Perioperative Care Implementation

Evidence-based practice for patients with pancreaticoduodenectomy using the Enhanced Recovery 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.

GUIDELINES

The ERAS guidelines for perioperative care for PD are systematically developed statements that facilitate decision making by healthcare providers for specific clinical circumstances, help reduce inappropriate variations in practice, and promote the delivery of high-quality, evidence-based health care (Varadhan, Lobo, & Ljungqvist, 2010). The ERAS guidelines represent a fundamental shift in the perioperative care of patients (Varadhan, Lobo, et al., 2010), and their implementation encourages full recovery, shortens hospital length of stay (LOS), and reduces complications after certain types of major operative surgical procedures; outcome assessment; pancreatic adenocarcinoma

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