

MDAnderson Cancer Center

Making Cancer History®

Colorectal Enhanced Recovery: Strategies and Tactics

January 23, 2019

Bryce Speer, DO

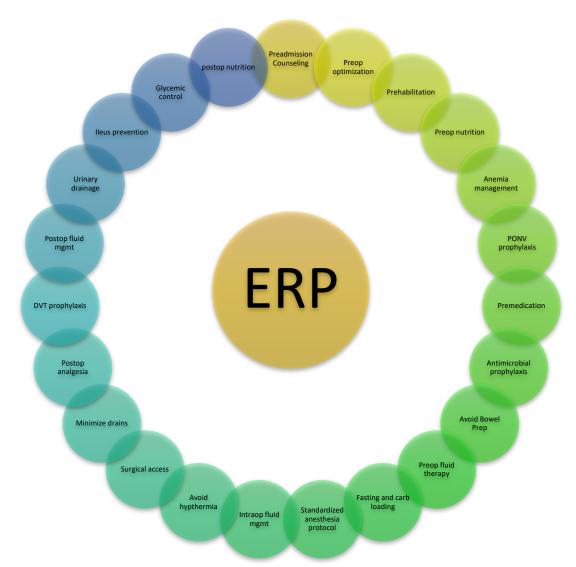
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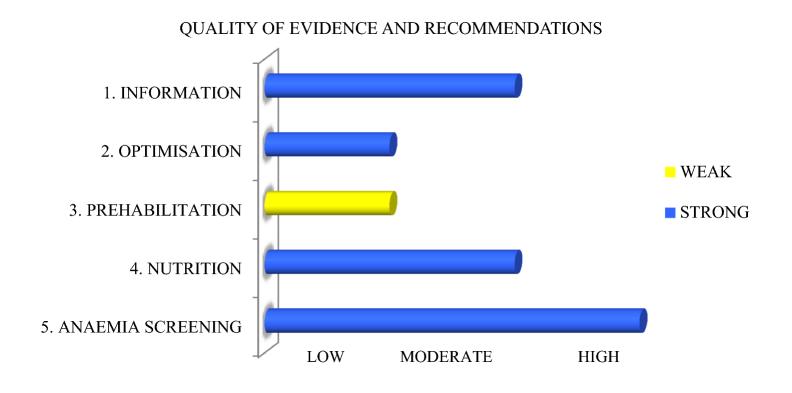
Core Elements of Colorectal Enhanced Recovery: Objectives

- 1 REVIEW CORE ELEMENTS OF A COLORECTAL SURGERY ENHANCED RECOVERY PROGRAM
- 2 DISCUSS THE DATA AUDIT ELEMENTS OF ENHANCED RECOVERY IN THE UT SYSTEM.

Core Elements of Colorectal Enhanced Recovery

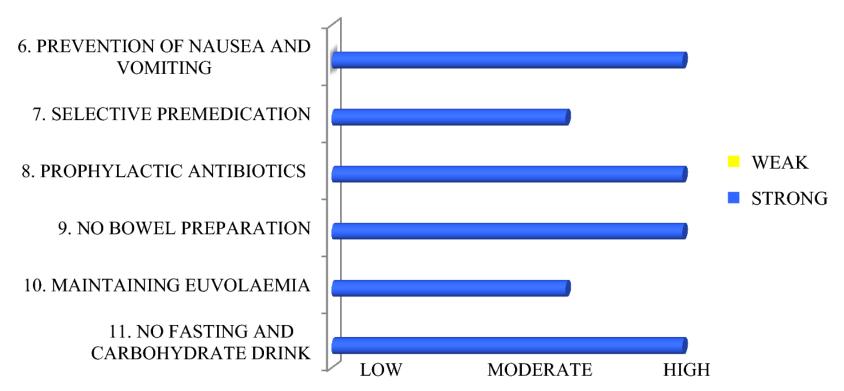


Core Elements of Colorectal Enhanced Recovery: Pre-operative



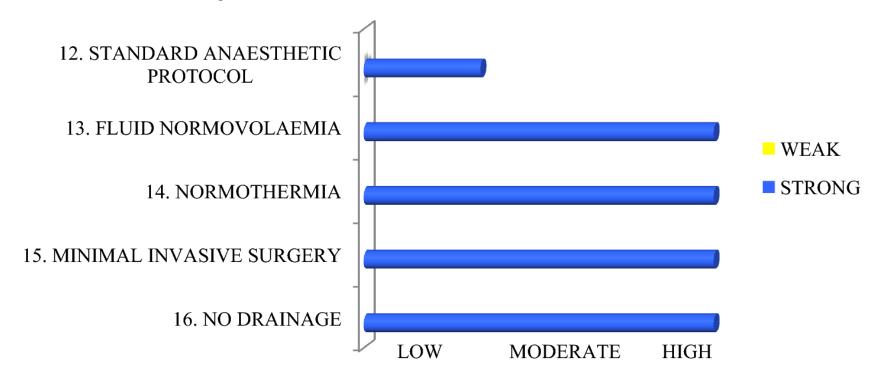
Core Elements of Colorectal Enhanced Recovery: Pre-operative



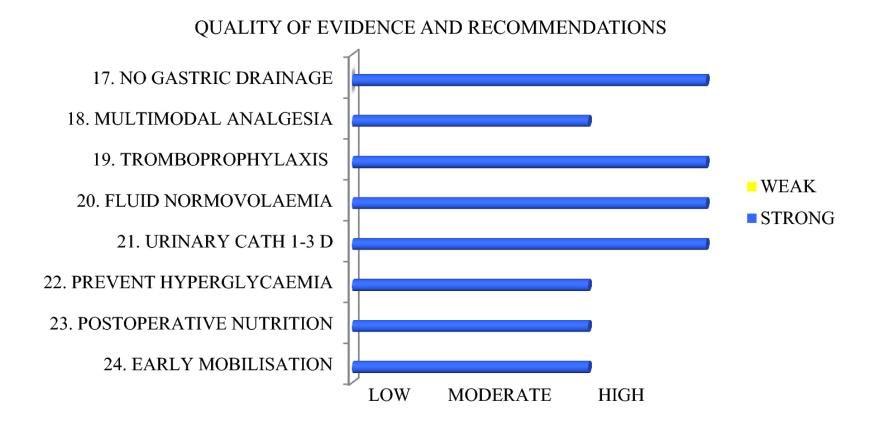


Core Elements of Colorectal Enhanced Recovery: Intra-operative

QUALITY OF EVIDENCE AND RECOMMENDATIONS



Core Elements of Colorectal Enhanced Recovery: Post-operative



ERUT Data Elements-Audit

Phase of Care	Element	Measure	Source
Preoperative	Patient Education	Yes/No	Survey Plus Audit
	Clear Liquids 2 Hours	Yes	Survey Plus Audit
	Carbohydrate Loading	Yes/No	Survey Plus Audit
	Antibiotic Bowel Prep	Yes/No	Survey Plus Audit
	Mechanical Bowel Prep	Yes/No	Survey Plus Audit
	Preoperative Outpatient Patient Reported Outcome (PRO)	Yes/No	Survey Plus Audit
Postoperative	Nasal Gastric Tube Placement	Yes/No	Survey
	Clear Liquids Ordered POD #0	Yes/No	Order Set
	Regular Diet Ordered POD #1	Yes/No	Order Set
	Mobilization Ordered POD #0, 1, 2	Yes/No	Order Set
	Foley Removal Ordered On/Before POD #1	Yes/No	Order Set
Outcomes	Postoperative Outpatient Patient Reported Outcome (PRO)	Yes/No	Survey Plus Audit

ERUT Data Elements-Per Patient

Phase of Care	Element	Measure	Source
Demographic	Age	Number	EHR
	Sex	Male/Female	EHR
Medical Baseline	Primary Diagnosis	Name	EHR, Op Note
			Op Note, Anesth Record (ASA
	Urgency (Emergency Case)	Emergent	Classification)
			Op Note, Anesth Record (ASA
	Elective Surgery	Elective	Classification)
	Diabetes (Diabetes Mellitus)	Yes/No	EHR, H&P
Surgical Baseline	Date of Surgery	Date	Op Note
	Approach	Name	Op Note
	Primary Procedure	Name	Op Note
	Ostomy	Yes/No	Op Note
Preoperative	Non-Narcotic Analgesia	Yes/No	MAR, Anesth Record
rreoperative	Entereg (Alvimopan)	Yes/No	MAR , Anesth Record
	Type of Anesthesia	TIVA/Volatile	Anesth Record
	Block	Yes/No	Op Note, Anesth Record
Intraoperative	Intraop Morphine Equivalent Daily Dose (MEDD)	mg	Anesth Record
	Total IVF Volume (Crystalloids & Colloids)	сс	Op Note, Anesth Record
	Post-Op Nausea Vomiting Prophylaxis	Yes/No	Anesth Record
	Abdominal Drain	Yes/No	Op Note
Postoperative	Non-Narcotic Analgesia	Yes/No	MAR, Anesth Record
	Total Inpatient Morphine Equivalent Dose (MEDD)	mg	MAR with Calculator
	Length of Stay (LOS)		Discharge Summary
Outcomes	Readmission Within 30 Days (same hospital, any cause)	Yes/No	EHR
	Wound Infection Requiring Bedside Interventions (superfici	al	Discharge Summary, Postop Clinic
2 2002 20	site infection) within 30 days	Yes/No	Cote
	IR Re-intervention for Abscess/Leak/Collection (NSQIP=OSI)	Yes/No	IR Procedure Note
	Reoperation	Yes/No	Op Note
	Death within 30 Days (any cause)	Yes/No	Death/Discharge Summary

Core Elements of Colorectal Enhanced Recovery

Mechanical Bowel Preparation



NSAIDS



Core Elements of Colorectal Enhanced Recovery

SCIENTIFIC REVIEW

Guidelines for Perioperative Care in Elective Colorectal Surgery: Enhanced Recovery After Surgery (ERAS®) Society **Recommendations: 2018**

U. O. Gustafsson¹ · M. J. Scott^{2,3} · M. Hubner⁴ · J. Ny

CLINICAL PRACTICE GUIDELINES

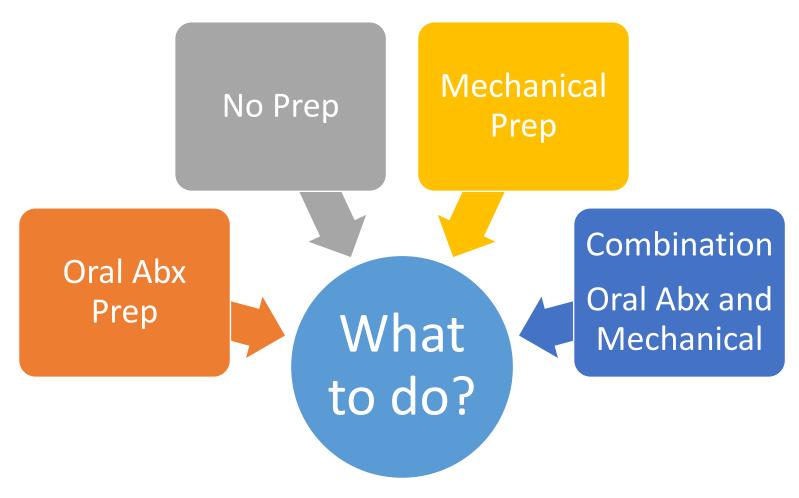
T. A. Rockall⁸ · T. M. Young-Fadok⁹ · A. G. Hill¹⁰ · M G. J. Chang¹⁴ · A. Fichera¹⁵ · H. Kessler¹⁶ · F. Grass⁴ Clinical Practice Guidelines for Enhanced Recovery F. Carli P. D. N. Lobo O. K. E. Rollins A. Balfour After Colon and Rectal Surgery From the American **Society of Colon and Rectal Surgeons and Society** of American Gastrointestinal and Endoscopic Surgeons

> Joseph C. Carmichael, M.D.¹ • Deborah S. Keller, M.S., M.D.² • Gabriele Baldini, M.D.³ Liliana Bordeianou, M.D.⁴ • Eric Weiss, M.D.⁵ • Lawrence Lee, M.D., Ph.D.⁶ Marylise Boutros, M.D.⁶ • James McClane, M.D.⁷ • Liane S. Feldman, M.D.⁶ Scott R. Steele, M.D.⁸

Gustafsson, UO, et al. World J Surg (2018). Carmichael JC, et al. Dis Colon Rectum (2017).

- Focus on impact of bowel preparation on SSI and anastomotic leak
- Question is on benefit versus patient experience, dehydration, etc.
- Pendulum has swung back and forth





- Consensus
 - MBP alone is not recommended
 - Data is very strong that it provides no benefit
 - Can be considered for rectal surgery with diverting stoma



Oral Antibiotic Bowel Preparation Reduces Length of Stay and Readmissions after Colorectal Surgery

Galina D Toneva, BS, Rhiannon J Deierhoi, MPH, Melanie Morris, MD, Joshua Richman, MD, PhD, Jamie A Cannon, MD, Laura K Altom, MD, MSPH, Mary T Hawn, MD, MPH, FACS

The role of oral antibiotics prophylaxis in prevention of surgical site infection in colorectal surgery

Michalis Koullouros¹ · Nadir Khan¹ · Emad H. Aly^{1,2}

A Statewide Colectomy Experience

The Role of Full Bowel Preparation in Preventing Surgical Site Infection

Edward K. Kim, BS, Kyle H. Sheetz, BS, Julie Bonn, BS, Scott DeRoo, BA, Christopher Lee, Isaac Stein, BA, Arya Zarinsefat, BA, Shijie Cai, PhD, Darrell A. Campbell, Jr, MD, and Michael J. Englesbe, MD

Toneva GD, et al. JACS, 2018. Koullouros M, et al. Int J Colorectal Dis, 2017. Kim EK, et al. Ann Surg, 2014.

ASCRS/SAGES

Mechanical bowel preparation plus oral antibiotic bowel preparation before colorectal surgery is the preferred preparation and is associated with reduced complication rates.

 Grade of recommendation: weak recommendation based on moderate-quality evidence, 2B.

Gustafsson, UO, et al. World J Surg (2018). Carmichael JC, et al. Dis Colon Rectum (2017).

ERAS Society

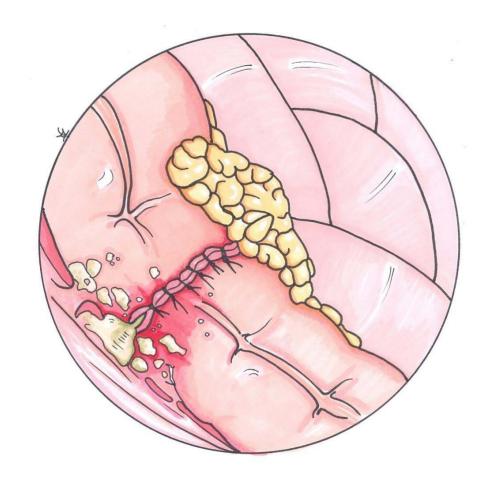
- Mechanical bowel preparation alone with systemic antibiotic prophylaxis has no clinical advantage and can cause dehydration and discomfort and should not be used routinely in colonic surgery, but may be used for rectal surgery. There is some evidence from randomized controlled trials to support the use of a combination of MBP and oral antibiotics over MBP alone.
 - MBP Alone: Quality of evidence: High
 - Recommendation grade: Strong
 - Combined MBP and oral antibiotic preparation: Quality of evidence: Low
 - Recommendation grade: Weak

Summary –

MBP alone should not be used

 MBP + Oral Abx may be beneficial (absence of randomized data)

- Data supports benefits in reduction of opioid usage as component of multimodal pain regimen
- Questions focused on impact on incidence of anastomotic leak
 - No randomized data



Nonsteroidal anti-inflammatory drugs and the risk of anastomotic leakage after anterior resection for rectal cancer*

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D. Kverneng Hultberg <sup>a,*</sup>, E. Angenete <sup>b</sup>, M.-L. Lydrup <sup>c</sup>, J. Rutegård <sup>a</sup>, P. Matthiessen <sup>d</sup>, M. Rutegård <sup>a</sup>
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- 1495 patients from 15 hospitals in Sweden from 2007-2013
- Examined NSAIDs and incidence of anastomotic leak (up to 90 days)
 - Had to receive NSAIDs for >2 days

NSAID exposure	Anastomotic leakage	Univariate	Multivariable (complete case) ^a	Multivariable (imputed) ^b
	N (%)	OR (95% CI)	OR (95% CI)	OR (95% CI)
No NSAID	156/1084 (14.4)	1.00 (reference)	1.00 (reference)	1.00 (reference)
Any NSAID	47/411 (11.4)	0.77 (0.53-1.12)	0.83 (0.63-1.05)	0.88 (0.65-1.20)
Non-selective ^c	36/344 (10.5)	0.70 (0.43-1.11)	0.83 (0.58-1.18)	0.91 (0.62-1.35)
COX-2 selective ^d	11/66 (16.7)	1.19 (0.82-1.72)	0.81 (0.64-1.02)	0.82 (0.63-1.06)

- No increased risk of leak with NSAID use
- No difference for selective or non-selective drugs

ASCRS/SAGES

 "Evidence is inconclusive and does not support avoidance of NSAIDs"

ERAS Society

 "Literature shows inconclusive evidence to avoid NSAIDs in colorectal surgery patients"





THE UNIVERSITY OF TEXAS

MD Anderson Cancer Center

The Institute for Cancer Care Innovation

Webinar: Opioid Sparing Strategies-From Concepts to Implementation and Sustainability

Presenter: Vijaya Gottumukkala, MD

February 7, 2019

4:00pm-4:30pm (CT)

Questions?