Opioid requirements in laparoscopic colectomies: Do ERAS protocols make a difference?

D Reilly  
Beaumont Health Resident

S Kawak  
Beaumont Health Resident

J Wasvary  
Beaumont Health Resident

M Ziegler  
Beaumont Health

H Wasvary  
Beaumont Health

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D Reilly, S Kawak, J Wasvary, M Ziegler, H Wasvary
William Beaumont Hospital

Introduction: Laparoscopic colorectal surgery has been shown to reduce postoperative pain compared to open surgery, and the addition of enhanced recovery after surgery (ERAS) protocols helps to avoid narcotic-exclusive pain regimens. The aim of this current study is to analyze the differences in opioid requirements and pain scores in the immediate postoperative period for patients who underwent laparoscopic colectomies before and after the implementation of ERAS protocols.

Methods: A retrospective chart review of all patients undergoing elective laparoscopic colectomies at Beaumont Health in Royal Oak, Michigan, was performed. Two patient cohorts were evaluated: pre-ERAS (December 2013 to July 2015) and ERAS (September 2015 to May 2018). Patient characteristics, pain scores, and postoperative opioid requirements in morphine milligram equivalents (MME) were collected for the first 48 hours after surgery.

Results: A total of 242 patients (122 pre-ERAS and 120 ERAS) were studied. Patient characteristics were similar between groups. Pain scores were lower in the ERAS versus pre-ERAS patients for postoperative day (POD) 0 and 1, and this was statistically significant on POD 1 (p = 0.01). Opioid requirements were reduced by 61% in ERAS patients on POD 0-2 compared to pre-ERAS patients (32 vs. 12.5 MME, p < 0.001).

Conclusions: The growing opioid epidemic has stimulated efforts to minimize narcotic utilization in postoperative patients. ERAS protocols can substantially reduce opioid requirements after elective laparoscopic colectomies without increasing pain scores. Future efforts should focus on limiting the amount of prescribed opioids on discharge.