



SWSC 2020 On-Demand Meeting Abstracts

6. ENHANCED RECOVERY AFTER SURGERY FOR CYTOREDUCTIVE WITH HYPERTHERMIC PERFUSION: SAFETY AND EFFICACY

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Background: Cytoreductive surgery coupled with hyperthermic intraperitoneal chemotherapy (CRS-HIPEC) is an effective, aggressive approach to treating intraperitoneal carcinomatosis. Despite the long-term benefits in the treatment of cancer, CRS-HIPEC yields high rates of perioperative morbidity and mortality. Unlike many surgeries, there are not well-established enhanced recovery protocols that would improve patient outcomes. The aim of this study was to test the efficacy of an enhanced recovery (ERAS) after CRS-HIPEC surgery. Our ERAS protocol incorporated the following: carbohydrate-rich preoperative drink, opiate-sparing epidurals, early ambulation, early feeding and goal-directed fluid therapy.

Methods: This was a review of an IRB approved prospectively maintained HIPEC database from 2003-2019. Our ERAS protocol was initiated in 2017. Surgical characteristics were recorded, including diagnosis and primary operation as well as patient comorbidities, including factors diabetes, cardiopulmonary disease, hypertension and presence of vasculopathy. Adverse events (30 days and 90 days) and outcomes related to the primary operation were noted.

Results: During the study, 117 HIPEC procedures were performed that met inclusion criteria, with 105 receiving traditional care and 20 being treated through our ERAS program. There were no differences in baseline patient characteristics (all $p > 0.05$). There were also no differences in final PCI score, re-operation rates, total number of complications, readmission rate or highest complication score (all $p > 0.05$). There was an improvement in LOS (ERAS: 9, 6.0-28.0; non-ERAS: 11.0, 6.0-45.1, $P = 0.5$), a significant reduction in opioid use during hospitalization (ERAS Total Morphine Equivalents 156 vs Non-ERAS of 856, $p < 0.001$), and a significant reduction in discharge opioid requirements (ERAS 55% of patients, non-ERAS 97%, $p < 0.02$).

Conclusion: An ERAS program for CRS/HIPEC offers a safe, viable way to improve standard of care, while maintaining outcomes. An ERAS for CRS/HIPEC patients leads to significant reduction in hospital opioid use and the need for discharge narcotic usage. Our experience supports the full implementation of an ERAS protocol for HIPEC.



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	ERAS (20)	Non-ERAS (105)	p-value
Final PCI Score Post CRS and HIPEC	0, 0	0, 0-16	0.0556
Re-Operation	1 (8.33%)	7 (7.07%)	0.8399
Total Number of Complications	1, 0-5	1, 0-8	0.8962
Highest Complication Score	1.5, 0-3	1, 0-5	0.9531
Readmission	4 (33.33%)	19 (18.63%)	0.2561
LOS	9, 6.0-28.0	11.0, 6.0-45.1	0.4965