, they tend to do better."

After concluding the study, Advocate Illinois Masonic Medical Center adopted the ERACS [pathway](#) as standard operating procedure and is planning to develop similar treatment pathways for other surgical procedures.

Provided by American College of Surgeons

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