Invited Commentary on “Fast Track Open Aortic Surgery: Reduced Postoperative Stay with a Goal Directed Pathway”. Towards Aneurysm Repair in Day-care?

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In their paper on fast track open aortic surgery Murphy et al. have demonstrated, that a simple re-evaluation of standard clinical care may result in significant improvement. By introducing a goal directed clinical pathway for elective open aortic aneurysm repair in unselected patients without any modification in technique or incorporation of new treatment modalities they were able to reduce postoperative hospital stay from 9 to 5 days. The pathway mainly aimed at avoidance of unnecessary or prolonged interventions by promoting early removal of ‘tubes’, early feeding and prompt mobilisation, resembling the multimodal approach in open colonic surgery.1

The authors reached their goal (discharge at postoperative day 3) in only 20 percent of patients. This result is in concordance with initial publications of other centres having introduced fast track surgery programmes.2 Apparently it takes time to fully implement all necessary elements of a fast track programme. The most important factors responsible for prolongation of desired hospital stay in this series were cardiac complications and domestic factors or transport arrangements. Cardiac complications are probably a procedure specific factor in aneurysm repair as this is a minor issue in fast track colonic surgery. Discharge at day three could have been achieved in over 50% of patients when attention had been paid to an essential part of clinical pathways namely a pre-operative inventory of home support requirements. This underlines the importance of patient counselling and education before surgery, a part of fast track surgery programmes that is often underestimated.

The main focus of this paper was reduction of hospital stay. Reduction of hospital stay, however, is secondary to improved recovery in a fast track surgery programme. It is unfortunate that the authors did not compare the postoperative complications occurring in more than half of the patients with those in the historic control group. Thus the reader remains unaware of the quality of care delivered, especially because no data are provided on patient satisfaction.

Although no formal economical analysis was performed, the authors estimate a considerable cost reduction per hospital admission. They claim, that these savings should be taken into account when costs of open aneurysm repair and EVAR are compared. One wonders, however, what the impact of a goal directed pathway in EVAR would be, now that it has become an established treatment modality in the last decade. Given the present short hospitalization after EVAR alone, day-care EVAR certainly seems to be within reach soon. As a parallel, adding multimodal approach principles to established laparoscopic colonic surgery programmes showed to substantially improve patient outcome and to decrease hospital stay.3

This study contributes to the increasing evidence that relatively simple evidence-based modifications in peri-operative care may reduce hospital stay in various types of surgery. Unfortunately no evidence is provided regarding improved patient outcome after open aortic aneurysm repair. Enhanced early and long-term recovery after surgery should be the...
primary goal of clinical pathways and not decreased hospital stay.

References

