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Early recovery after surgery (ERAS) in Ob-Gyn surgeries A prospective single-center pilot study

Early recovery after surgery (ERAS) in Ob-Gyn surgeries
A prospective single-center pilot study

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ERAS programmes employed in elective colorectal, vascular, urologic and orthopaedic surgery has provided strong evidence for decreased lengths of hospital stay without increase in postoperative complications, our aim was to explore role/ benefits, if any, of ERAS in elective ob- gyn surgeries.

Type- prospective cohort ;T= 38 ,elective ob- gyn surgeries;C= 50 ,similar operations, without ERP.ERP included: early feeding, urinary catheter removal, mobilisation, intravenous line removal and optimal oral analgesia.Primary end-points- length of hospital stay, incidence of complications (Clavien-Dindo classification#).Test- t-test(unequal variances) .Statistical significance $p < 0.05$.

No. Parameters NON ERAS (n=50) ERAS (n=38) t-value P Value S/NS

1 Oral (Solid food) 1.57 1.13 5.24 <0.00001 S

2 Uri. Catheter removal 1.99 1.03 1.96 0.0268 S

3 Mobilisation(Out of Bed) 1.63 1.22 4.90 <0.00001 S

4 Iv fluid removal 1.72 1.14 7.002 <0.00001 S

5 Oral analgesics 1.8 1.37 4.531 <0.00001 S

6 Complications #

Gr1=16

Gr2=15

Total= 31

M=15.5 Gr1=11

Gr2=10

Total= 21

M=10.5 7.071 0.00971 S

7 Discharge 2.87 2.59 1.788 0.0386 S

Result-ERPs can be successfully implemented with significant shorter hospital stays without increase in post-operative complications.

Future study- Include emergency ob-gyn surgeries.

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