

## Highlight of the WCS 2019 in Krakow, Poland

### IASMEN prize winner

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#### ENHANCED RECOVERY AFTER SURGERY VERSUS CONVENTIONAL APPROACH IN GASTRIC CANCER - A RANDOMIZED CLINICAL TRIAL

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#### **Introduction:**

Enhanced recovery after surgery (ERAS) protocol implements various interventions to minimize complications and hasten the recovery of patients undergoing major surgeries. It has been widely accepted in colorectal surgeries but the evidence for similar benefits in upper gastrointestinal surgeries has been limited. ERAS for gastric cancer is still under implemented probably due to the fear of anastomotic leak and aspiration. This study was planned to assess the efficacy of ERAS as compared to conventional protocol in patients with gastric cancer undergoing open total or distal gastrectomy.

#### **Materials & Methods:**

A single center, open label randomized clinical trial was started from September 2017. The primary endpoint was the duration of postoperative hospital stay while secondary endpoints were white blood cell count, quality of life, onset of oral intake, walk, flatus and defecation. A planned interim analysis was done in December 2018 to assess treatment efficacy and safety.

#### **Results:**

A total of 105 patients were assessed for eligibility of which 35 met the inclusion criteria. Two patients had non resectable tumor while one withdrew consent. Patients in ERAS group (n=14) had significantly shorter duration of postoperative hospital stay (6 d vs 9 d, p= 0.002), onset of oral intake (p= 0.000), walk (p= 0.000) and flatus (p= 0.026) as compared to the conventional group (n=18). Early quality of life (postoperative day 3) was also better in ERAS group (p= 0.016). No differences were found in the white blood cell count and onset of

defecation. Incidence of Clavien-Dindo grade II complications were similar in both groups (9.4% vs 12.5%,  $p= 1.000$ ). There were no anastomotic leaks or mortality in a 30 day follow up period.

**Conclusion:**

ERAS protocol significantly reduces the postoperative stay and improves early quality of life in gastric cancer patients without increasing morbidity.

