



## Letter to the Editor

### Enhanced recovery after surgery: The patient, the team, and the society

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#### 1. Introduction

The “fast-track surgery” concept, developed by Henrik Kehlet and his team in Denmark twenty years ago, is currently recognised as “enhanced recovery” programs (ERP). ERP is subjected to widespread evolution as a result of the efforts of international (ERAS<sup>®</sup> Society) and national professional groups. This pathway, aiming to reduce surgical aggression, involves pre-, intra-, and postoperative elements of care, most of them being highly evidence based.

This new approach in perioperative care has been considered the next revolution in colorectal surgery following laparoscopy [1]. Furthermore, current data strongly demonstrate that this approach is being (or will be) developed in many other surgeries such as hepatic, pancreatic, upper gastrointestinal, orthopaedic, gynaecologic, thoracic, and vascular ones [2]. At present, the implementation of ERP is faced with contrasting figures related to local barriers or enablers [3]. The condition of this concept suggests that the patient, the team of care providers, and society all have a stake in the successful implementation of ERP.

#### 2. Stakes for the patient

All randomized trials and meta-analyses have shown that ERP does reduce global postoperative morbidity by 50% [4,5], as this feature is significant for medical instead of the surgical morbidity. Yet, beyond the crude and easily measurable benefit, we observe in our daily practice that patients report having an improvement in quality of life [6]. The patients experience less pain, shorter postoperative ileus, and less fatigue. Consequently, postoperative stay is significantly reduced.

At the same time, ERP involves a particular and vital feature: it is patient-centred and the patient is, in this setting, a major actor of his own care. The patient does actively participate to the success of every ERP. For example, in the ERP for colorectal surgery, the

patient should actively participate to almost half of pre- and postoperative elements.

The patient's role starts in the preoperative medical visit to pursue during the early postoperative period and even beyond the discharge [7]. A recent survey clearly showed that patients highly supported this feature of ERPs [8]. This aspect is actually in accordance with the French law of 4th March 2002, and the recommendation of the French High Authority of Health considering “the patient actor of his care” as a major element of quality of care [9].

#### 3. Stakes for the team of care providers

ERP is in essence a multimodal pathway, and thus a multidisciplinary approach. A brief look at the protocols of care [10] demonstrates the paramount importance of collaboration between several providers of care. The implementation of ERP in the daily practice necessitates the expertise of the anaesthetist, the surgeon, the nutritionist, the nurse, and even the administration (for learning, nomination of dedicated nurse). Furthermore, it has been demonstrated that the more ERP elements are applied, the more the program has a chance to succeed [11]. Hence, a collaborative effort (a team spirit) is necessary for the successful implementation of ERP. In our opinion, beside the active participation of the patient, this collaboration is the second important feature of ERPs. Therefore, the lack of teamwork is a barrier in implementing ERPs.

Every care provider is an important link in the chain of care, and the teamwork promoted by ERPs lead to better clinical performance [12]. Team spirit and effective communication are mandatory, as it is the case for day-case surgery.

#### 4. Stakes for the society

It is now well demonstrated that beside the improvement in quality of care, ERPs are from an economical perspective a cost-effective pathway. A comparative Swiss study has shown that ERPs reduce the cost by 1600 euros per patient, compared with conventional care [13]. These results were confirmed by an international systematic review [14]. In France, an economical evaluation at the university hospitals of Lyon showed a reduction of 200,000 euros per year if ERPs are implemented in 5 units [15].

Nevertheless, the stakes for the society cannot be considered from only an economical perspective. A vital reform in our look at healthcare is to be more anticipatory, as ERPs must therefore be applied to the increasing elderly population [16]. Additionally, we have to deal with the discharge facilities of patients unable to return home [17], and anticipate this preoperatively. In this way, as it is the case in orthopaedics [18], the other scientific societies have to build similar guidelines for care providers.

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To overcome the non-medical barriers against discharge, health authorities have an important role in post-discharge care. Local (health agencies) or national (Ministry of Health, High Authority of Health) authorities, in collaboration with health professionals, must be involved in the organization of post-discharge care of some patients (aged or having socio-economic problems).

## 5. Conclusion

ERPs are beneficial for patients, care providers, and society. Implementation and expanded use of this approach are important for our country. To achieve this goal a francophone Groupe named “Groupe francophone de Réhabilitation Améliorée après Chirurgie” (GRACE, [www.grace-asso.fr](http://www.grace-asso.fr)), was launched in 2014. GRACE is supported by almost all scientific societies (of many specialties) from Belgium, France and Switzerland. The main aim of GRACE (as of other dedicated societies like the ERAS<sup>®</sup> Society) is to assist in implementing ERPs on a large scale in Francophone countries, and to improve clinical research in this field. Among the numerous challenges ahead, we have to deal with barriers related to the patients’ education, better communication between members that comprise a team of care, and a better level of evidence of some ERP elements (owing to future clinical research protocols) [19]. Furthermore, a formal teaching of the principles of ERP to our students (and also less young colleagues) is important, since a survey in the UK have shown that only 14% of the students have heard from ERP [20].

## Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

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