

# Fast-track surgery

## A summary of the evidence

### What is fast-track surgery?

Recent efforts to improve patient outcomes and to reduce hospital stay focus on enhancing postoperative recovery with a multimodal approach. The concept of fast-track surgery, also known as enhanced recovery after surgery (ERAS) or multimodal surgery has evolved as a result of recent evidence-based advances in the care of surgical patients. Studies investigating the effects of standard or conventional care have shown that many of the traditional approaches to surgical care, such as preoperative bowel clearance, the use of nasogastric tubes, drains placed in cavities, enforced bed rest, and graduated diets are unnecessary or even harmful.

Fast-track surgery programs involve a combination of evidence-based strategies to facilitate better conditions for surgery and recovery. These models aim to consolidate best practice evidence to promote more rapid return of a patient's normal function and activity after both major and minor procedures. This will result in faster discharge, and reduced length of hospital stay, without an increase in complications or readmissions.

While elective abdominal surgery patients are the main focus of fast-track surgery programs, the principles may be applied to the management of all surgical patients.

### Is fast-track surgery safe and effective?

The Department of Human Services commissioned a review on fast-track surgery in 2009. Evidence from clinical trials as well as expert opinions of surgeons in the field suggest that fast-track programs can result in beneficial outcomes for patients. In particular, optimising conditions before, during and after surgery can reduce the length of hospital stay for patients with no increase in readmission rates, morbidity or mortality. The available evidence suggests that fast-track protocols are as safe as conventional treatment regimes.

The individual elements used in fast-track programs differ widely between surgical units. However the programs share many common features such as preoperative patient education and nutritional support, improved anaesthetic and postoperative analgesic techniques, minimally invasive techniques, optimal pain control, postoperative early oral feeding and ambulation. As yet, it has not been clearly established which combination of strategies provides the best patient outcomes in terms of postoperative hospital stay, quality of life, postoperative morbidity, readmission rate, overall costs and patient satisfaction.

### Fast-track surgery in Australia

The review included interviews with surgeons from Australia and New Zealand who have experience in fast-track surgery. Discussions revealed that little formal fast-track surgery is being conducted in Australia.

All of the surgeons interviewed felt that fast-track surgery challenged current practice and successful implementation was dependent on surgical team enthusiasm and cooperation.

Furthermore, the entire surgical team must be actively involved for effective implementation of a program, including surgeons, nurses, anaesthetists, dietitians and physiotherapists. There was consensus that it was important for all staff involved in fast-track programs to be educated in fast-track surgery principles and procedures.

The surgeons interviewed generally had similar approaches to fast-track principles. The area of most variation in opinion was analgesia and the use of epidurals.

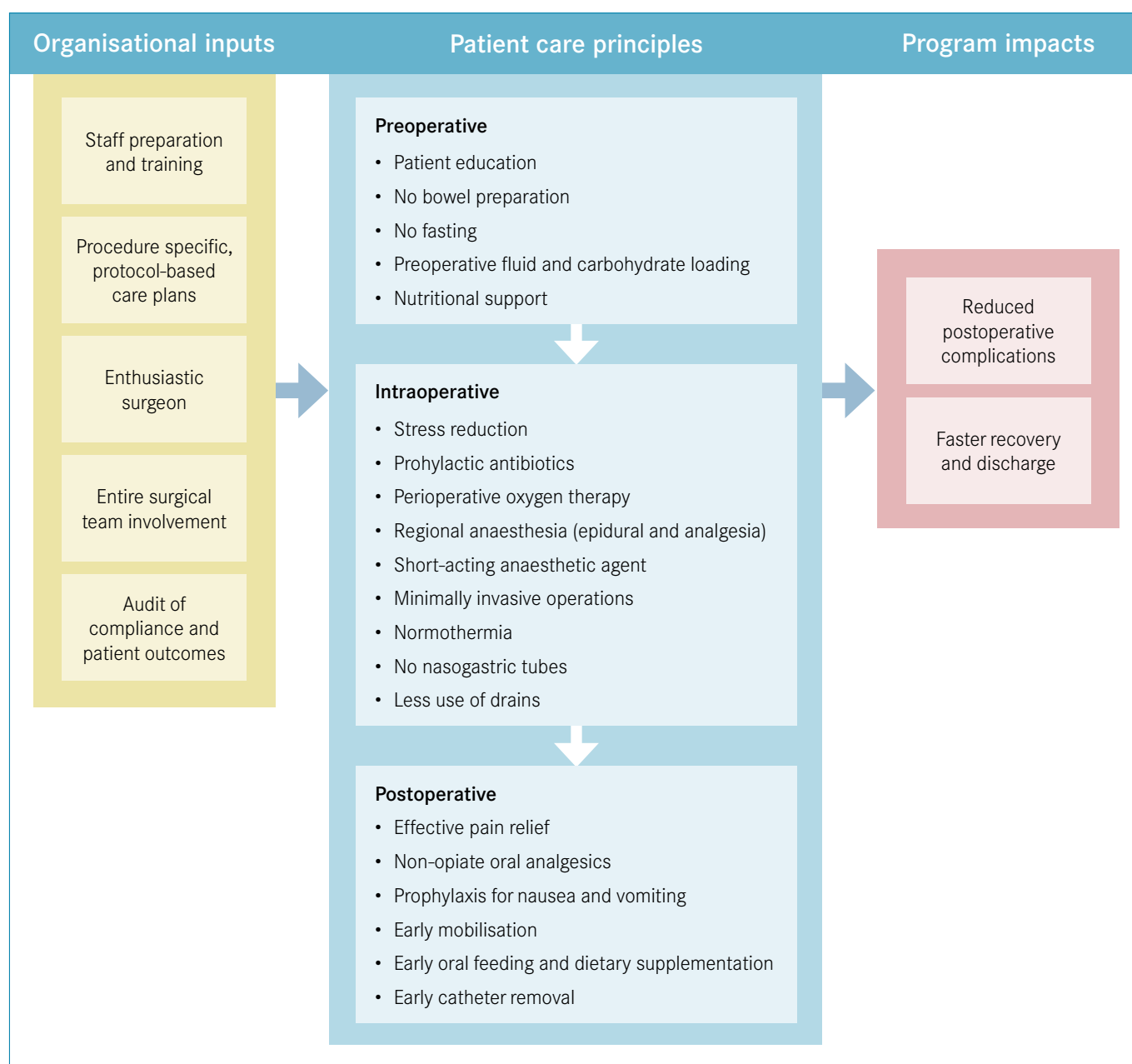
### Future directions

Further research, including economic evaluation, is required to establish standard approaches and elements within fast-track surgery programs, and to provide Australian data for the local healthcare system. A search of ongoing and unpublished trials demonstrated that more studies investigating the above issues are currently underway and that fast-track surgery is an area of increasing interest.

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A summary of the evidence

## Common components of fast-track surgery programs



### Further information

This summary contains the key findings of a brief review commissioned by the Department of Human Services on fast-track surgery. The review was undertaken by the Australian Safety and Efficacy Register of New Interventional Procedures–Surgical (ASERNIP-S). The full report is available at: [www.health.vic.gov.au/surgery/pubs.htm](http://www.health.vic.gov.au/surgery/pubs.htm)