ASO VISUAL ABSTRACT

ASO Visual Abstract: Guide to Enhanced Recovery for Cancer Patients Undergoing Surgery—ERAS and Esophagectomy

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There is need for interventions to improve perioperative outcomes in patients with esophageal cancer. Enhanced Recovery After Surgery (ERAS) protocols are designed to accelerate recovery after surgery. Included in the summaries provided in our article (https://doi.org/10.1245/s10434-021-10384-5). ERAS pathways are associated with a shorter length of stay and reduced incidence of respiratory complications following an esophagectomy.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Summary of Items in Oesophagectomy ERAS® Pathway **Preadmission Preoperative Intraoperative Postoperative** 1. Timing of surgery: 3-6 1. Avoid routine use of 1. Consider thoracic conduit as first line option weeks after neoadjuvant epidural as first line bowel preparation chemotherapy or 6-10 analgesia 2. Avoid prolonged fast 2. Two-field weeks after neoadjuvant (clear fluids allowed until lymphadenectomy for 2. Early enteral feeding radiotherapy T1b-T3/4 ACA in the achieving full calorie 2 hours prior to surgery) 2. Nutritional assessment middle/lower third of requirement by day 3 to 6 3. Beta blockers for and treatment based the oesophagus 3. Early mobilization, with patients with high on individual risk cardiac risk or those 3. NG tube decompression defined daily targets 3. Smoking and on chronic beta blocker 4. Balanced crystalloid 4. Remove chest drains alcohol cessation treatment fluid replacement when no evidence of air 4. Patient and family or chyle leak 5. Intermediate acting NMB counselling 5. Avoid positive fluid balance 6. Lung protective 5. Prehabilitation ventilation strategies 6. Target blood glucose <10mmol/I7. Avoid hypothermia 7. VTE prophylaxis for 4 weeks after surgery