



How to Properly Understand Enhanced Recovery After Surgery?

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Editorial:

Enhanced recovery after surgery (ERAS) has become a hot issue around the world (Lau, & Chamberlain, 2016). It aims to accelerate patients' recovery after surgery and prioritize the cost-effectiveness of health care. Generally, multiple disciplinary work team is of crucial importance to make an optimized protocol in detail. Also, it is accordance with the top principle of precision medicine in clinical practice. However, micro invasive surgery and shortening length of stay in the hospital have been excessive emphasized or over evaluated as a foremost target to seek for, which is pushing some patients into the risk of worsening outcomes. Some of the patients have to face re-admission due to serious postoperative complications or insufficient nutrition due to discharge ahead. Hence, it's time to correct the misunderstanding of ERAS and rethought about it. Obviously, the right understanding of ERAS is of the essence to benefit both of surgeons and patients.

How to better understand ERAS? Authors propose a concept of 4S to clarify the true implication of ERAS.

Survival: Micro invasive surgery really does matter to ERAS, but not the be-all, especially for patients with malignancy. Improvement of survival rate should be the top priority of ERAS.

Safe: Multiple disciplinary teams (MDT) aims to provide an accessible protocol to ensure patients' safety peri operation (Nelson et al., 2016). High-end surgery must be in accordance with operators' experience and their accurate skill. It is not practical to establish a standardized ERAS to meet the demand of different levels of primary clinical settings.

Save: As we all well known, it's essential to save total medical cost because of scarce health-care resources. As a result, the length of stay in hospital is shortened because of application of high-end equipments or smart ecosystem including laparoscopic or robotic surgery, mobile smart wrist device, etc. However, smart medical service may also increase the burden of patients 'medical cost or transfer the cost to the provider. How to balance the new emerging techniques and the traditional techniques means to save.

Standardize evaluation system: The days of stay in hospital, total hospitalization cost, postoperative complications, the frequency of reoperation {postoperative time less than 3 months} and/or re-admission (less than 1 month after discharge), survival time (more than 6 months), the severity of surgery-related negative emotion, etc play a deciding role in judging /evaluating ERAS whether successful or not. At first glance, no discomfort of pain peri operation and perfect surgery are an important element of ERAS, but on second look, the pain curbed by drugs may hide some truth. As a matter of fact, it is unreliable to predict anything.

No one doubts that smart medical service combined with skillful surgery is bringing ERAS on precision medicine track (Nelson et al., 2016; Sola et al., 2016). ERAS is not only a concept, but also of relevance for hospital's management.



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