Editorial



Preliminary Protocol Of The Enhanced Recovery After The Off-Pump Coronary Artery

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EDITORIAL

The term perioperative signifies a process or series of giving medication during, or before and after the surgery or operation. In general, the process of preoperative medication starts from the time the patient is admitted in hospital for any minor or major operation or surgery till he or she reaches home i.e., discharges. The main aim of the perioperative medication is to provide the patient who is tending or about to urge for the surgery or the operation. Though it is not easy task, this perioperative medication has become a natural evolution in the healthcare system. It requires the expertise with the existing skills to provide the improved level of intensive care during the surgery as well as throughout the patient's period of stay at the hospital. There is a great demand for the perioperative team in the hospitals which they play a great role. There must be the multi-disciplinary specialists includes the anaesthesiologists, surgeons etc. Based on the individual's condition, the perioperative medication varies. The duration also varies from patient to patient which is minimum of days and lasts till months. The main aim is to reduce the patient's hospital days and this can be termed as "perioperative care model".

It takes immense pleasure to announce that the Journal of Perioperative Medicine had a surpass journey since its initiation which is a peer reviewed, open access journal. The main focus of the journal is to give information to the researchers an idea on the perioperative medicine. Likewise, the journal attracts the wide range of readers including the surgeons, anaesthesiologists, medical practitioners, researchers, academic scholars, students etc.

The 4th volume of the journal has addressed about the evaluation of the ventilators who are out of the Intensive Care Unit, which is being an interesting theme that is been discussed by R. Rambaran and D. Ventour. This has given an idea that how the mortality rate of the patients that is going on outside of the ICU, mostly for the patients who are receiving the mechanical ventilation. The researchers have performed the and recorded how extent the patients that are mechanically ventilated are surviving and recovering ad those who are required for the better process.

In 3rd volume, Hounkpe PC and others have given the information in detailed way on the perioperative management. When a patient is admitted in the hospital for the name of surgery, they must be under surveillance for about a day before and treated surgically. Here the researchers observed the antibiotic therapy as well as the anaesthetic induction drugs and recorded their responses of those all who were admitted to Intensive Care postoperatively and also described the patients who cannot receive the complete perioperative care due to financial status.

In the 2nd volume, Gustavo Muñoz-Galarce and others have made a study in which they focused on the perioperative risk factors and the predictive models of the Ultra-Fast track failure and the prolonged hospital length of the stay in the preliminary protocol of the enhanced recovery after the off-pump coronary artery. Their study has given detailed information on the severity of the angina pectoris also at times of the surgery as they leave behind with the prolonged results.

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