

Improved postoperative recovery in pediatric gastrointestinal surgery.

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Enhanced Recovery After Surgery (ERAS) procedures aid in the optimization of inpatient treatment and the reduction of discomfort. The purpose of this study was to investigate the safety, practicality, and clinical and social benefit of ERAS in pediatric gastrointestinal surgery. From January to September 2018, all children (n=125) who received appendectomy, pyloromyotomy, transabdominal Soave's operation, Meckel's diverticulum resection, or reduction of intussusception in our hospital were included in this study. We examined surgical outcomes in children who underwent surgery using standard perioperative protocols (control group, n=57) and those who used ERAS protocols (ERAS group, n=68). In terms of demographic or surgical data, there were no significant intergroup disparities. However, the ERAS group had considerably shorter bowel function recovery time, postoperative IV feeding time, postoperative hospital stay duration, and hospital expenses than the control group. The complication rate did not differ significantly between groups. Our findings suggest that using ERAS procedures in pediatric gastrointestinal surgery is both safe and practical. They can enhance patient comfort, decrease hospital expenditures, and speed postoperative recovery without raising the risk of surgical complications. As a result, ERAS procedures merit greater use and promotion.

Gastrointestinal illness is one of the most frequent and widespread diseases in children. Most youngsters are unable to correctly identify the symptoms of gastrointestinal illness, resulting in fast deterioration and a high risk of death. This condition can be effectively treated with surgery. Surgery, on the other hand, causes considerable trauma and psychological stress in both children and their parents. Furthermore, traditional perioperative management approaches, such as prolonged preoperative fasting, the use of surgical drains and tubes, and long-term postoperative bed rest, cause pain, aggravate stress responses and delay the recovery of normal bowel function, all of which lengthen the patient's hospital stay. As a result, the

topic of how to assist children to heal rapidly and stay in the hospital for a shorter period of time while enhancing postsurgical outcomes remains unanswered.

The term "Enhanced Recovery After Surgery" (ERAS) was coined in the 1990s by Danish surgeon Henrik Kehlet in order to minimise perioperative stress and organ dysfunction in surgical patients. ERAS is not a novel idea; it is founded on evidence-based medical procedures and was developed by integrating and improving different approaches used in traditional multidisciplinary perioperative treatment, such as surgery, anaesthesia, nursing, and nutrition. Preoperative counselling, limited preoperative fasting, optimal anaesthesia, minimally invasive techniques, immediate postoperative oral nutrition and mobilisation, and nonroutine use of surgical drains and tubes are central aspects of the optimised clinical pathway throughout the perioperative period. ERAS challenges traditional perioperative practises in order to improve inpatient care and reduce patient suffering. According to studies, using ERAS procedures is related to shorter hospital stays, a lower incidence of surgical complications, and faster recovery. ERAS has also been proven in the literature to increase the 5-year survival rate, safety, and satisfaction of colorectal cancer patients.

ERAS has sparked heated debate in China and throughout the world. However, the majority of ERAS research has focused on adult surgery; there is a paucity of high-quality literature on adopting ERAS procedures in the pediatric population. Children have more complex surgical stress reactions than adults. In children, the physical stress reaction and internal environmental disruptions induced by traditional perioperative care are frequently more severe. As a result, improving perioperative care for juvenile patients has become even more critical and essential. We designed and implemented pediatric ERAS guidelines in our institution's gastrointestinal surgery patients after nearly a year of practice. We examined the clinical and social benefits of ERAS protocols in paediatric gastrointestinal surgery in this study.

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