

ERAS in the elderly - Experience from open liver resection surgery

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Introduction: There is very little published data on Enhanced Recovery (ER) in the elderly undergoing major surgery. Increasing age is associated with more co-morbidity and a decline in physiological reserve, which may lead to concern that these patients may be less suitable to partake in ER programmes. We wish to evaluate the feasibility of ER in patients over 70 years old.

Methodology: All patients over 70 years of age were analysed from our randomised controlled trial for liver resections (ISCRTN03274575). They were randomised to either standard pathway (SP) or an ER pathway. The latter group differed principally in perioperative carbohydrate supplementation and goal directed fluid therapy. Our endpoints were time from surgery until medically fit for discharge (MFD) and length of hospital stay (ALS).

Results: There were 31 patients over the age of 70. There were no significant differences in patient's age, weight, ASA status, duration or magnitude of surgery and blood loss between the two groups. The MFD time was 7.0 days (SP group) compared with 4.0 days (ER group, $P < 0.001$). The ALS was 7.0 compared with 5.0 days but did not reach significance ($P = 0.057$).

Discussion: In this study of major surgery age wasn't an obstacle to reducing MFD time. Given the projected demographic changes in the UK, this has significant implications for the future, and we would strongly encourage the enrolling of elderly patients into ER programmes. ER represents a standard of care applicable to all.

Biography

Ziyad Rassam has completed his Primary medical degree from Al-Mustansiriya University, 1993 and postdoctoral studies from Baghdad University School of Medicine, 1996. He is a Fellow of the Royal College of Anesthetists, England, 2009. He has served a year as a clinical and research fellow in anesthesia for high risk surgery at Royal Surrey County Hospital in Guildford, UK.

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