Enhanced Recovery for Major Abdominopelvic Surgery

By Tong Joo Gan, Julie K. Thacker, Timothy E. Miller, Michael J. Scott, and Stefan D. Holubar. West Islip, New York, Professional Communications, Incorporated, 2016. Pages: 397. Price: $34.95.

Over the last decade, enhanced recovery protocols have become common practice across the country at countless institutions. These protocols entail a multimodal approach to reduce the effects of surgical stress and improve outcomes.[1] From a surgical standpoint, this includes the use of minimally invasive techniques and improved patient education before surgery. As anesthesiologists, this has affected the way that we must think about *non per os* status, fluid therapy, and perioperative pain management.

This book is a concise review and breakdown of the evidence driving the enhanced recovery protocols implemented by many institutions across several surgical subspecialties. It is broken down into a total of five sections. The first three sections of the book address the application of enhanced recovery protocols in the preoperative, intraoperative, and postoperative periods. The final two sections explore implementation challenges and examples of protocols that are currently being used at various institutions.

The authors thoroughly present data behind the practice guidelines used for enhanced recovery protocols. There are multiple tables and charts that are easy to read and follow. For example, they break down a step-by-step algorithmic approach to the choice of hemodynamic monitoring based on preoperative patient assessment and American Society of Anesthesiologists status. The authors also review the data behind use of esophageal Doppler and stroke volume monitoring for a more goal-directed approach to fluid therapy. For anesthesiologists in particular, the book addresses many anesthetic issues, which include regional anesthesia for an opioid-sparing approach to pain management with thoracic epidurals and transverse abdominis plane blocks, as well as the use of multimodal postoperative nausea and vomiting prophylaxis.

With new incentives to have patients mobilized and discharged earlier, what once would have been a 5- to 7-day admission is now transitioning to a postoperative day two discharge. Evidence has shown that adherence to enhanced recovery protocols has not only improved short-term postoperative outcomes but also decreased morbidity and improved 5-yr survival rates.[1] At the end of the book, the authors present the reader with examples of current protocols currently being used at various institutions, which should enable readers to more easily develop their own.

Overall, this book is a useful resource for institutions looking to use enhanced recovery protocols. It addresses the challenges of implementing new protocols in the perioperative period, and the examples at the end serve as a useful tool. As we continue to progress toward enhanced recovery and early mobilization and discharge of patients, it will be important to address challenges and issues that come up during the perioperative period; this book does just that.

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Reference

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