ERAS Pathways –A Model for Specific Pathway Implementation?
–European Experience

Ass Prof Karl A Franklin Dept Surgery University hospital, Umeå, Sweden



Traditional surgery No perioperative protocol Slow recovery, high morbidity

Slow recovery, high morbidity No documentation Doctors recording complications

Enhanced recovery after surgery

(ERAS)



Reduce complications Costs Length of stay Enables research

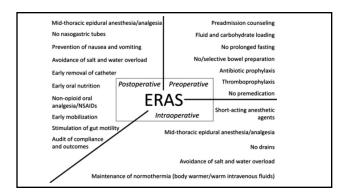
Enhanced Recovery after Surgery (ERAS)

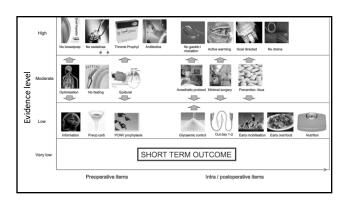
- Evidenced Based Guidelines –detailed protocols
- Local team -implementation of guidelines
- Patient education and information
- Patient data base (EIAS), Research possibility!
- Compliance to 20 central items
- Follow-up meetings

Guidelines Evidence level and recommendation grade

Colorectal surgery Gynecology / Oncology surgery Gastrointestinal Gastrectomy Cystectomy for bladder cancer Pancreaticoduodenectomy Bariatric surgery Liver surgery

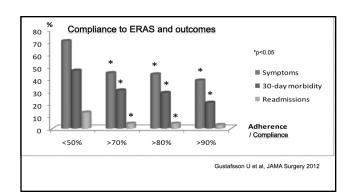




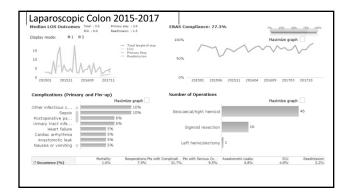


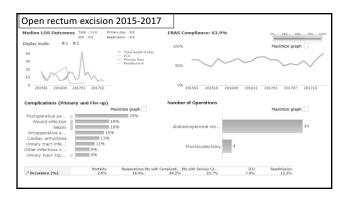
Patient education before surgery Check list	
After surgery Check list Mobilization, enteral feeding, blood samples etc	
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LOCAL TEAM	
Surgeons, Anesthesiologists, ERAS coordinator + staff from units	
Implement ERAS in local routines	

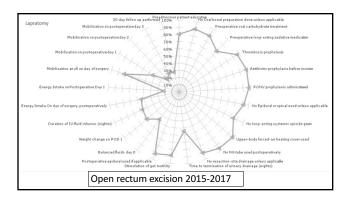
REGISTER (EIAS) Pre operative: Smoking, dis Per operative: Surgery, ane Post operative: Nutrition, n	sthesia, analgesia, fluid	
Complications		ERAS Coordinator
30 day follow-up		
Compliance to 20 items		2











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What about sleep apnea in ERAS??	
Guidelines -Bariatric surgery	
Evidence Recommendation CPAP treated, continue on CPAP moderate strong	
Consider CPAP at BMI >50 kg/m2 low strong	
Postop BiPAP/NIV in OHS low strong	
CPAP rather than oxygen in OSA	
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Registration of sleep apnea	
Pre operative registration of sleep apnea Post operative usage of CPAP	
Sleep apnea treatment, one of 20 "compliance items"? Needs better evidence of effect	-
needs better evidence of effect	
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RESEARCH	
Outcomes and baseline characteristics	
ERAS database (EIAS)	
-Multicenter large studies	
-OSA identification and RCT on CPAP treatment	
SASM and ERAS could connect USA and Europe	
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