

## **1999 Enhanced recovery after elective colorectal surgery—firsthand experience from a developing country**

**Authors:** BD GAMAGE[1]; RMASN RANATUNGA[2]; N HARIVALLAVAN[1]; P LAMBIYAS[2]

**Affiliations:** [1]Department of Surgery, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka [2]University Surgical unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka

**Introduction:** The Enhanced Recovery After elective colorectal Surgery (ERAS) protocol is used to achieve fast return to normal physiological status post operatively. ERAS protocol was not practiced in Sri Lanka till 2009. We have been practicing modified ERAS protocol since 2009 in our unit. The aim of this study is to evaluate the success of the modified ERAS protocol. **Methods:** Retrospective study of prospectively collected data of 62 elective colorectal surgeries was carried out by a single surgeon in our unit from August 2009 to September 2015. In all 62 patients each component of the modified ERAS protocol was analyzed using a structured Performa. **Results:** There were 35 males and

27 females. Out of all, 16 patients underwent surgery following neo-adjuvant therapy. Out of 62 patients laparoscopic surgeries were performed in 35 (56.5%). The commonest surgery performed under this protocol was anterior resection (51.6%). In 53 patients post-operative mobilization was achieved within 3 days, while 71% were started on oral feeding on the same day of the operation. In 31 patients hospital stay was less than 5 days. The post-operative complications noted were only two chest infection and two postoperative pyrexia and seven surgical site infections (cleveian dindo class 2) and one anastomotic leakage. When compared with calculated (CR-POSSUM) average mortality of 5.91 (range 0.68–20.02) the 30-day mortality with ERAS protocol was zero. **Conclusion:** ERAS protocol in elective colorectal surgery can be successfully used with relevant modifications to suit a developing country.