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Abstract

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Does a Combination of Laparoscopic Approach and Full Enhanced Recovery after Surgery Program Reduce Length of Stay in Patients with Benign Gynecological Indications

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Objectives:
The aim of this single-center open-labeled randomized controlled trial was to assess whether full enhanced recovery after surgery (ERAS) protocol can further reduce postoperative length of stay (LOS) among patients undergoing gynecological laparoscopic surgery for benign indications, as compared to limited ERAS program.

Methods:
Patients under benign gynecological conditions eligible for elective laparoscopic surgery were randomized into 2 groups: full ERAS care (Group A) or limited ERAS management (Group B: without preoperative carbohydrate loading or total intravenous anesthesia or opiate-sparing multimodal analgesia). Primary outcome was postoperative LOS, the secondary outcomes included: numerical rating scale(NRS) score for postoperative pain, quality of recovery scale (QoR) score, and postoperative 30-day morbidity.

Results:
117 patients were randomized and 112 were analyzed: 54 in Group A and 58 in Group B. Postoperative LOS about Group A showed a 1-day reduction of statistical significance (1.0 day in Group A VS. 2.0 days in Group B, P =0.008) . Patients in Group A reported less postoperative pain at 2 hours (NRS score, Group A: 2.9 VS. Group B:3.9, P =0.026), 6 hours (Group A: 2.0 VS. Group B:3.0, Pï¼œ0.001) and 24 hours (Group A: 2.0 VS. Group B:3.0, Pï¼œ0.001) after surgery. They also enjoyed a better and sooner recovery compared to those in Group B as demonstrated by the QoR scale: 90.0 in Group A and 83.5 in Group B, respectively, P =0.006. There was no difference neither in overall postoperative 30-day morbidity (Group A: 13.0% VS. Group B:10.3%, P =0.666) nor in severe postoperative morbidity (Group A: 7.4% VS. Group B:3.4%, P =0.426).

Conclusions:
Addition of full ERAS management to laparoscopic surgery with preoperative carbohydrate loading, total intravenous anesthesia and opiate-sparing multimodal analgesia reduce postoperative LOS and improve patients' life quality after gynecological surgery.

References: