



Development and Implementation of an Enhanced Recovery After Surgery Guideline for Women Undergoing a Mastectomy

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Introduction

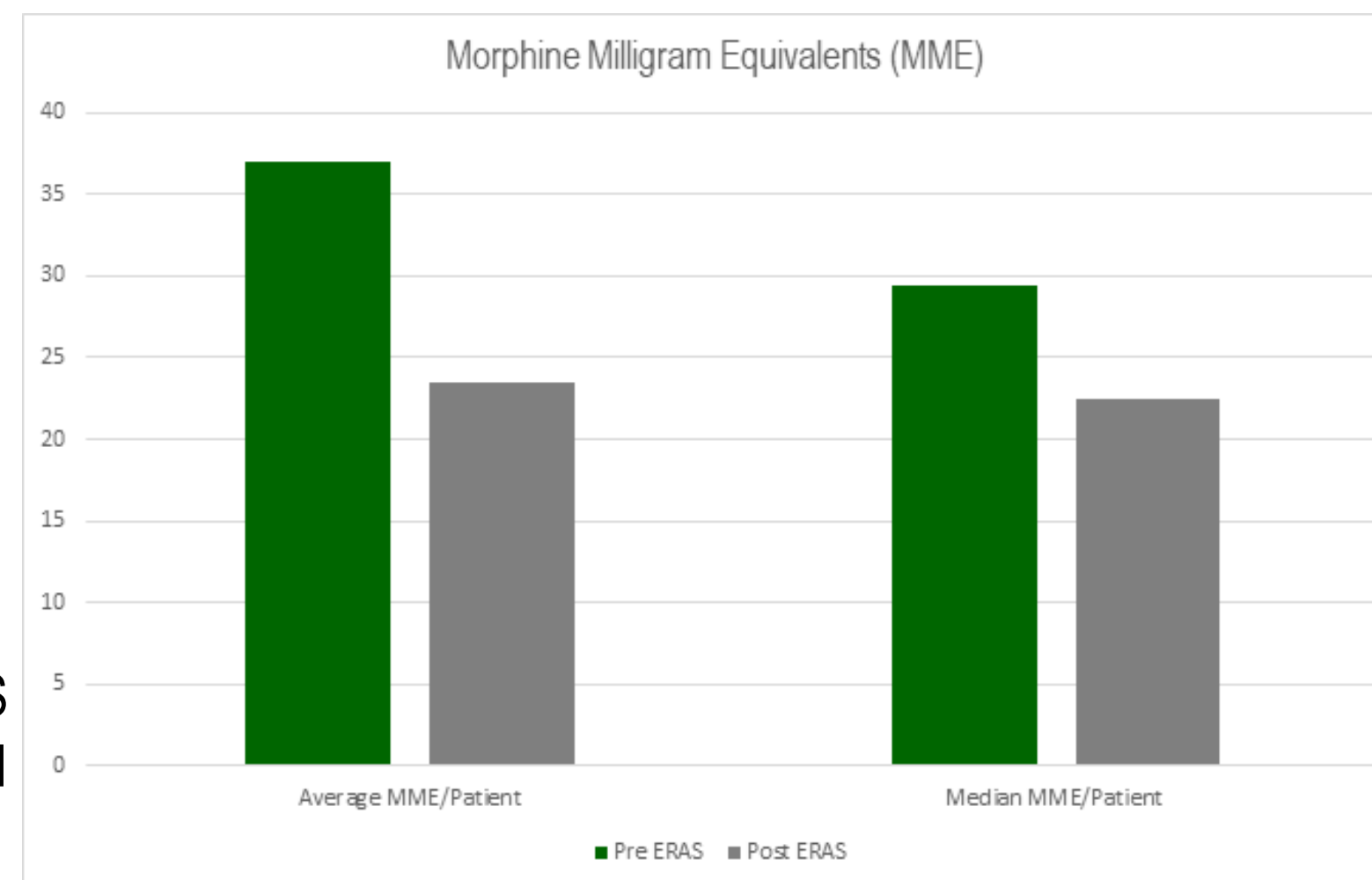
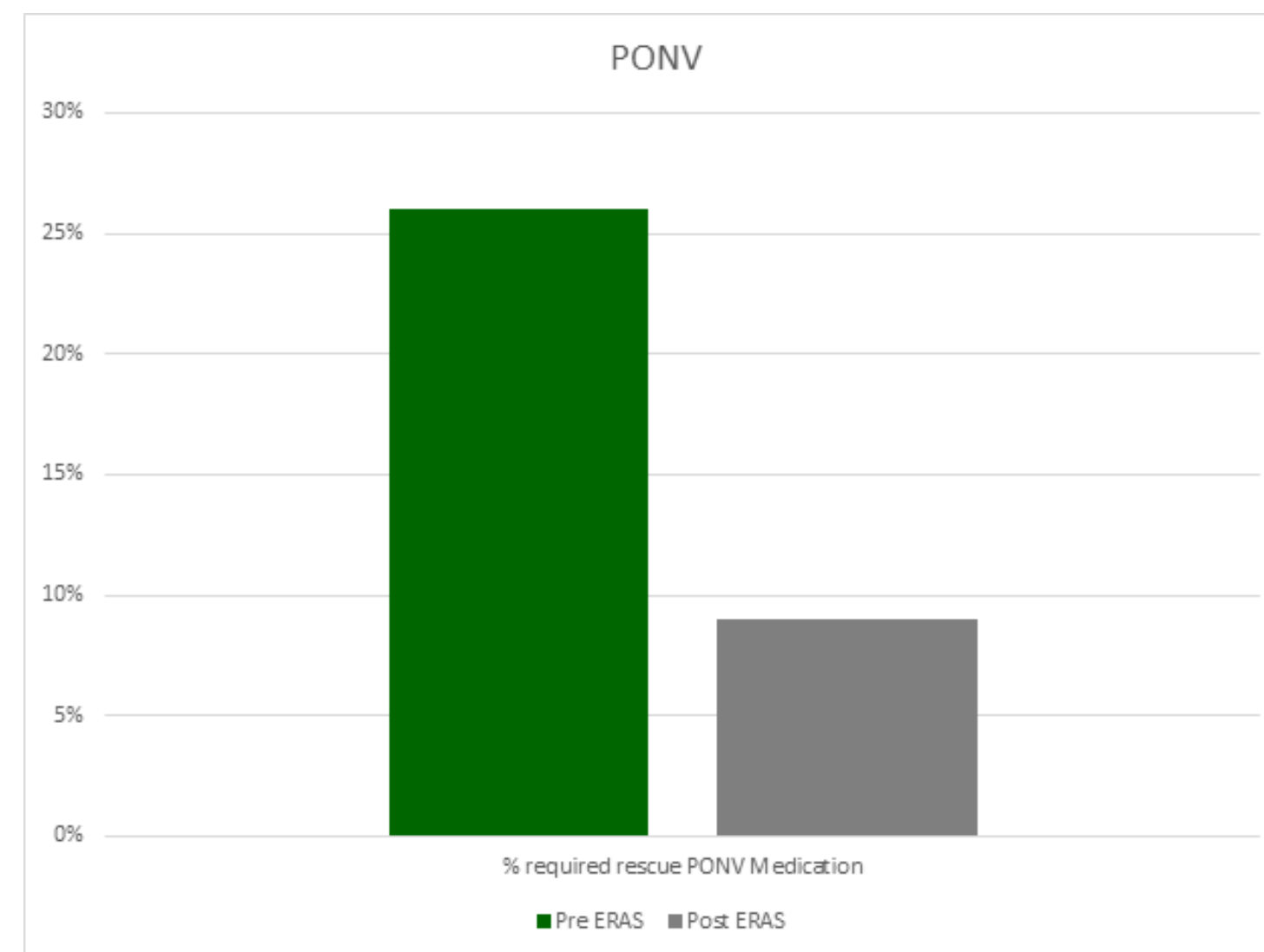
- Enhanced Recovery After Surgery (ERAS) is a patient centered, evidence based, multidisciplinary pathway created to optimize a patient's physiological function, reduce surgical stress response, and facilitate recovery.

Purpose

- Create an ERAS Mastectomy guideline based on current research
- Project Focus: decrease the incidence of post operative nausea and vomiting (PONV) and total morphine milligram equivalents (MME) in the post operative care unit (PACU)
- Clinical Question: In women 18 years or older undergoing a mastectomy procedure, does the implementation of an ERAS guideline lower the incidence of PONV and reduce MME requirements in PACU?

Literature Synthesis

- Postoperative pain symptoms can have a significant impairment on physical and mental health.
- Breast cancer surgery patients have reported incidences of PONV up to 80%.
- In other surgical populations such as colorectal, ERAS implementation reduced morbidity, hospitalization, and reinterventions.
- In bariatric patients, ERAS implementation reduced PONV, postoperative pain, and led to earlier discharge



Project Implementation

- ERAS mastectomy guideline development
- Perioperative staff educated prior to implementation
- A guideline and checklist were placed in each OR and patient chart

Outcomes

- In patients who did not follow the ERAS guideline, 28/39 patients (72%) required rescue opioids and the average MME/patient was 37 with a median MME/patient of 29.4
- In patients who followed the ERAS guideline, 19/22 patients (86%) required rescue opioids and the average MME/patient was 23.5 with a median MME/patient of 22.5
- In patients who did not follow the ERAS guideline, 10/39 patients (26%) required rescue PONV medication.
- In patients who followed the ERAS guideline, 2/22 patients (9%) required rescue PONV medication.

Practice Implications & Conclusion

- Implementation of ERAS guideline was shown to reduce the incidence of PONV and MME
- Additional work is needed to address the barriers to adoption of guideline
- Implementation of ERAS guidelines can be distributed to other service lines within Trinity Health System.

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