Patients undergoing major open colorectal surgery traditionally undergo prolonged rehabilitation during the postoperative period. Complication rates of 15–20\%\(^1,2\), and even as high as 45–48\%\(^3,4\) have been reported after major elective open colorectal surgery undertaken in the setting of traditional perioperative care. This may not be surprising since a number of traditional interventions that are still routinely used have been shown to be outdated, and even harmful for patients\(^5-8\). If a perioperative complication occurs, the long-term sequelae and healthcare costs can be profound. The occurrence of one 30-day postoperative complication is more important than preoperative patient risk in determining survival after major surgery, and in a 10 year follow-up has been shown to decrease long-term median survival after surgery by 69\%.\(^9\) Caring for patients with complications is also expensive, with the average cost of a surgical complication estimated at $10,000.

For patients without complications, a key factor for postoperative recovery is the return of bowel function and this is influenced by several perioperative factors such as preoperative fasting and bowel preparation, analgesic and anesthetic techniques, magnitude and complications of surgery, fluid overload, and also by the patients’ comorbidities.

Enhanced recovery after surgery (ERAS) or ‘fast-track’ surgery pathways have been developed to address these issues and to accelerate recovery by attenuating the stress response so that the length of hospital stay and the incidence of postoperative complications and mortality can be reduced, with the added benefits of reducing healthcare costs\(^10,11\).

Use of the ERAS pathway has been shown to:
- reduce length of stay by more than 30\%
- reduce postoperative complications by up to 50\%\(^11\)

There are several elements of ERAS pathways that are new and specific to this approach:
- They bring together two best practices: (1) organization of care and (2) clinical management, whilst making sure that patients receive evidence based care
- They focus on less invasive surgical techniques, pain relief and the management of fluids and diet, which help patients to get on their feet quickly post-operatively
- They aim to make events in a hospital as normal as possible. For example, patients eat in a dining area, not in their beds.
In the UK in 2010 the Department of Health (DoH) reviewed the evidence and agreed that Enhanced Recovery has a compelling clinical evidence base and should be the norm for best practice elective care pathways. They launched the DoH funded Enhanced Recovery Partnership Program (ERPP) which is a partnership between the Department of Health, the National Cancer Action Team, NHS Improvement and the NHS Institute for Innovation and Improvement. This program provided funding for the implementation of ERAS pathways across the NHS, so that now over 90% of hospitals have an ERAS pathway for colorectal surgery.

In 2011 the international ERAS Society was formed to promote ERAS internationally, and they held the first international ERAS symposium in 2012 in France.

**Duke University Medical Center Departments of Surgery and Anesthesia are proud to host the first US ERAS symposium.** We have gathered some of the world experts in perioperative care to share their experiences and insights on how to improve outcomes and recovery after major surgery. Our faculty includes the president of the ERAS Society and the National Clinical Lead for Enhanced Recovery in the UK, as well as experts in the USA and Canada.

For more information about the meeting please visit:  
http://blueprint.duhs.duke.edu/?page_id=817527

References