

Enhanced recovery after surgery (ERAS) protocol for ventral hernia repair. A systematic review

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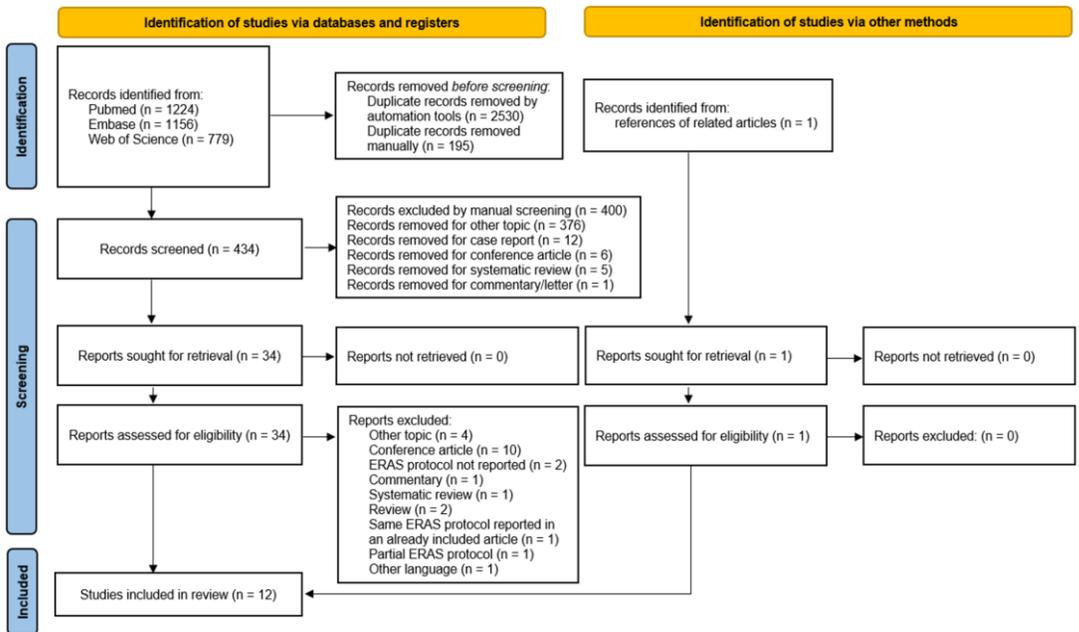
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Aim

The aim of this systematic review is to report the current practice with ERAS protocols employed in the management of patients who underwent abdominal wall reconstruction (AWR).

Material & Methods

A systematic review was conducted according to the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) statement. The search was carried out in the PubMed, Embase, and Web of Science databases (Figure 1).



Results

Thirty-one articles were fully analysed, and 20 further articles were excluded. One article was included by checking references of related articles. Finally, 12 articles were included. A total of 140 ERAS items were identified and grouped in categories as follows: preoperative counselling/preparation, optimizing nutrition/diabetes control, thromboprophylaxis, minimizing nausea and vomiting, fluid management, normothermia, drains and tubes management, multimodal analgesia, early mobilization, intestinal recovery and other intra- and postoperative items.

Conclusions

This study provides a valuable snapshot of current ERAS practices in AWR. The protocols support faster recovery, reducing hospital stays without significant increase in complications. However, the heterogeneity in protocol components and the limited quality of evidence call for further research, particularly large-scale, randomized trials or registry outcome data, to better define the optimal elements of ERAS protocols for this patient population. Standardization of ERAS protocols for AWR, informed by high-quality evidence, will be crucial in maximizing the benefits for patients and improving the overall quality of care in hernia surgery.