

Impact of ERAS protocol on patients' recovery after colorectal cancer surgery

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Colorectal cancer is the most common malignant tumor of the digestive system with an incidence of about 40/100 000. Large bowel resections are extensive and are followed by numerous potential postoperative complications such as SSI (surgical site infection), dehiscence of anastomosis or paralytic ileus. Numerous studies have shown that the patients' nutritional status correlates with the incidence of complications. By introducing the ERAS protocol (enhanced recovery after surgery), the nutritional status of the patient is improved and the risks of complications are reduced. The aim of our study is to examine the importance of using ERAS protocol in patients with colorectal cancer. In a period of 6 months, we included 51 patients from our clinic who went under elective colon resection with ERAS protocol (ERAS group). Incidence of complications and recovery rate were observed. As a control group, we included 57 patients from our clinic that were admitted for elective colon cancer surgery a year prior, but didn't have perioperative nutritional support (non-ERAS group). The ERAS protocol patient group had significantly lower incidence of postoperative complications including SSI (11.75% versus 19.29%), dehiscence of anastomosis (1.9% vs 5.2%) and dehiscence of the abdominal wall (0 vs 3.5%), compared to the patients in the non-ERAS protocol group. They also had shorter hospitalization time (11.7 vs 14.2days). Perioperative nutritional support reduces the risk of complications in patients undergoing colon resection, accelerates recovery and returns the patient to his daily activities sooner, resulting in reduced treatment expenses.