
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

MEDIA RELEASE



Reducing length of stay and improving the patient journey

Wednesday 15 June, 2016

Reduced length of stay in hospital and lower rates of readmission can be achieved using an Enhanced Recovery After Surgery (ERAS) programme following total hip and knee arthroplasty, a New Zealand study has found.

The study is detailed in the latest issue of the *Australia and New Zealand Journal of Surgery*, the peer-review publication of the Royal Australasian College of Surgeons.

Following the implementation of the ERAS protocol, hospital length of stay was reduced by a day and there were less readmissions. It was also found that ERAS was less costly for patients of total hip and knee arthroplasty than for those who had their operation before the programme.

In addition, mobilisation was achieved in less than 24 hours following surgery in the majority (82 per cent) of ERAS patients, and only demonstrated in less than half (48 per cent) of those patients in the traditional program.

Data was collected prospectively on patients who had undergone total hip and knee arthroplasty in an ERAS programme between August and December 2013 and compared to a retrospective cohort of patients managed in a traditional perioperative care environment (from between June and August 2012). A total of 200 patients were included in the study.

Enhanced Recovery After Surgery programmes are a concept of fast-track or multi-modal surgery that involves using various strategies to facilitate better conditions for surgery and recovery. These include patient education, optimising organ function before surgery, improved anaesthetic and postoperative analgesic techniques and better understanding of perioperative care principles.

Although sometimes new methods are met with resistance, it was important to present evidence-based findings to clinician teams, Professor Andrew Hill, co-author of the article said.

"ERAS programmes aim to employ the best available evidence in a coordinated and standardized manner across the patient's perioperative journey, from their first specialist consult through to discharge and follow-up," Professor Hill said.

"As well as implementing a standardised protocol, ERAS creates a forum for members of the multidisciplinary team to collaborate and build relationships necessary for successful implementation and achieve improved patient outcomes."

"This study not only supports implementation of ERAS protocols but establishes a change that is sustainable."

The ANZ Journal of Surgery, published by Wiley-Blackwell, is the pre-eminent surgical journal published in Australia, New Zealand and the South-East Asian region for the Royal Australasian College of Surgeons. The Journal is dedicated to the promotion of outstanding surgical practice, and research of contemporary and international interest.



About the Royal Australasian College of Surgeons (RACS)

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

www.surgeons.org

**Media inquiries: Bridget Hooper, Policy and Communications Officer
+61 498 218 008 or +61 3 9276 7430**