PE04

Enhanced Recovery after Surgery (ERAS) program with Robot Assisted Radical Prostatectomy (RALP) safely improves post-operative length of stay

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Introduction & Objectives: Enhanced Recovery after Surgery (ERAS) programs are multimodal care pathways that aim to improve post-operative recovery. There is limited evidence to support ERAS in patients undergoing robot-assisted laparoscopic radical prostatectomy (RALP). This study evaluates impact of the implementation of an ERAS program on patient outcomes following RALP at a high-volume regional pelvic oncology centre.

Materials & Methods: An ERAS program was introduced at our institution in 2014. We performed retrospective review of electronic records to identify 2 cohorts for post-operative outcome analysis. Cohort A (pre-ERAS) includes all RALPs performed in 2012 and 2013. Cohort B (post-ERAS) includes all RALPs performed in 2015-2017. Outcomes included in our analysis are length of stay (LOS), readmission rates and emergency department (ED) attendances. Important areas of focus in our ERAS program include pre-operative surgical school, appropriate analgesia,avoidance of opiates, drain removal, early mobility, oral intake, recognising variance from normal recovery, goal setting and standardisation.

Results: Cohort A (pre-ERAS) includes 376 patients. Cohort B (post-ERAS) includes 1,379 patients. Age (median 63), ASA (median 2), and prostate cancer stage (median pT2c in both groups) were not different in either group. Median LOS was 3 days (IQR 2-4) in cohort A versus 1 day (IQR 1-2) in Cohort B. 30-day readmission rates (4.1% Cohort A and 5.2% Cohort B) and 30-day ED attendance rates (9% Cohort A and 9.4% Cohort B) were not statistically significantly different between cohorts.

Conclusions: Our results demonstrate the ability of a standardised, detailed, multi-modal, evidence-based ERAS program to help patients return home quicker and safely after RALP. We review some of the key elements of this program in this abstract.