Chirurgia (Bucur). 2017; 112(5): 546-557
http://dx.doi.org/10.21614/chirurgia.112.5.546

Enhanced Recovery After Surgery (ERAS) - The Evidence in Geriatric Emergency Surgery: A Systematic Review

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Abstract
Background: Geriatric surgery is rising and projected to continue at a greater rate. There is already concern about the poor outcomes for the emergency surgery in elderly. How to manage the available resources to improve outcomes in this group of patients is an important object of debate.
Objectives: We aimed to determine the feasibility and safety of applying ERAS pathways to emergency elderly surgical patients.
Method: Two searches were undertaken for ERAS protocols in elderly patients and emergency surgery, in order to gather evidence in relation to ERAS in geriatric emergency patients. Primary outcomes were postoperative complications, mortality, hospital length of stay and readmission rates.
Results: Eighteen studies were included. The majority of patients were older than 70. Elderly patients had fewer postoperative complications and a reduced hospitalization with ERAS compared to conventional care. Emergency surgical patients also had fewer postoperative complications with ERAS compared to conventional care. Hospital stay was reduced in 2 out of 3 studies for emergency surgery.
Conclusions: ERAS can be safely applied to elderly and emergency patients with a reduction in postoperative complications, hospitalization and readmission rates. There is evidence to suggest that ERAS is feasible and beneficial for geriatric emergency patients.
Key words: ERAS, elderly, emergency surgery