

# Guidelines for Perioperative Care

Olle Ljungqvist

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In this issue of *World Journal of Surgery*, three new guidelines on perioperative care are published: for colonic resections, rectal/pelvic surgery, and pancreatoduodenectomy. These guidelines are produced as a joint effort from and on behalf of the International Association for Surgical Nutrition and Metabolism, one of the ISS societies, the Enhanced Recovery After Surgery (ERAS) Society for Perioperative care [www.erassociety.org](http://www.erassociety.org), and the Special Interest Group on Perioperative Nutrition in the European Society for Clinical Nutrition and Metabolism (ESPEN) [www.espen.org](http://www.espen.org). The three guidelines bring forth the evidence in a graded format with a recommendation based on the evidence, and the potential harm/good that any given treatment can be expected to yield.

The guidelines have been authored by internationally renowned experts in the respective fields and represent a true multidisciplinary effort involving different surgeons and anesthesiologists and intensive care specialists. The guidelines encompass recommendations on a range of perioperative treatments. All treatments identified to have an impact on important surgical outcomes, such as complications that need medical or surgical intervention, have been reviewed in the respective surgeries and given a grade of evidence and a recommendation. Surgeons reading these guidelines will identify several traditional treatments that have strong evidence against their use, such as bowel preparation before colonic resections, the overnight fasting routine, and the use of routine naso-gastric tubes to mention three very old traditions—all shown to have no support for their use or even strong evidence against their use. Despite such evidence, surveys show that many of the traditional care elements are still in use in many units

worldwide [1, 2]. Hence, the best practice in perioperative care is not being used, and many patients are made to suffer because of this, entailing a higher cost for society.

These guidelines will hopefully reach many practicing surgeons and help them make appropriate changes while working with their colleagues in anesthesia. For this reason, these guidelines are also published in *Clinical Nutrition*, the journal of ESPEN, and they are all also available online for free downloading from any of the three websites mentioned later in this paper. Making use of knowledge that is available is very important since clinical studies show that, when more of the elements shown to impact outcome and compliance with an ERAS protocol are employed, outcomes improve substantially, with complications being reduced by about 50 %, and the recovery time and the need for hospital care being reduced by several days [3, 4].

For more information on ERAS and enhanced recovery, please log on to [www.erassociety.org](http://www.erassociety.org) or [www.iasmen.org](http://www.iasmen.org), or [www.espen.org](http://www.espen.org) for more on clinical nutrition.

Olle Ljungqvist, on behalf of the team behind the guidelines.

## References

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O. Ljungqvist (✉)  
Örebro University Hospital, Örebro SE-701 85, Sweden  
e-mail: [olle.ljungqvist@oru.se](mailto:olle.ljungqvist@oru.se); [olle.ljungqvist@ki.se](mailto:olle.ljungqvist@ki.se)