

## Publication

A systematic review of the intervention components, adherence and outcomes of enhanced recovery programmes in older patients undergoing elective colorectal surgery

### **JournalItem (Reviews, Editorials, Rezensionen, Urteilsanmerkungen etc. in einer wissenschaftlichen Zeitschrift)**

**ID** 4512941

**Author(s)** Fagard, Katleen; Wolthuis, Albert; D'Hoore, Andre; Verhaegen, Marleen; Tournoy, Jos; Flamaing, Johan; Deschodt, Mieke

**Author(s) at UniBasel** [Deschodt, Mieke](#) ;

**Year** 2019

**Title** A systematic review of the intervention components, adherence and outcomes of enhanced recovery programmes in older patients undergoing elective colorectal surgery

**Journal** BMC Geriatrics

**Volume** 19

**Pages** 157

**Keywords** Aged; Aged; 80 and over; Colorectal surgery; Enhanced recovery; Fast track

**Mesh terms** Science & TechnologyLife Sciences & BiomedicineGeriatrics & GerontologyGerontologyGeriatrics & Gerontology

**Background**Enhanced recovery programmes (ERPs) aim to attenuate the surgical stress response and accelerate recovery after surgery, but are not specifically designed for older patients. The objective of this study was to review the components, adherence and outcomes of ERPs in older patients (65years) undergoing elective colorectal surgery.**Methods**Pubmed, Embase and Cinahl were searched between 2000 and 2017 for randomised and non-randomised controlled trials, before-after studies, and observational studies. The methodological quality of the studies was evaluated using the MINORS quality assessment. The review was performed and reported according to the PRISMA guidelines.**Results**Twenty-one studies, including 3495 ERP patients aged 65years, were identified. The ERPs consisted of a median of 13 intervention components. Adherence rates were reported in 9 studies and were the highest (80%) for pre-admission counselling, no bowel preparation, limited pre-operative fasting, antithrombotic and antimicrobial prophylaxis, no nasogastric tube, active warming, and limited intra-operative fluids. The median post-operative length of stay was 6days. The median post-operative morbidity rate (Clavien-Dindo I-IV) was 23.5% in-hospital and 29.8% at 30days. The in-hospital post-operative mortality rate was 0% in most studies and amounted to a median of 1.4% at 30days. The median 30-day readmission rate was 4.9% and the median reoperation rate was 5.0%.**Conclusions**ERPs in older patients were in accordance with the ERP consensus guidelines. Although the number of intervention components applied increased over time, outcomes in earlier and later studies remained comparable. Adherence rates were under-reported. Future studies should explore adherence and age-related factors, such as frailty profile, that could influence adherence.**Trial registration**PROSPERO 2018 CRD42018084756.

**Publisher** BioMed Central

**ISSN/ISBN** 1471-2318

**edoc-URL** <https://edoc.unibas.ch/71937/>

**Full Text on edoc** No;

**Digital Object Identifier DOI** 10.1186/s12877-019-1158-3

**ISI-Number** 000470716100003

