

# A Piece of Mind on Enhanced Recovery after Surgery

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## Editorial

Enhanced Recovery After Surgery (ERAS) has become a spotlight around the world [1]. It aims to accelerate patients' recovery after surgery and prioritize the cost-effectiveness of medical cost. Generally, multiple disciplinary work teams are of crucial importance to make an optimized protocol in detail. Also it is in accordance with the top principle of precision medicine in clinical practice. However, minimally invasive surgery and shortening length of stay in hospital have been excessively emphasized or over evaluated as a foremost target to seek for, which is pushing some patients into risk of worsening outcomes. Some of the patients have had admission due to serious post-operative complications or insufficient nutrition due to discharge ahead. Hence, it's time to correct the misunderstanding of ERAS and rethink about it. Obviously, the right understanding of ERAS is of essence to benefit both of surgeons and patients.

How to obtain better understanding of ERAS? Authors propose a concept of 4-Steps to clarify the true implication of ERAS.

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

• **Safe:** Multiple Disciplinary Team (MDT) aims to provide an accessible protocol to ensure patients' safety per operation [2]. 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.

No one doubts that smart medical service combined with skillful surgery is bringing ERAS on precision medicine track [2,3]. ERAS is not only a concept, but also of relevance for hospital's management. Obviously, improvement of ERAS is a long-term work, steps such as supervision should be taken into something so that it runs in good order.

• **Saving:** 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 save.

• **Standardization of evaluation system:** The days of stay in hospital, total hospitalization cost, post operative complications, the frequency of reoperation (post operative time less than 3 months) and/or readmission (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 perioperative operation and perfect surgery are important elements of ERAS, but on second look, the pain curbed by drugs may hide mistrust. As a matter of fact, it is unreliable to predict anything.

## Declaration

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