How ERAS saves lives

**REDUCED LENGTH OF STAY**

1. 7 days vs. 17 days

**REDUCED MEDICAL COMPLICATIONS**

- 27% vs. 7%
  - No ERAS vs. ERAS
  - (P=0.020)

**ERAS DECREASED RE-ADMISSION RATES**

- 21.4% vs. 11.5%
  - (P=0.029)

LiDCO hemodynamic monitoring improves outcomes when used as part of an ERAS pathway

- The whole philosophy of GOAL-DIRECTED THERAPY IS
  - If one wants to improve hemodynamics, then give fluid whenever the patient is a responder to fluid
  - When the patient is not a responder to fluid and if the arterial blood pressure is still low, consider vasopressors instead

**ERAS PROTOCOL REDUCES MORTALITY**

- 21.8% vs. 15.5%
  - (P=0.0005)

**LiDCO Hemodynamic Monitoring**
**Clinical papers showing improved outcome**

### ERAS | Single surgeon’s experience with enhanced recovery after surgery

**Patient Population**
Elective abdominal procedures

**LiDCO Monitor**
LiDCOrapid

**Trial Design**
A retrospective chart review performed to identify all patients who underwent elective abdominal surgery at one US medical centre, between June 2013 and April 2015. An ERAS pathway was implemented in June 2014. Three patient groups were categorised based on Charlson comorbidity index (CCI)

**Outcome Impact**
Univariate analysis revealed that the ERAS protocol was associated with shorter LOS, lower cost, and lower mortality

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### Multidisciplinary perioperative protocol in patients undergoing acute high-risk abdominal surgery

**Patient Population**
High-risk abdominal surgery

**LiDCO Monitor**
LiDCOrapid

**Trial Design**
The acute high-risk abdominal (AHA) study was a controlled single-centre intervention study in an unselected consecutive cohort undergoing AHA surgery

**Outcome Impact**
The 30-day mortality rate was 15.5 per cent in the intervention cohort compared with 21.8 per cent in the control cohort (P=0.005; relative risk reduction 29 per cent). The 180-day mortality was 22.2 per cent in the intervention cohort compared with 29.5 per cent in the control cohort (P=0.004)

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