

Audit Report

Enhanced Recovery after Surgery (ERAS) Protocol Compliance in Elective Surgery

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INTRODUCTION

- Enhanced Recovery After Surgery (ERAS) is a multidisciplinary, evidence-based approach designed to reduce surgical stress, promote early recovery, and improve postoperative outcomes [1]
- ERAS protocols emphasize optimized perioperative care through patient education, multimodal analgesia, early feeding, and early mobilization [2].
- Despite strong evidence, real-world implementation remains variable.

OBJECTIVE

- To assess compliance with key components of ERAS protocols among patients undergoing routine elective surgeries.

METHODS

- A retrospective observational study was conducted in the Department of General Surgery, SHSMC, Dhaka, Bangladesh, from January 2025 to December 2025.
- A total of 100 elective surgical patients were included.
- Compliance with key ERAS elements was assessed using patient records and compared with ERAS® Society standards (benchmark $\geq 80\%$).

RESULTS

Table 1: Demographic Characteristics of the patients (n = 100)

Variable		Frequency	Percentage
Mean age (years)		38.2	
Gender	Male	42	42%
	Female	58	58%

The mean age of the study population was 38.2 years. There was a female predominance, with 58% females and 42% males.

Table 2: Type of Surgery Performed (n = 100)

Surgery Type	Frequency (%)
Laparoscopic Cholecystectomy	34 (34%)
Splenectomy + Cholecystectomy	4 (4%)
Hemicolectomy	12 (12%)
Modified Radical Mastectomy (MRM)	8 (8%)
Hernioplasty	20 (20%)
Fistulectomy	7 (7%)
Other	15 (15%)

The most common procedure was laparoscopic cholecystectomy (34%), followed by hernioplasty (20%) and hemicolectomy (12%). Breast surgery (MRM, 8%),

fistulectomy (7%), and combined splenectomy with cholecystectomy (4%) were less frequent, while other procedures accounted for 15% of cases.

Table 3: Anesthesia Type and Operative Duration

Parameter	n (%)
General Anesthesia (GA)	68 (68%)
Spinal Anesthesia (SAB)	32 (32%)
Mean operative time	1.8 hours

General anesthesia was used in 68% of patients, while 32% received spinal anesthesia. The mean

operative duration was 1.8 hours, indicating that most procedures were of moderate length.

Table 4: ERAS Core Element Compliance (n = 100)

ERAS Component	Compliance (%)	Standard
Pre-op patient counseling	72%	$\geq 80\%$
Avoidance of prolonged fasting	70%	$\geq 80\%$
Minimally invasive surgery	68%	$\geq 80\%$
Multimodal analgesia	75%	$\geq 80\%$
Early oral feeding	65%	$\geq 80\%$
Early mobilization	60%	$\geq 80\%$
Early drain/catheter removal	70%	$\geq 80\%$

Compliance with ERAS core elements ranged from 60% to 75%, remaining below the recommended

benchmark ($\geq 80\%$) across all domains. The highest adherence was observed in multimodal analgesia (75%),

while the lowest compliance was seen in early mobilization (60%) and early oral feeding (65%), highlighting key areas for quality improvement.

CONCLUSION

Overall compliance with ERAS protocols in elective surgery was moderate, with significant gaps in early mobilization, early feeding, and multimodal analgesia. Focused team training, standardized ERAS pathways, and regular re-auditing are essential to improve adherence and enhance patient recovery outcomes.

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