

# Introduction of ERAS<sup>®</sup> program into clinical practice: from preoperative management to postoperative evaluation

## Opening remarks

Yutaka Oda · Manabu Kakinohana

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We, the chairpersons, chose “Enhanced Recovery After Surgery” as a topic of the 2013 Journal of Anesthesia symposium held on May 23, 2013. After reviewing all the manuscripts assigned to the section editor (Y.O.) from 2011 to 2012, we found that a large number of anesthesiologists are interested in preoperative evaluation and intra- and postoperative management for improving patient satisfaction and prognosis. Besides providing adequate postoperative analgesia and preventing nausea and vomiting, developing a program targeting enhanced recovery after surgery has been one of the most popular themes among us. The initial idea of enhanced recovery goes back almost half a century, as oral rehydration therapy for the treatment of infectious disease [1]. Based on a long history and cumulated knowledge, the multimodal ERAS<sup>®</sup> protocol has been established and is still under evolution [2]. In this symposium, we aimed at a comprehensive review of the concept of enhanced recovery after surgery, from preoperative management to postoperative evaluation, by four outstanding symposists.

Dr. Taniguchi, a co-founder of enhanced recovery programs in our country, elaborated the introduction of the modified ERAS<sup>®</sup> protocol in his institute [3]. He developed

this program, originally named “preoperative oral rehydration therapy,” for improving the perioperative safety and satisfaction of the patients. His lecture, describing the modified ERAS<sup>®</sup> protocol according to the current medical system in Japan and improved patient prognosis after its introduction, would have been quite informative to every Japanese anesthesiologist who is starting these programs in their institutes. Dr. Yatabe showed that preoperative oral carbohydrate treatment, in addition to contributing to shortening the preoperative fasting period, improves insulin resistance and prevents a decrease of body temperature during anesthesia in clinical and experimental studies [4]. Adequate control of both blood glucose and body temperature is a part of the ERAS<sup>®</sup> protocol and significantly influences the postoperative outcome. Dr. Kitayama presented the effects of intraoperative analgesia with peripheral nerve block including transversus abdominis plane block and rectus sheath block with local anesthetics as well as thoracic epidural block with opioids. He also validated its safety from the point of plasma concentration of local anesthetics [5]. Dr. Shibata reviewed various kinds of peripheral nerve block, including brachial plexus block, from the point of nerve injury. Anesthesiologists are responsible for neurological complications induced by nerve block. He explained the differential diagnosis of nerve injury for early detection and prompt treatment [6]. Dr. Tanaka [7] developed the Japanese version of the quality of recovery (QoR) 40, a score for evaluating the quality of postoperative recovery originally created by Myles [8]. He translated the original score into Japanese, with modifications according to the Japanese medical system and validated from numerous aspects. The Japanese version of the QoR40 will appear in this manuscript.

We believe this symposium was informative and has provided practical knowledge to many anesthesiologists.

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Y. Oda (✉)

Department of Anesthesiology, Osaka City General Hospital and Children's Hospital, 2-13-22 Miyakojima-hondori, Miyakojima-ku, Osaka 534-0021, Japan  
e-mail: odayou@msic.med.osaka-cu.ac.jp

M. Kakinohana

Department of Anesthesiology, Faculty of Medicine, University of the Ryukyus, 207 Uehara, Nishihara, Okinawa 903-0215, Japan

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