



Commentary on “Enhanced recovery program for minimally invasive and vaginal urogynecologic surgery”

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Advances in minimally invasive and vaginal urogynecologic surgery were able to improve patient outcomes and reduce surgical morbidity. However, perioperative management strategies, such as preoperative fasting, administration of intravenous fluids, bed rest, pain control, re-introduction of oral feeding, and placement/removal of drains remained largely unchanged. It is unclear whether those management strategies might be outdated with regard to recent surgical advances.

This study [1] evaluated the implementation of institution-specific enhanced recovery protocols (ERPs) in minimally invasive and vaginal urogynecological surgery to determine a possible expedition of postoperative recovery. Patient outcomes before and after implementation of the protocol were compared.

The ERPs included individual pre-operative patient education, a pre-operative carbohydrate-loading drink, analgesia with reduced opioid doses, goal-directed fluid resuscitation, immediate postoperative food intake and early postoperative ambulation on the same day.

Results showed overall improvements in patient surgical outcomes in the ERP group. Specifically, implementation of the ERP protocol resulted in a significant reduction in length of hospital stay by 2.07 h ($p = 0.041$). The average amount of intravenous fluid administration during operation was significantly reduced (1,403 ml versus 690 ml; $p < 0.0001$), as well

as the overall fluid administration during hospitalization (2694 ml versus 1473 ml; $p < 0.0001$). In addition, administration of morphine equivalents decreased by almost 50% (37.40 mg versus 19.40 mg; $p < 0.0001$), whereas ERP patients reported higher overall satisfaction. Interestingly, average hospital costs did not change with ERP implementation.

In summary, this study highlights the benefits of standardized perioperative protocols in urogynecologic surgery, improving perioperative outcomes and patient satisfaction without further expense. Further studies on this topic should be encouraged to confirm these findings and to determine the effect of ERP implementation in other hospitals and/or countries.

Compliance with ethical standards

Conflicts of interest None.

References

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