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

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pre-MDT; 31% MDT '15-16, $p = > 0.1$; 14% MDT '17-18, $p = 0.05$). We were compliant in 18 of the 19 CoC NAPRC standards.

Conclusions/Discussion: Implementation of rectal cancer-specific MDT meetings at small-sized but still high rectal cancer volume medical centers, carried out in line with CoC standards, is associated with significant improvement in both treatment and surgical quality outcomes over time. Compliance with the CoC NAPRC standards is both feasible and recommended at smaller medical centers that treat a high volume of rectal cancer.

OPIOID REQUIREMENTS IN LAPAROSCOPIC COLECTOMIES: DO ERAS PROTOCOLS MAKE A DIFFERENCE?

P92

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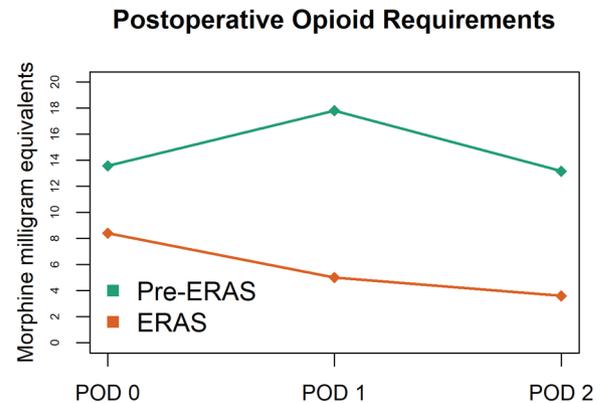
Purpose/Background: Laparoscopic colorectal surgery has been shown to reduce postoperative pain compared to open surgery, and the addition of enhanced recovery after surgery (ERAS) protocols helps to avoid narcotic-exclusive pain regimens. The aim of this current study is to analyze the differences in 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/Interventions: 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. A generalized estimating equation model with lognormal distribution was used to assess the effect of ERAS protocols and other relevant variables on the total MME.

Results/Outcome(s): 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, $p < 0.001$). A reduction in the total MME prescribed at discharge after ERAS implementation was also observed (162.9 vs. 145.5 MME, $p = 0.03$).

Conclusions/Discussion: 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.



HAND-ASSISTED LAPAROSCOPY VERSUS STRAIGHT LAPAROSCOPY FOR COLORECTAL SURGERY – A SYSTEMATIC REVIEW AND META-ANALYSIS.

P93

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Purpose/Background: Hand-assisted laparoscopic surgery (HALS) is an often-used alternative to straight laparoscopy (Lap) in procedures such as those in colorectal surgery. There have been many publications comparing the two techniques in terms of efficacy, intraoperative and postoperative complications, and outcomes. This review aims to analyze all current research comparing these two techniques and uncover if there are any significant differences in terms of patient BMI, operative times, incision lengths, conversion rates, intraoperative and postoperative complications, and length of stay between the two surgical approaches.

Methods/Interventions: A systematic search was performed on the PreMEDLINE, MEDLINE, and Embase databases from their respective inceptions to 1 January 2018, with a reference search performed manually through Scopus. Comprehensive and relevant keywords for HALS and Lap were used. As it was expected that there would be few randomized controlled trials, cohort studies and case series involving more than 10 patients with quantitative data were included into the study. Studies fulfilling predetermined criteria were included, and meta-analysis was performed where possible and data discussed when not.

Results/Outcome(s): A total of 113 records were obtained with 44 studies fitting the inclusion criteria. These studies covered a time period of 1992-2014 with a total of 51031 patient records, although some records may have likely overlapped (4 studies drew their cohort from the National Surgical Quality Improvement Program in the USA). Outcomes measured were BMI, operative times,