

## PE13 Optimising the perioperative care in RARP by adopting the principles of enhanced recovery after surgery: Is there any further potential?

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**Introduction & Objectives:** Several benefits have been reported, including the reduction of complication rate and costs, after applying the principles of Enhanced Recovery after Surgery (ERAS) into the algorithm of the perioperative care for patients undergoing RARP. Nevertheless, there are still barriers to the ERAS adoption, being a significant challenge for the medical community. We aimed to identify the key areas for the improvement of ERAS adoption by systematically surveying urology departments in Germany and Austria.

**Materials & Methods:** A 27-question survey on the adoption of ERAS principles for the perioperative care of RARP patients was designed, in compliance with the guidelines on good practice in conducting and reporting of survey research. After positive testing for face and content validity, the survey was distributed via postal mail to 82 departments performing RARP.

**Results:** In total, 39 urology departments responded to our survey (response rate 48%). The ERAS adoption rates ranged from 21% to 97%, with 9 ERAS principles being widely adopted (72%-92% of the departments). The lowest adoption rates and, subsequently, the largest potential for optimisation were detected for the perioperative nutrition counselling (21%), preoperative pelvic floor physiotherapy (54%), postoperative early initiation of nutrition (44%) and postoperative patient audit for further quality improvement (36%). High-volume centres performed more frequently a perioperative nutrition counselling (8/27; 30%) than low-volume centres (0/12; 0%;  $p=0.036$ ).

**Conclusions:** The implementation of the ERAS principles into the perioperative care algorithm by urology departments were medium-to-high, yet not optimal, for the vast majority of the principles being surveyed. There are four key areas showing low adoption rates (perioperative nutrition counselling, preoperative pelvic floor physiotherapy, postoperative early initiation of nutrition and postoperative patient audit), implying a great potential for further optimisation of the perioperative care of RARP patients.