Colorectal Enhanced Recovery after Surgery: Do Patients Have Better Outcomes?
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PURPOSE
Baylor Scott & White Medical Center – Temple is a 642 bed academic level one trauma center located in Temple Texas. A Colorectal Enhanced Recovery After Surgery (ERAS) Protocol was implemented in October 2016 with an aim to modify the patient’s physiological and psychological responses to surgery. The goals were to reduce complications, hospital length of stay (LOS) and readmissions. With the original research of Dr. Henrik Kehlet, a Copenhagen surgeon, we were able to develop and implement our successful ERAS Pathway.

STRATEGIES AND PRACTICE CHANGE
During our ERAS pre-surgical class, the patients learn what is expected through a multi-disciplinary team approach: nutrition from a Dietitian, activity pre and post-surgery by a Physical Therapist, respiratory exercises by the Nurse Clinician, pain control plan with “functional” pain expectations by the Pain Nurse, and ostomy/stoma care by the WOC Nurse. The Nurse Clinician is the team member who coordinates the patient’s care through the continuum. The phases of the program include all care from surgical scheduling through post discharge recovery with a constant patient centric approach.

This tool is placed in the patient’s hospital room to encourage and remind them of the expectations for discharge.

IMPLICATIONS FOR PRACTICE
ERAS has allowed the nurse at every level of the Colorectal patients’ care to play a more active role in providing patient care and patient education. These interactions have produced successful reductions in LOS, surgical site infections and PCA usage. Implementing ostomy education for the ERAS participants pre-operatively has greatly reduced fear and anxiety after surgery. The ostomy education is crucial in allowing our planned and incidental ostomy patients to psychologically prepare for their surgery. Thus making the patient more relaxed and receptive to teaching during the inpatient stay.

EVALUATION/OUTCOMES
Our Colorectal ERAS program has been in effect for more than a year with greater than 300 patients participating. When we started our ERAS program the patient’s LOS for elective colorectal cases was six days. Since the implementation of the ERAS protocol, the LOS has been reduced to 4 days. The surgical site infection rate has seen a significant reduction from 1.19 to 0.38, a greater than 67% reduction. Re-admissions are currently sitting at 11.9%. Compliance within the protocol has improved and there has been a decrease in PCA use due to the implementation of a multi-modal pain regimen. Due to the implementation of the ERAS pain protocol, the need for a PCA has decreased. The ERAS Protocol has allowed us to serve our patients more safely, effectively and efficiently.

LENGTH OF STAY, RE-ADMISSION, COMPLIANCE & PCA USAGE

SURGICAL SITE INFECTION RATES FOR COLON SURGERY

REFERENCES