Perioperative Care Implementation

Evidence-based practice for patients with pancreaticoduodenectomy using the Enhanced Recovery After Surgery guidelines

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BACKGROUND: Pancreatic adenocarcinoma is an aggressive cancer that carries a poor prognosis. Pancreaticoduodenectomy (PD) offers the only potential cure, but the associated morbidity is high. The Enhanced Recovery After Surgery (ERAS) evidence-based guidelines for perioperative care for PD can be used to reduce variations in practice.

OBJECTIVES: The primary aim was to evaluate the feasibility of the ERAS guidelines for patients undergoing PD. Secondary aims were to assess length of stay (LOS), readmission within 30 days, 30-day mortality, and total surgical complication rates.

METHODS: Guideline feasibility was evaluated by percentage completion and compliance to each of the perioperative phases of the guideline. Hospital LOS, 30-day readmission, 30-day mortality, and total surgical complication rates were compared before and after ERAS implementation.

FINDINGS: The ERAS guidelines were feasible and safely implemented with no change in LOS, readmission, morbidity, and mortality rates.

KEYWORDS
operative surgical procedures; outcome assessment; pancreatic adenocarcinoma

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