

Meeting abstract

Open Access

Fast-track colo-rectal surgery: our preliminary experience

L Graziosi*, MT Paganelli, E Cavazzoni, P Ptasellari, S Valiani, F Cantarella and A Donini

Address: Department of Surgery, Section of General Surgery and Emergency, Santa Maria della Misericordia Hospital, University of Perugia, Italy

* Corresponding author

from XXI Annual Meeting of The Italian Society of Geriatric Surgery
Terni, Italy. 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, 9(Suppl 1):A97 doi:10.1186/1471-2318-9-S1-A97

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A97>

© 2009 Graziosi et al; licensee BioMed Central Ltd.

Background and aim

"Fast-Track Surgery" is an interdisciplinary multimodal perioperative treatment that includes intra-operative anesthesia and post-operative analgesia using drugs and ways of administration as thoracic epidural analgesia and lidocaine infiltration of the incisions for post-operative pain relief, in combination with the immediate mobilization of the patient, the early oral nutrition and the pre-operative carbohydrate administration.

The aim of these rehabilitation after elective colo-rectal surgery is to reduce surgical stress and to lower the extent of general complications. Elderly patient may especially profit from this multimodal peri-operative programme.

Materials and methods

From May 2008 to October 2008 we introduced 16 patients older than 65 years in a well-defined post-operative multi-modal fast-track programme and we examined the feasibility of this rehabilitation. All the patients underwent to surgery for a malignant disease of colon-rectum (42% of the left colon; 29% of the right colon; 21% of the rectum; 8% of the transverse colon). Eleven patients had pre-operative carbohydrate administration (400 cc of PREOP); 4 patients refused to take it and 1 patient did not take it because of diabetes mellitus type II. Nasogastric tube was not used in 11 patients and in the others it remained for 2.2 days after surgery. Generally only one drain was positioned in the abdomen and it was removed 4.81 days after surgery.

Results

Two patients were able to have liquids orally on the day of surgery; 4 patients had solid diet on the first day; 5 patients on the second day and the rest of patients on the third post-operative day. Fluid-therapy administration was maintained approximately for 3.65 days. The median time until the first bowel movement was 3.18 days after surgery. No patient had local and general complications. Four patients had post-operative nausea and vomiting and 2 of them required the introduction of the nasogastric tube.

The mean time of the discharge from hospital was 7.25 days after surgery.

Conclusion

The fast track rehabilitation programme on elderly patient is not only feasible but may also lower the number of general and local complications and the duration of the hospital stay reducing costs. Duration of paralytic ileus can be reduced to 48–72 h compared with about 96–120 h with traditional care as reported in the major randomized trials and overall hospital stay is reduced from about 8–12 days to 2–5 days.