## ENHANCED RECOVERY AFTER SURGERY

How CRNAs are reducing opioid use, improving outcomes, and lowering costs



### The Issue

Persistent opioid use after surgery affects millions of Americans.

- More than 2 million people may transition to persistent opioid use following elective, ambulatory surgery each year.
- Overprescribing of postsurgical opioids results in billions of unused pills.<sup>2</sup>
- In 2015, **2.1 million people** misused prescription opioids for the first time. <sup>3</sup>
- Nearly half of all U.S. opioid overdose deaths involve a prescription opioid. <sup>4</sup>

### **A Solution**

Certified Registered Nurse
Anesthetists (CRNAs) are pain
management experts who are
uniquely qualified to help solve this
problem. CRNAs offer patients
holistic pain management services
that reduce or eliminate the need for
opioids post-surgery.

### **Enhanced Recovery After Surgery**

**Enhanced Recovery After Surgery** (ERAS) is a patient-centered, evidence-based, pain management strategy employed by CRNAs to reduce the need for opioids, improve patient outcomes and reduce costs.

**ERAS** uses robust patient communication and opioid-sparing techniques such as regional anesthesia, peripheral nerve blocks, non-pharmacologic approaches and non-opioid medications.



# Traditional Pain Management Pathway

- Patient assessment
- Opioid/non-opioid prescribing and discharge



# ERAS Pain Management Pathway

- Preadmission patient/family education;
   recovery and pain management planning
- Preoperative minimize fasting to reduce anxiety and pain perception and improve diet recovery
- Intraoperative administer analgesics and nerve blocks for pain and nausea/vomiting management
- Postoperative patient assessment, plan modification, and multimodal medication prescribing
- Post-Discharge education on anesthesia recovery, surgical procedure and pain management
- Continued Quality Improvement analysis of compliance and outcomes to improve care

### **ERAS and the Opioid Crisis**

**ERAS** supports collaborative pain care between the patient, the CRNA and the entire care team. It also encourages patients to play an active role by expressing their own needs and concerns to help establish realistic goals for improved well-being and quality of life without dependence on opioids.

This thorough assessment and treatment of pain not only reduces the need for opioids during and after surgery, but also decreases the risk of acute pain transitioning to chronic pain and the development of opioid dependency and abuse.





### **ERAS: Improved outcomes and reduced costs**

- ERAS provides an average savings of \$880 to \$5,560 per patient. 5,6
- ERAS reduces patient length of stay by 3-4 days on average. 7-12
- ERAS reduces 30-day patient readmission rates and costs. 13,14
- ERAS helps patients return to normal activities more quickly. 6

To learn more about CRNAs and their expertise in providing holistic, patient-centered, cost-effective pain management care, visit **anesthesiafacts.com**.

#### **REFERENCES**

- 1. Brummett et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. JAMA Surg. 2017;152(6). e170504
- 2. United States for Non-Dependence. An Analysis of Opioid Overprescribing in America. QuintilesIMS Institute. Sept. 2017.
- 3. 2015 National Survey on Drug Use and Health (SAMHSA)
- 4. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; CDC 2016.
- 5. Schmidt et al., Accelerated Recovery Within Standardized Recovery Pathways After Esophagectomy. Ann Thorac Surg 2016;102:931-9;
- 6. Chipollini, J. et al., Cost Impact Analysis of Enhanced Recovery after Surgery Protocol Implementation in a Radical Cystectomy Cohort of Patients. The Journal of Urology 2017; 197(4), e414-e415. doi:10.1016/j.juro.2017.02.991
- 7. Wick EC, Galante DJ, Hobson DB, et al. Organizational Culture Changes Result in Improvement in Patient-centered Outcomes Implementation of an Integrated Recovery Pathway for Surgical Patients. J Am Coll Surg 2015;221:669e677
- 8. Thiele et al., Standardization of Care: Impact of an Enhanced Recovery Protocol on Length of Stay, Complications, and Direct Costs after Colorectal Surgery. J Am Coll Surg 2015;220:430e443
- 9. Miller TE, Thacker JK, WhiteWD, et al. Reduced length of hospital stay in colorectal surgery after implementation of an enhanced recovery protocol. Anesth Analg 2014;118:1052e1061
- 10. Archibald LH, Ott MJ, Gale CM, et al. Enhanced Recovery after Colon Surgery in a Community Hospital System. Dis Colon Rectum 2011;54:840e845
- 11. Kariv Y, Delaney CP, Senagore AJ, et al. Clinical Outcomes and Cost Analysis of a "Fast Track" Postoperative Care Pathway for Ileal Pouch-anal Snastomosis: A Case Control Study. Dis Colon Rectum 2007;50:137e146
- 12. Stephen AE, Berger DL. Shortened Length of Stay and Hospital Cost Reduction with Implementation of an Accelerated Clinical Care Pathway after Elective Colon Resection. Surgery 2003;133: 277e282;
- 13. Schmidt et al., Accelerated Recovery Within Standardized Recovery Pathways After Esophagectomy Ann Thorac Surg 2016;102:931-9
- 14. Semerjian, A., et al. (2017). pd67-11 Enhanced Recovery after Radical Cystectomy Reduces Cost and Length of Stay: The Johns Hopkins Experience. The Journal of Urology 2017; 197(4), e1280-e1281. doi:10.1016/j.juro.2017.02.2987



