

ENHANCED RECOVERY AFTER SURGERY IN BENIGN GYNECOLOGICAL CASES

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INTRODUCTION

The ERAS programs introduce measures that have been shown to either lessen surgical stress or assist the body in mitigating its adverse effects in order to preserve normal physiology postoperatively and improve patient outcomes.

These components include preoperative counselling and patient education, lessening preoperative fasting time, avoiding mechanical preparation of bowel and dehydration, prophylaxis of nausea and vomiting, tailoring of anaesthesia with a focus on short-acting anesthetic agents and regional anaesthesia, goal-oriented fluid control to establish perioperative euvolemia, normothermia intraoperatively, no routine usage nasogastric tubes (NGTs) and drains, early oral feeding, early mobilisation, early removal of catheter, and a preference for nonopioid analgesics.

AIM OF THE WORK

The aim of this study was to implement enhanced recovery after surgery program in benign gynecological cases in Shatby University Hospital.

PATIENTS AND METHODS

PATIENTS:

This study was carried out on 32 women admitted in Shatby University Maternity Hospital for benign gynecological surgery. The sample size was determined by the medical research institute “department of medical statistics” of Alexandria University.

METHODS:

Research strategy

Clinical Trial study was used to carry out this research. This research strategy enabled the researcher to evaluate enhanced recovery after surgery program in benign gynaecological cases.

RESULTS

Table 1: Comparison between the two studied groups regarding post operative pain score.

Pain score	Control "n=16"	Enhanced Recovery "n=16"	Test of significance	P value
Pain score (PO)				
Range	0-9	0-6	t=0.96	0.255 N.S.
Mean	1.69	1.13		
SD	2.77	1.93		
Pain score (8 h PO)				
Range	0-9	0-6	t=2.85	0.043*
Mean	4.88	3.01		
SD	2.24	1.30		
Pain score (16-24 h PO)				
Range	0-9	0-2	t=7.52	0.0001*
Mean	3.00	0.56		
SD	2.34	0.81		

T= student t-test

N.S. = Not significant

P was significant if ≤ 0.05

*, = significant at level 0.05

Table 2: Comparison between the two studied groups regarding post operative complication and length of hospital stay.

	Control "n=16"		Enhanced Recovery "n=16"		Test of significanc e	P value
	No	%	No	%		
Complications						
NONE	15	93.75	16	100.0	X ² =2.65	0.36
Rectal perforation	1	6.25	0	0.0		
LOS (days)						
Range	1-8		1-2		t=3.01	0.005*
Mean	2.38		1.25			
SD	1.59		0.45			

N=number of patients

P was significant if ≤ 0.05

t= student t-test

*, = significant at level 0.05

X² = Chi square test

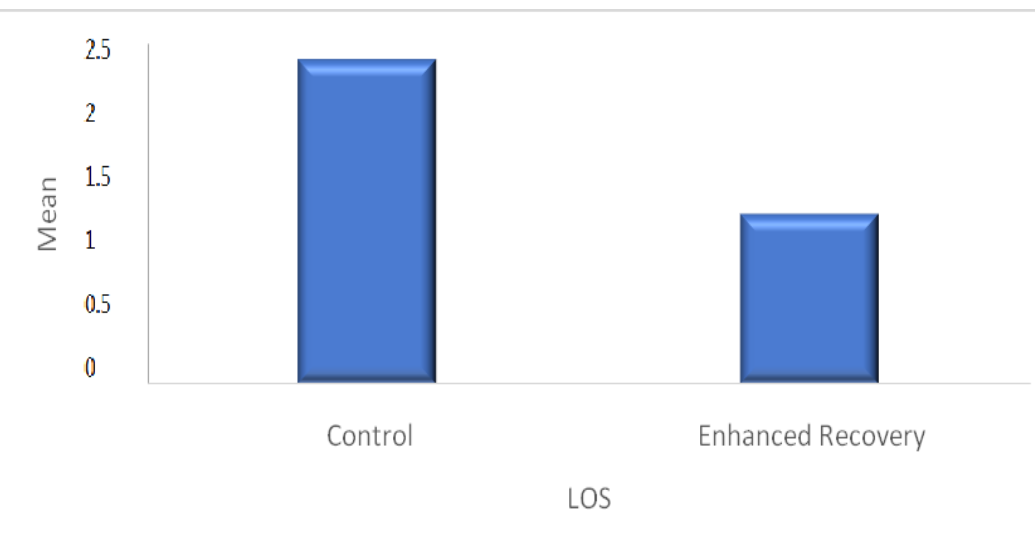


Figure: Comparison between the two studied groups regarding length of hospital stay.

CONCLUSION

From this study:

ERAS is beneficial in decreasing the length of hospital stay.

-It reduces the pain experienced by the patients.

-Cost reduction for both the patient and the hospital when compared to the standard management of patient undergoing benign gynaecological surgery.