



Hindawi

Surgery Research and Practice

Special Issue on

Enhanced Recovery after Surgery (ERAS) Pathway for Gastrointestinal Surgery

CALL FOR PAPERS

Ever since enhanced recovery after surgery (ERAS) program was introduced in 1995 for colorectal surgery, it has gained wide acceptance and considerable modification incorporating evidence based concepts. ERAS aims at reducing surgical morbidity and faster recovery after major surgeries by reducing the stress response and optimized perioperative care. Though ERAS has become a multimodal evidence based protocol for many gastrointestinal surgical procedures, it is yet to become standard perioperative care in routine practice. ERAS pathway was shown to have definite beneficial effect in few gastrointestinal areas such as colorectal surgery; nonetheless, evidence is not substantial to incorporate the program for other major surgeries like gastric resection, esophageal surgery, and pancreatic procedures, where early feeding and mobilization may be of concern. The evidence is lacking in laparoscopic surgery and bariatric procedures where the ERAS protocol may have a beneficial role in the faster recovery and less perioperative morbidity. Controversies also exist regarding the safety for adapting enhanced recovery protocol following emergency gastrointestinal surgery. To resolve these controversies and to provide evidence based ERAS management pathway, we invite investigators to contribute original research articles, as well as review articles, on various aspects of enhanced recovery in gastrointestinal surgeries.

Potential topics include, but are not limited to:

- ▶ Introduction of ERAS program in clinical practice
- ▶ Enhanced recovery program in upper gastrointestinal surgery
- ▶ Enhanced recovery program in colorectal surgery
- ▶ Safety and feasibility of ERAS program in elective laparoscopic colorectal surgery
- ▶ Safety and feasibility of ERAS program in elective stoma closure
- ▶ Role of enhanced recovery pathway in hepatic/biliary/pancreatic surgery
- ▶ Safety and feasibility of ERAS program in emergency gastrointestinal surgery
- ▶ Role of enhanced recovery program in bariatric surgery
- ▶ Feasibility and logical issues in implementing ERAS in high volume gastrointestinal centre
- ▶ Patient satisfaction and quality of life after ERAS program in gastrointestinal surgery
- ▶ Deviating from “routine protocol”? Role of nurse and house staff in the implementation of ERAS program
- ▶ Challenges in implementing ERAS program: an anesthetist perspective
- ▶ ERAS role in reducing health care cost and length of hospitalization after gastrointestinal surgery
- ▶ ERAS program in gastrointestinal surgery: is there an adverse outcome?
- ▶ Guidelines for perioperative care in ERAS program
- ▶ Influence of surgeon’s knowledge, attitude, and acceptance on the successful outcome following ERAS implementation for gastrointestinal surgery

Authors can submit their manuscripts via the Manuscript Tracking System at <http://mts.hindawi.com/submit/journals/srp/apgs/>.

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