Southampton University Hospitals NHS Trust

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CLINICAL AND COSTS BENEFITS OF ENHANCED RECOVERY PROGRAMME AFTER PANCREATICODUODENECTOMY

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INTRODUCTION

Enhanced Recovery Program (ERP) is an evidence-based, structured, multi-modal program for optimal perioperative care.

ERP aims to reduce surgical stress, maintain physiological functional capacity, reduce complications thus optimizing post-op recovery (POR).

The implementation of ERP for high-risk surgical procedures such as pancreatic resections required a longer period of reflection compared to other specialties.

LITERATURE

Few pilot studies have shown significant clinical advantages of the ERP in pancreatic surgery

However small sample size and the inclusion of a variety of pancreatic resections were seen as significant weaknesses of those studies

In addition, there only few studies, assessing the **economical benefit of ERP**

- Enhanced Recovery Partnership Programme. Delivering enhanced recovery e helping patients to get better sooner after surgery. UK National Health Service (NHS); 31 March 2010.
- Mohammed Abu Hilal , Francesco Di Fabio, AbdAllah Badran, Hani Alsaati, Hannah Clarke, Imogen Fecher, Thomas H. Armstrong, Colin D. Johnson, Neil W. Pearce Implementation of enhanced recovery programme after pancreatoduodenectomy: A single-centre UK pilot study, Pancreatology13.1 (Jan/Feb 2013): 58-62.

AIM OF OUR STUDY

The aim of this study was to assess safety, clinical outcomes and costs economics of ERP for pancreaticoduodenectomy (PD) on a large cohort from a tertiary UK referral center.

PATIENTS AND METHODS

This is an observational study comparing 250 consecutive patients before and after implementation of ER after pancreaticoduodenectomy.

Inclusion criteria were: resection of benign or malignant (curative intent) pancreatic and periampullary lesions.

Exclusion criteria were emergency PD and palliative procedures.

PATIENTS AND METHODS

New standards introduced with ERP included:

-change in preoperative nutrition,

-pain control,

-reduction of intra-abdominal drains,

-intra-venous fluids management,

-early mobilization,

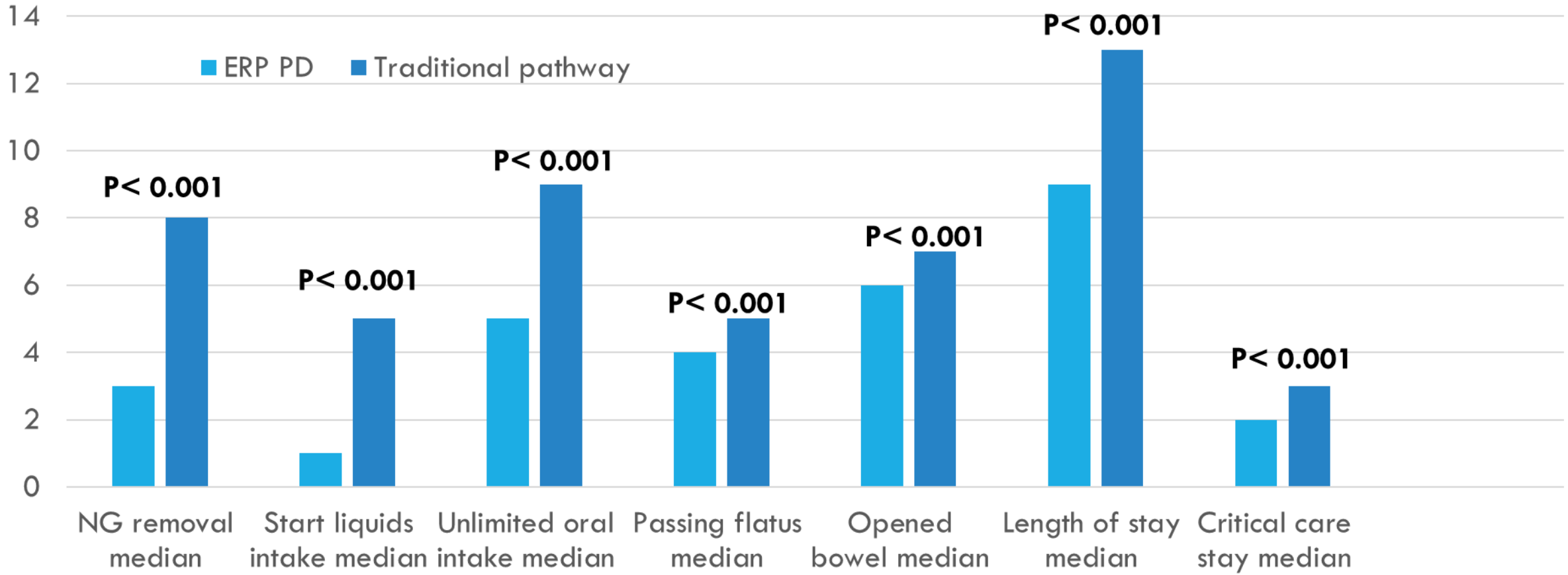
-elimination of enteral feeding and consequently disuse of the naso-jejunal tube,

-early naso-gastric tube removal,

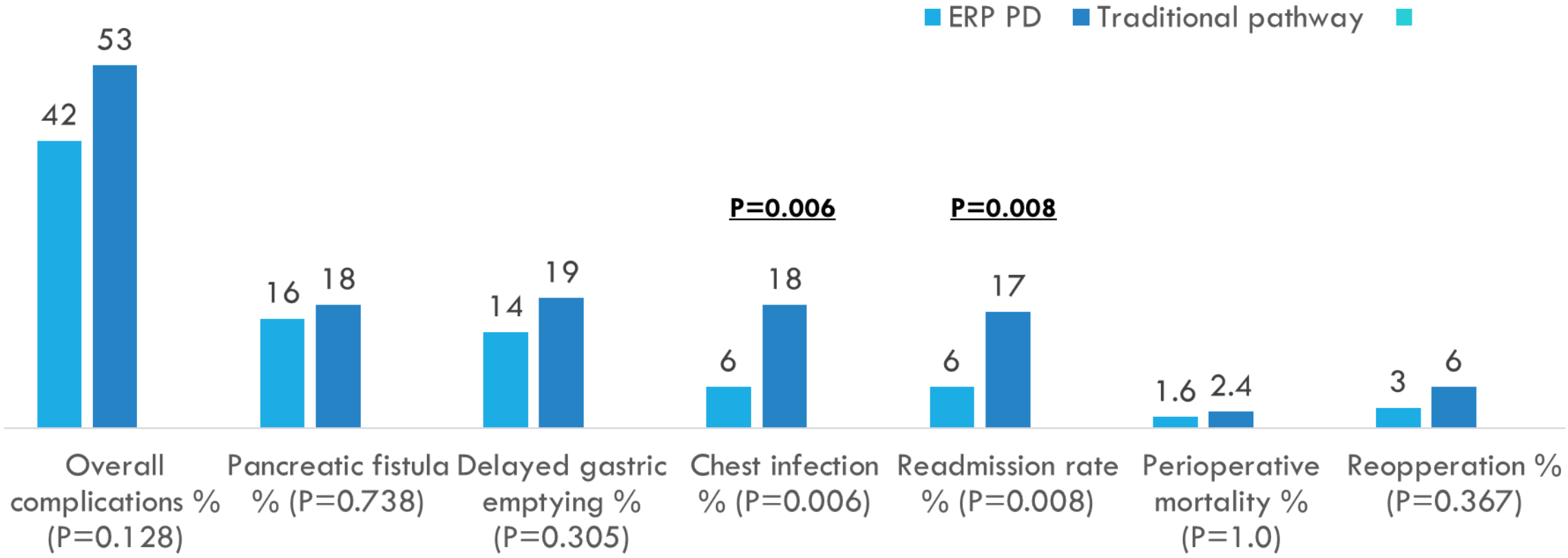
-early start of oral feeding,

-early discharge planning

RESULTS



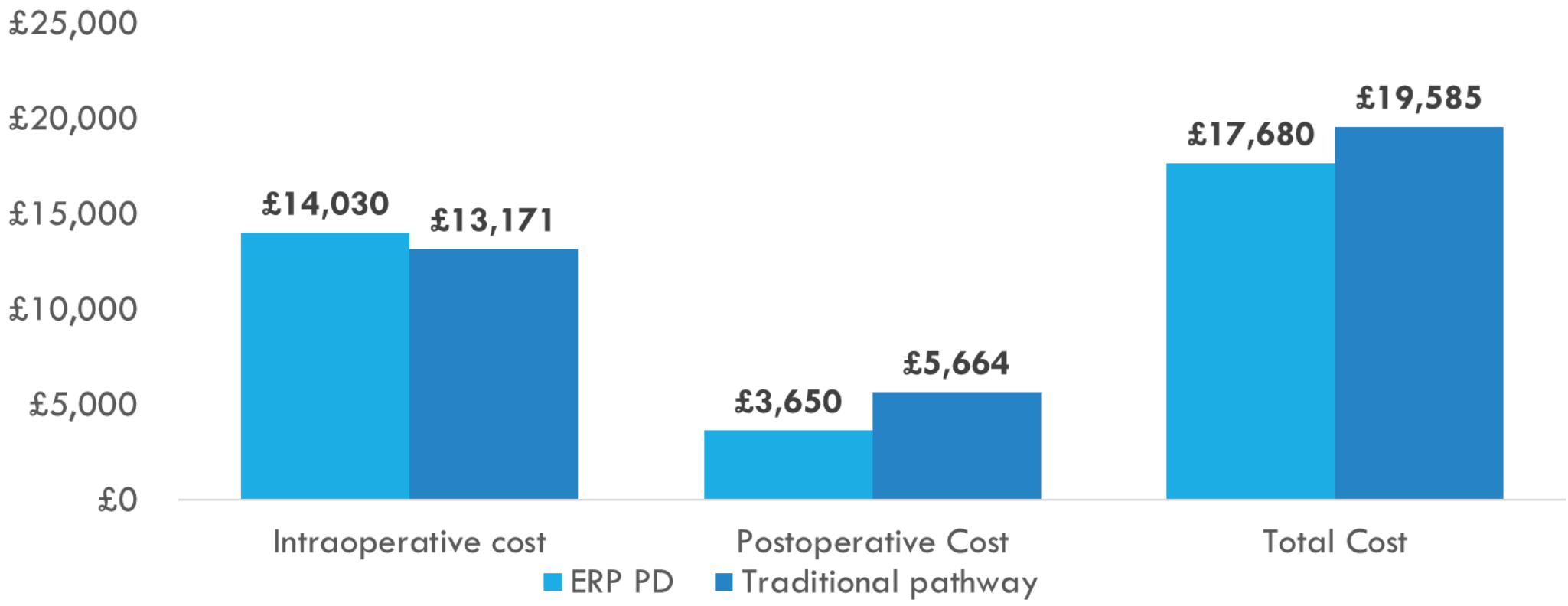
RESULTS



COST ANALYSIS

A significant lower total median cost per patient was noted in the ER group compared to the traditional group (**£17680 Vs £19585**), this was a result of savings in the postoperative period, mainly in the bedtime by lower length of overall hospital and critical care unit stay and readmissions rate.

COST ANALYSIS



CONCLUSION

ERP after PD is:

- Safe and feasible .

- Associated with early recovery of GUT function and shorter hospital stay.

- Not associated with an increase of perioperative morbidity, mortality or readmission rate!

- Cost effective and results in bed saving.

**** Thank you ***