ERAS pathway versus conventional care

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|  | ERAS | Conventional protocol |
| Preoperative counseling | Patient education about ERAS before surgeryConducted by a multidisciplinary team | Routine preoperative counseling |
| Bowel preparation | Two boxes of SF-PEG for stomach surgeryThree boxes of SF-PEG for colorectal surgery | The same to ERAS program |
| Preoperative carbohydrates Intaking | Maltodextrin drink 400 mL 12 to 2 hours before surgery | Fasting from midnight of the day before surgery |
| Preoperative oral probiotics | Clostridium Butyricum Tablets Bacillus Licheniformis Capsule | No |
| Surgical procedures | As far as possible using laparoscopy to minimize trauma | No special requirement |
| Maintain of intraoperative normothermia | Body temperature maintained at 36°C | No special requirement |
| Postoperative algiatry | Nonsteroidal analgesics were routinely used for postoperation and two days after surgery | Use analgesic pump or use tramadol analgesic temporarily |
| Nausea and vomiting prevention | Ondansetron 4mg for POD 0 and POD 1 | Apply when symptoms appear |
| Urethral catheter removal | After 24 h (48 h for ultra-low resection ) | After urethral clamping training (about 48–72 h later) |
| Abdominal drain removal | Day 3 after colorectal surgeryDay 4 after stomach surgery | Surgeon’s decision |
| Nasogastric tube removal | At the end of surgery | At recovery of bowel canalization |
| Start of oral meal | Drinking water on POD 1 after gastrectomyEnteral Nutritional Suspension on POD 2, POD 3 after gastrectomy and POD 1, POD 2 after colorectal surgeryAnd then the semi-fluid diet | Oral intake initiated after flatus (following a stepwise plan from water to other liquids to semifluid to normal food) |
| Mobilization | POD 1 2h out of bed and ward ambulation ＞300 mPOD 2 4h out of bed and ward ambulation ＞500 mPOD 3 6h out of bed and ward ambulation ＞1000 mAnd then normal activity | POD 1 no mobilizationPOD 2 mobilize in bedPOD 3 encourage mobilization out of bedAnd then ward ambulation |
| Standardized discharge criteria | Solid diet well toleratedRecovery of bowel functionNo evidence or suspicious of complicationsNo symptoms (nausea/vomiting/dizziness)Tolerable postoperative pain without analgesics or with oral analgesics onlyPatient desires to be discharged | No standardized discharge criteria—at the surgeons discretion |

ERAS Enhanced Recovery After Surgery; POD Postoperative Day; SF-PEG Sulfate-free Polyethylene Glycol Electrolyte Powder