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History and Evolution of ERAS

Originally developed in Denmark by Henrik Kehlet in Colorectal Surgery.

Spread to other surgical specialities.

Improve patient outcomes and speed up a patient's recovery after surgery.

Aggregation of marginal gains – add up the 1%.

Patients are active in their own recovery.

Early mobilisation is a key principle of ERAS.
ERAS in Thoracic Surgery

- ERAS introduced in Sept 2013 in GJNH for lung resection patients.

- Aim – reduce length of stay (LOS), no increase in complications, no increase in readmissions.

- Bristol and Heartlands Thoracic ERAS
  - Reduced LOS
  - Early mobilisation
Implementing the 1% Steps

- Our aim in HDU – Nurse-led implementation of early mobilisation (theatre day).
- Population – Post-op lung resection.
- Audit – Time first mobilised post-op.
- Additional measurements – BP, HR, analgesia, reasons for not mobilising.
How did we do?

% Patients Mobilised Theatre Day 2014

Pre-ERAS | Jan-Feb | March-May | June-Aug

% Mobilised Theatre Day
15-21% of patients mobilised experienced complications of low BP or low HR.

Day Complications Experienced

- 70% Theatre Day
- 30% 1st Day
Does analgesia make a difference?

Rate of complications: Paravertebral vs. Fentanyl Epidural

- Fentanyl epidural: 67%
- Paravertebral: 33%
Barriers

Reasons for not mobilising

- Low BP/HR: 44%
- Late return: 34%
- Drowsy: 12%
- Pain: 5%
- Other: 5%

Legend:
- Green: Low BP/HR
- Orange: Late return
- Blue: Drowsy
- Turquoise: Pain
- Violet: Other
0% to average of 50% patients mobilised theatre day.

0% to >25% patients discharge to ward post-op day 1.

Use of patient diaries for all lung resection patients – increasing engagement in recovery.

Increased no. of VATs procedures.

Staff embracing principles of ERAS.

No increase in readmissions to HDU.
Conclusion

- Early mobilisation is possible in Thoracic Surgery.
- Early mobilisation is safe in Thoracic Surgery.
- Measures must continue to make it stick.
- Future – research required to investigate anecdotal findings.
Questions?