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## Outcomes comparison for benign gynecologic laparotomy before and after Enhanced Recovery After Surgery (ERAS®) Implementation in a Philippine Private Tertiary Hospital

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**Background:** Enhanced Recovery After Surgery (ERAS®), a multidisciplinary approach developed to improve care processes is implemented by The Medical City. This became a vital component in managing gynecologic patients.

**Objective:** We determined the frequency of compliance to the Enhanced Recovery After Surgery (ERAS®) Guidelines and the difference in outcomes of benign gynecologic surgeries between pre- and post- ERAS implementation, specifically: length of stay, complications, readmission, re-operation, 30-day morbidity, and mortality rate.

**Methods:** A retrospective chart review of 739 patients in The Medical City subdivided into hysterectomy with or without adnexal surgery, myomectomy, and adnexal surgeries was done (pre-ERAS: January 2015 to March 2017, n=319 and post-ERAS: April 2017 to January 2022, n=420). We excluded patients who were pregnant, pre-operatively admitted in the intensive care unit and underwent emergency surgeries in less than 30 minutes. Data was encoded in the ERAS Interactive Audit System version 4.5.3.3. Analysis was carried out using an Independent T-test, Mann Whitney U test, and Chi-Square test or Test on Proportions.

**Results:** Across all three surgical procedures, total length of hospital stays, duration from operation to ready for discharge, and length of stay post-operatively were shorter by one day in the post ERAS period ( $p < .0001$ ). Pre-admission education, nutritional status evaluation, oral carbohydrate treatment, and sedative medication prior to anesthesia regardless of route were accomplished frequently during post-ERAS phase ( $p < .0001$ ). Post-ERAS patients were able to tolerate solids in less than 24 hours, significant shorter time to pass flatus and stool without medication, termination of intravenous fluid and foley catheter within 24 hours, and earlier return to mobilization ( $p < .033$  to  $.0001$ ). Pre- and post-ERAS periods were comparable in intraoperative compliance, complication, and readmission. There were no reoperation, morbidity, and mortality for both.

**Conclusion:** ERAS Guidelines showed improved outcomes in length of hospital stay and clinical parameters for compliance.

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## Biography

Marianne J Real is graduated from the University of Santo Tomas with a degree in Bachelor of Science Major in Occupational Therapy in 2011. A licensed Occupational Therapist in the Philippines and United States of America, she chose to pursue a degree in Doctor of Medicine from the De La Salle Medical and Health Sciences Institute under a scholarship program. She continued her postgraduate internship from the University of the Philippines – Philippine General Hospital in 2016. In June of 2022, she completed her Obstetrics and Gynecology Residency Training in The Medical City. Currently, she is practicing as an Obstetrician-Gynecologist in her hometown in Laguna, Philippines.

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