ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOL AFTER GUT ANASTOMOSIS IN PAEDIATRIC PATIENTS A DESCRIPTIVE CASE SERIES

Maliha Nadeem, Nabila Talat, Hamza Malik, Usama Aziz, Zubair Shaukat.
Department of Pediatric Surgery Unit-I, University of Child Health Sciences, The Children's Hospital, Lahore.

INTRODUCTION

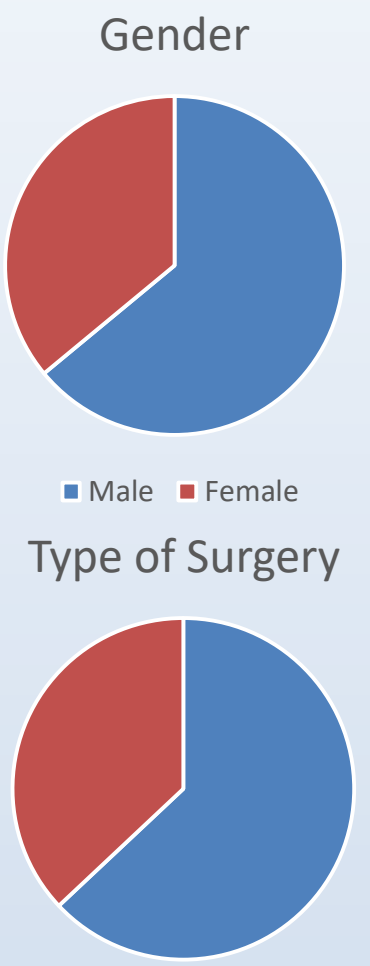
ERAS protocols are comprehensive perioperative care plans designed to facilitate swift recovery. This study is focused on ERAS in pediatric gut anastomosis and contributes valuable insights to perioperative care, with potential implications for future practices.

MATERIAL AND METHOD

- Prospective descriptive case series.
- ERAS Protocol applied over 100 patients undergoing gut anastomosis both in elective and emergency surgery.
- ERAS Protocol included giving clear sugary liquids upto 4 hours before surgery, removal of catheters and start of liquid sips between 6-24 hours after surgery.
- Chi square and binary logistic regression tests were done to evaluate the outcome of ERAS for hospital stay, feed time, time to remove NG, foley, and start oral sips, with $p<0.05$ taken as significant.

RESULTS

- Mean age 4.59±3.64 years.
- Mean length of hospital stay 4.63 ±2.49 days.
- Only 8% patients suffered from wound infection and 6% patients developed anastomosis leak after surgery.
- Feed time showed 2 times more likely to have uneventful outcome and was statistical significant. (p =0.017).
- Overall ERAS Protocol was effective in 78% and 22% had major or minor complications.



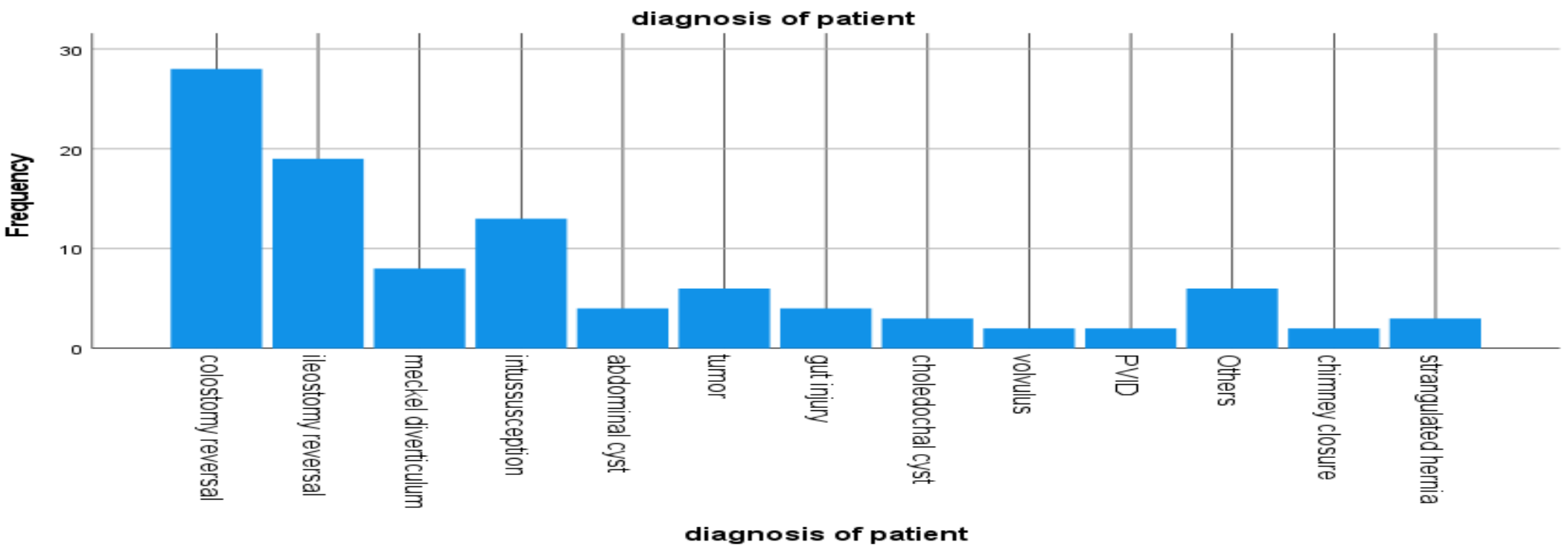


Table :

	Mean	S.E.	Sig.	Exp(B)
Hospital stay	4.63 days	2.49 days	.233	1.309
Feed time	3.35 days	2.0 days	**.017**	**2.393**
Time to remove NG	11.7 hrs	11.2 hrs	.132	.941
Time to remove Foley	15.1 hrs	9.9 hrs	.769	1.009
Time to start oral sips	11.5 hrs	6.69 hrs	.755	1.019
Constant			.000	.005

CONCLUSIONS

The implementation of an ERAS protocol in pediatric patients undergoing gut anastomosis demonstrates promising results in terms of reducing the length of hospital stay, feed time and potentially lowering the risk of postoperative complications.

Correspondence: Prof. Dr. Nabila Talat, Department of Pediatric Surgery, The University of Child Health Sciences, The Children's Hospital, Lahore. Email: nabila.talat@chich.edu.pk