Enhanced Recovery After Surgery (ERAS) for Para-Aortic Lymphadenectomy—A New Trend to Consider?

1Isabelle Masquin, 2Houssein El Hajj, 3Christophe Zemmour, 4Camille Jauffret-Fara, 5Guillaume Blache, 6Mellie Heinemann, 7Laura Sabiani, 8Clement Brun, 9Gilles Houvenaeghel, 10Eric Lambaudie and Gilles Houvenaeghel report grants and personal fees from Intuitive Surgical, outside the submitted work.

The other authors have no other conflicts of interest to declare.

Background Enhanced recovery after surgery (ERAS) is a multimodal approach aiming to improve rehabilitation after surgery. In gynecologic malignancies, para-aortic lymphadenectomy (PAL) is indicated for either diagnostic or therapeutic finalities. Minimally invasive surgery (MIS) constitutes the cornerstone for ERAS programs.

Methods This retrospective study conducted between November 2006 and January 2018, aims to analyze the role of ERAS implementation for patients undergoing PAL. Starting 2016, an ERAS protocol was implemented for all the patients in our institution. All patients who underwent PAL for gynecologic malignancies were included in this study. To analyze the impact of this implementation on the surgical outcomes (length of hospital stay (LOS)) and the post-operative complications, we compared the patients who underwent PAL within ERAS protocol between 2016 and 2018 (‘ERAS Group’) to the patients who underwent PAL prior to this implementation (between 2006 and 2015) (‘Prior to ERAS group’).

Results A total of 193 patients were identified. ‘ERAS Group’ was associated with a significant decrease of median LOS (2 days vs. 3 days, \(p<0.001\)) and a significant increase in earlier post-operative discharges: \(OR=29.62\) [13.58–64.64], \(p<0.001\). Two factors were independently associated with early postoperative discharge: Implementation of the ERAS protocol (\(OR=25.64\) [8.14–80.71], \(p<0.0001\)) and the endorsement of ‘ERAS Group’ (23% vs. 10%, \(p=0.017\)) but this difference was not significant for severe complications (\(p=0.277\)) and lymphocele rate (\(p=0.248\)).

Conclusions Implementing ERAS protocols for patients undergoing minimally invasive PAL is an independent factor improving early recovery and decreasing the LOS without increasing severe complications.

Disclosures Drs Isabelle Masquin, Mellie Heinemann, Christophe Zemmour, Camille Jauffret-Fara, Guillaume Blache, Laura Sabiani, Clément Brun, Marion Faucher and Houssein El Hajj have no conflicts of interest or financial ties to disclose. Gilles Houvenaeghel and Eric Lambaudie are proctors for Intuitive Surgical.