

Post-Operative Analgesia after Colorectal Surgery in ERAS

An online survey of ERAS UK members

Background

- Epidural for elective colorectal surgery
 - Fundamental element of early ERAS protocols (*mainly open surgery*)
 - Analgesic effect
 - Attenuation of stress response
 - Risk of morbidity
 - High failure rate (~30%)¹



¹ Fotiadis RJ, Badvie S, Weston MD, Allen-Mersh TG. Epidural analgesia in gastrointestinal surgery. *Br J Surg* 2004; 91: 828–841.

Laparoscopic Colorectal Surgery

- Reduced surgical stress
- Smaller wounds
- Reduced post-operative ileus
- Short length of stay
- Current ERAS guidelines state “*thoracic epidural not essential in laparoscopic surgery*”

Spinal

Randomized clinical trial

Randomized clinical trial of epidural, spinal or patient-controlled analgesia for patients undergoing laparoscopic colorectal surgery

B. F. Levy¹, M. J. Scott², W. Fawcett², C. Fry³ and T. A. Rockall¹

British Journal of Surgery 2011; **98**: 1068–1078



- 3-arm single-centre RCT (epidural, spinal, PCA)
- 91 patients, Laparoscopic Colorectal Surgery
- Increased LoS & ileus in epidural arm
- Similar preservation of pulmonary function
- Higher pain scores in PCA arm

TAP block

A randomised controlled trial of the efficacy of ultrasound-guided transversus abdominis plane (TAP) block in laparoscopic colorectal surgery

Catherine J. Walter • Charles Maxwell-Armstrong •
Thomas D. Pinkney • Philip J. Conaghan • Nigel Bedforth •
Christopher B. Gornall • Austin G. Acheson

Surg Endosc
DOI 10.1007/s00464-013-2791-0



- Single-centre RCT (PCA +/- TAP block)
- 68 patients, Laparoscopic Colorectal Surgery
- Significantly reduced opiate use in TAP arm
- Similar pain scores & LoS



TAP block

A randomised controlled trial of the efficacy of ultrasound-guided transversus abdominis plane (TAP) block in laparoscopic colorectal surgery



Anaesthesia

Journal of the Association of Anaesthetists of Great Britain and Ireland

Anaesthesia, 2011, 66, pages 465–471

doi:10.1111/j.1365-2044.2011.06700.x

ORIGINAL ARTICLE

Comparison of analgesic efficacy of subcostal transversus abdominis plane blocks with epidural analgesia following upper abdominal surgery

G. Niraj,¹ A. Kelkar,¹ I. Jeyapalan,¹ P. Graff-Baker,¹ O. Williams,¹ A. Darbar,²
A. Maheshwaran³ and R. Powell¹

Wound Infusion Catheter

Original article

Feasibility study of analgesia via epidural *versus* continuous wound infusion after laparoscopic colorectal resection

C. E. Boulind^{1,4}, P. Ewings², S. H. Bulley¹, J. M. Reid¹, J. T. Jenkins³, J. M. Blazeby^{4,5}
and N. K. Francis¹

British Journal of Surgery 2013; **100**: 395–402

- Two centre blinded RCT (WIC & epidural)
- 34 patients, Laparoscopic Colorectal Surgery
- Feasibility of blinding confirmed using sham interventions
- Equivalent pain scores



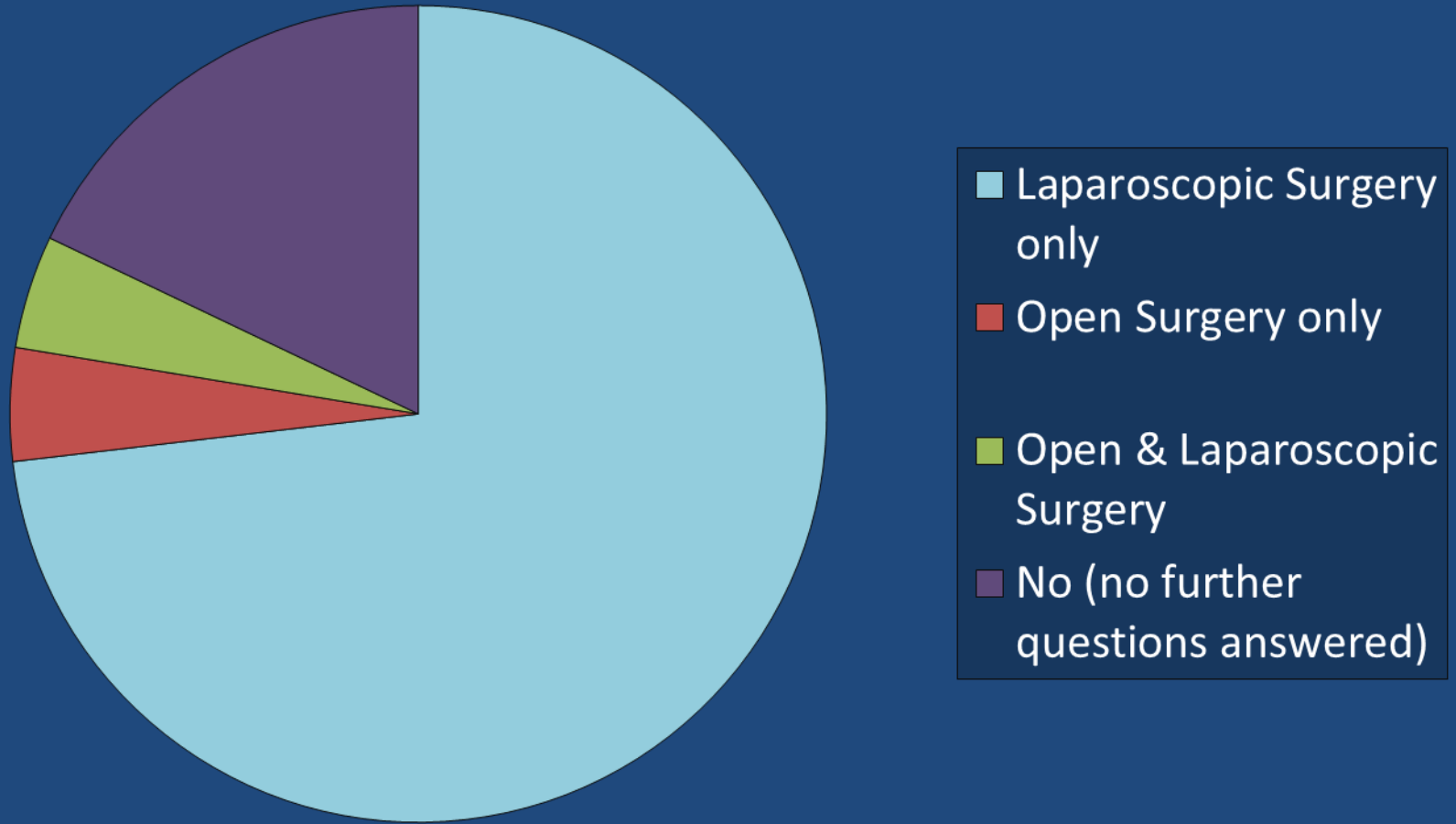
Aim

- Survey current UK practice for analgesia after colorectal surgery within ERAS

Method

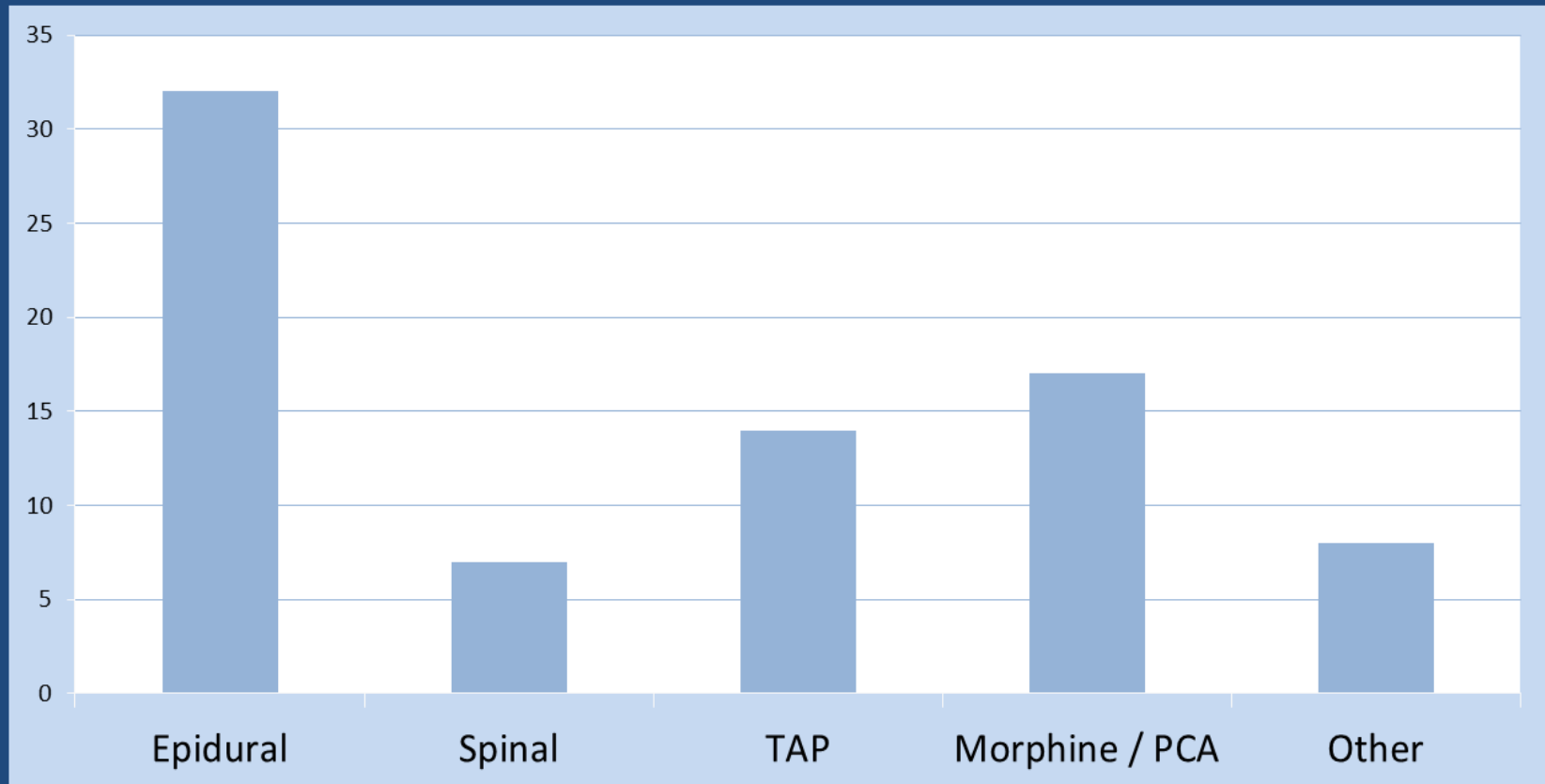
- Online National survey
- Questions related to current and preferred post-operative analgesia approaches after LCS
- Link to survey sent to members of ERAS UK

“Do you perform or support colorectal surgery?”



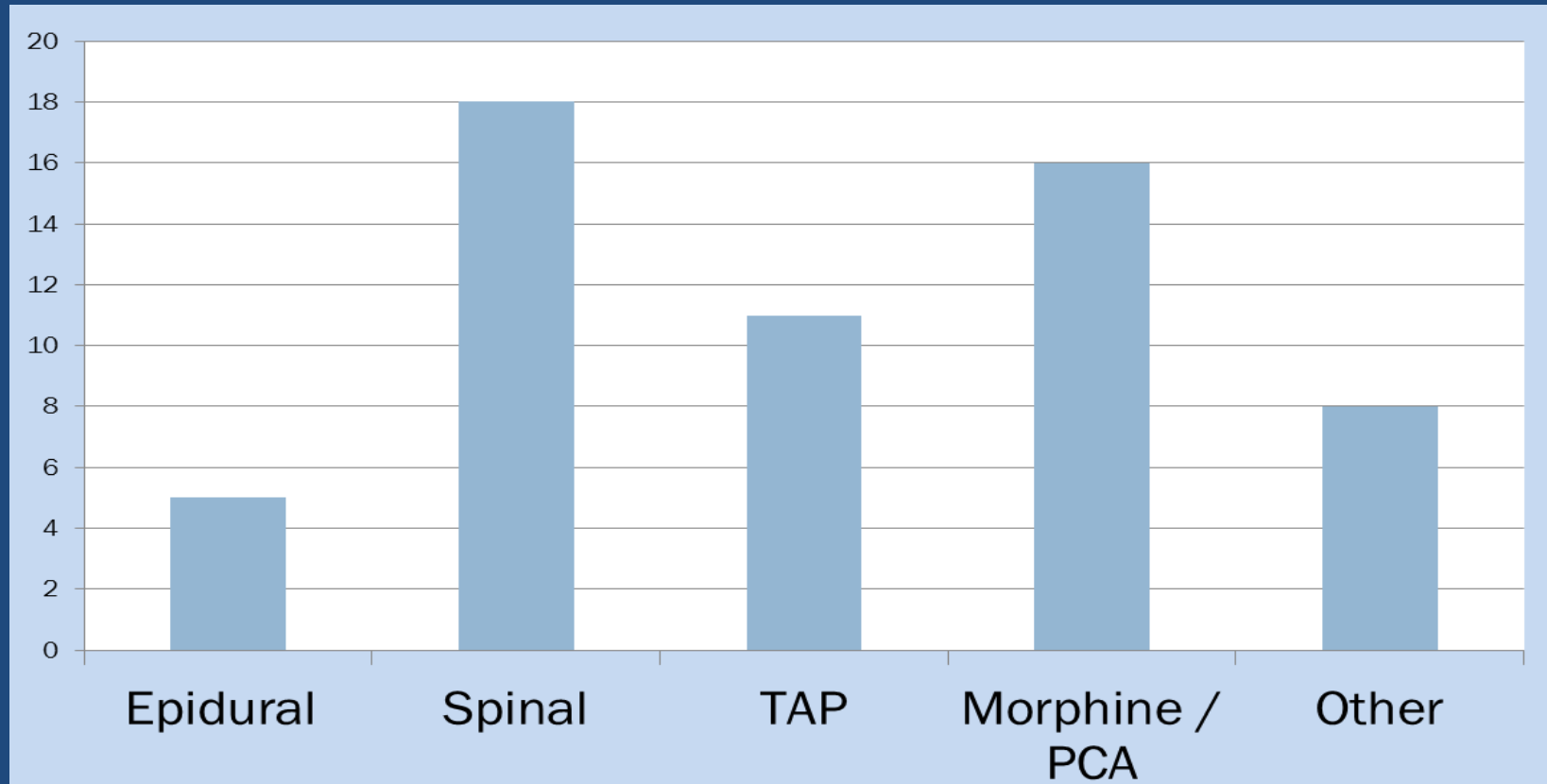
“For OPEN colorectal surgery, which method of analgesia do you/your institution use?”

42 responses; could select >1 option



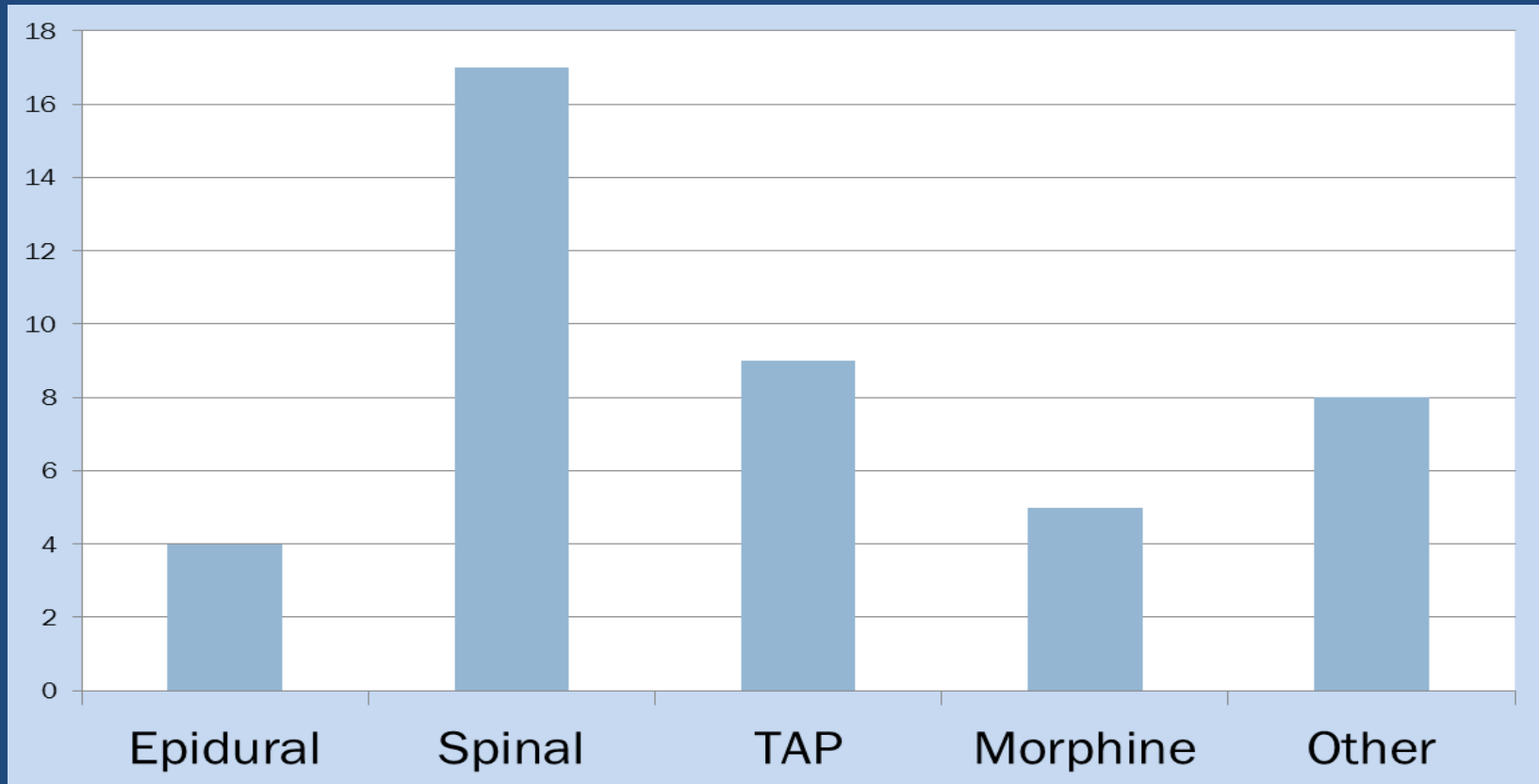
***“For LAPAROSCOPIC colorectal surgery,
which method do you/your institution use?”***

32 responses; could select >1 option



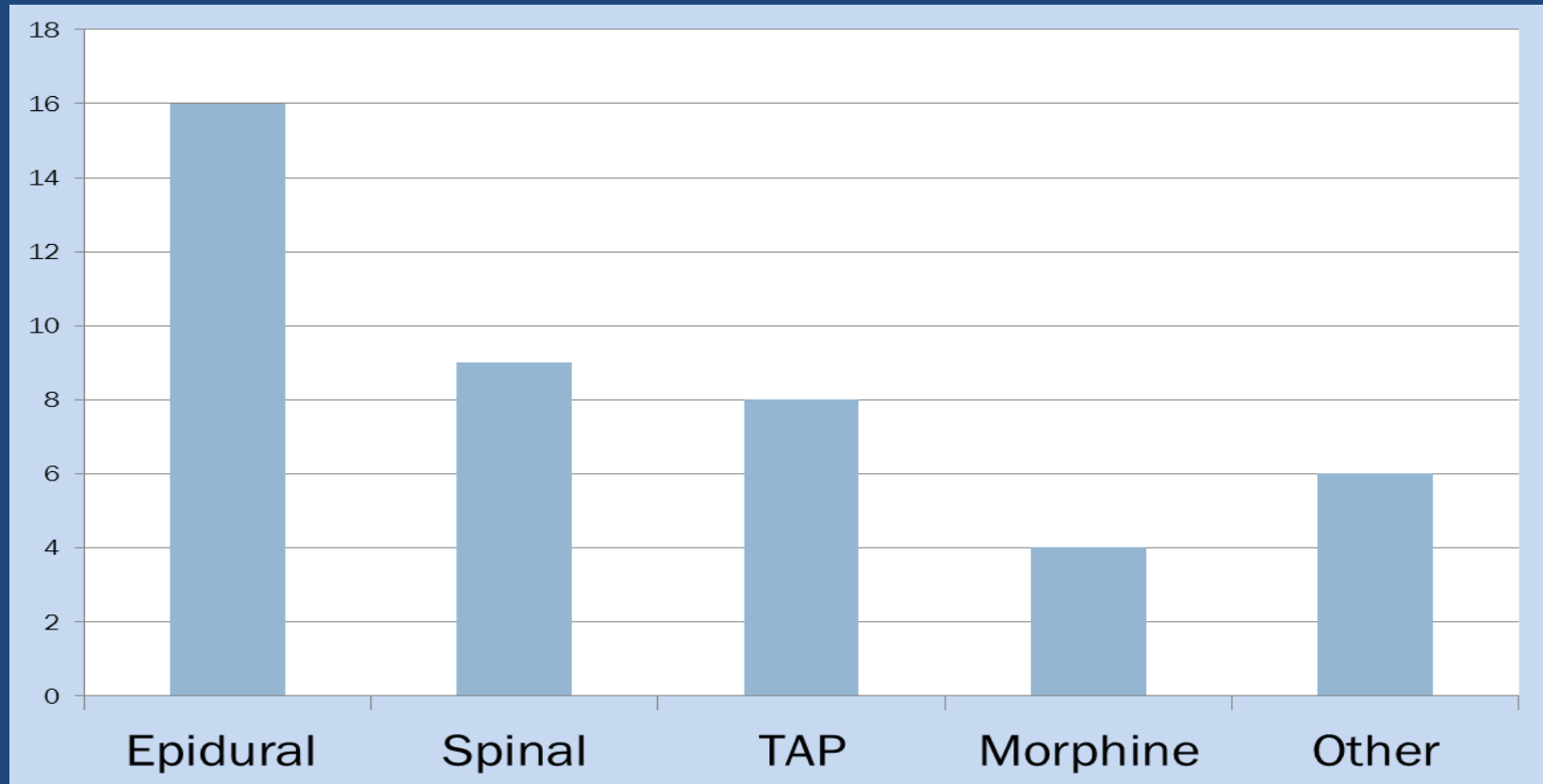
***“For LAPAROSCOPIC colorectal surgery,
which method would you PREFER to use?”***

32 responses; could select >1 option



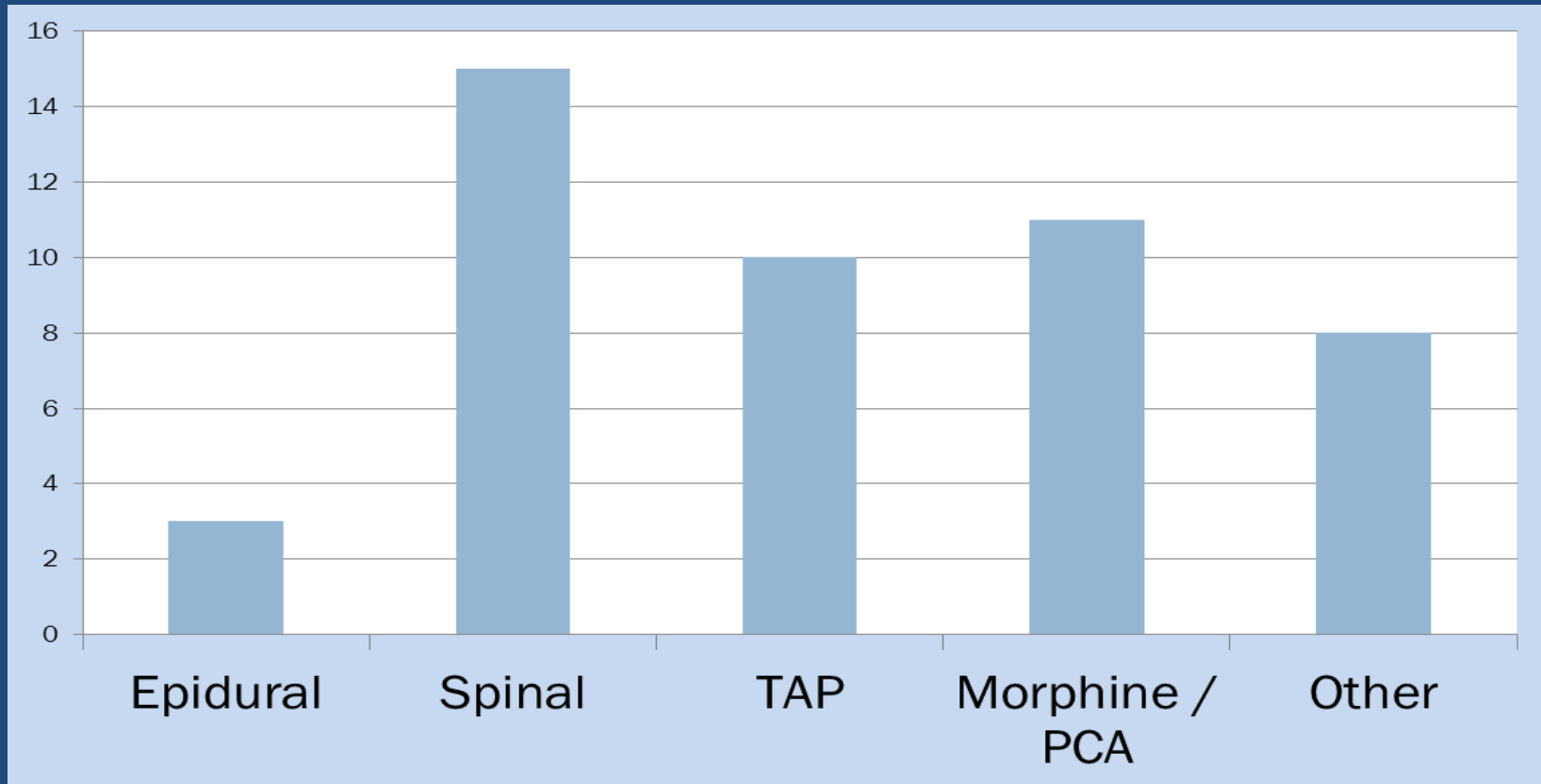
**“For LAPAROSCOPIC colorectal surgery,
which method gives the BEST ANALGESIA?”**

32 responses; could select >1 option



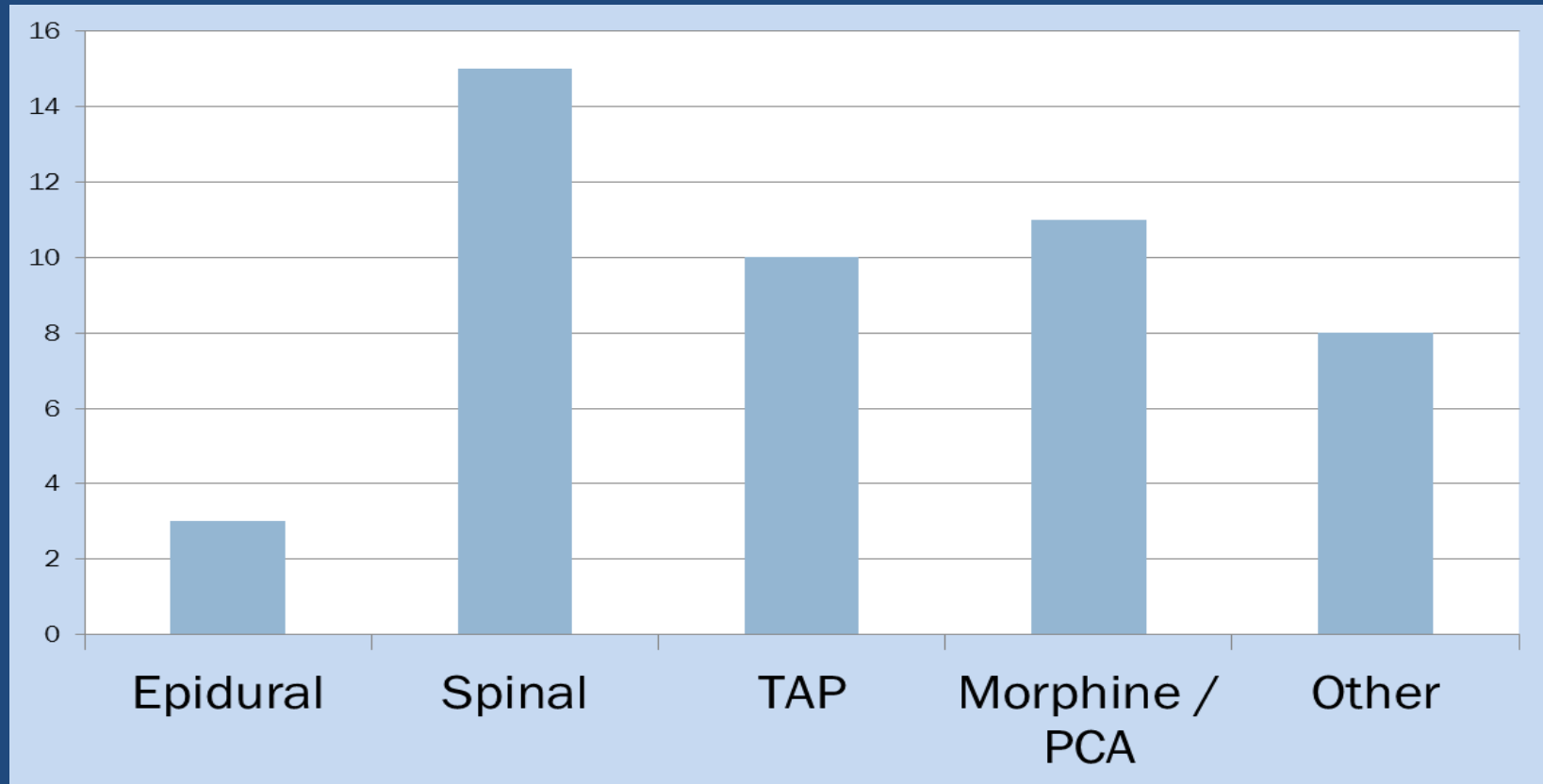
**“For LAPAROSCOPIC colorectal surgery,
which method is BEST FOR MOBILISATION?”**

32 responses; could select >1 option

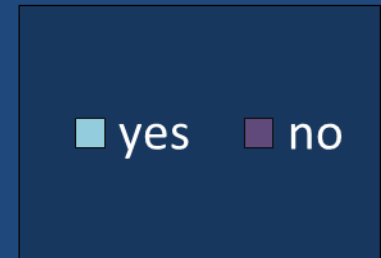
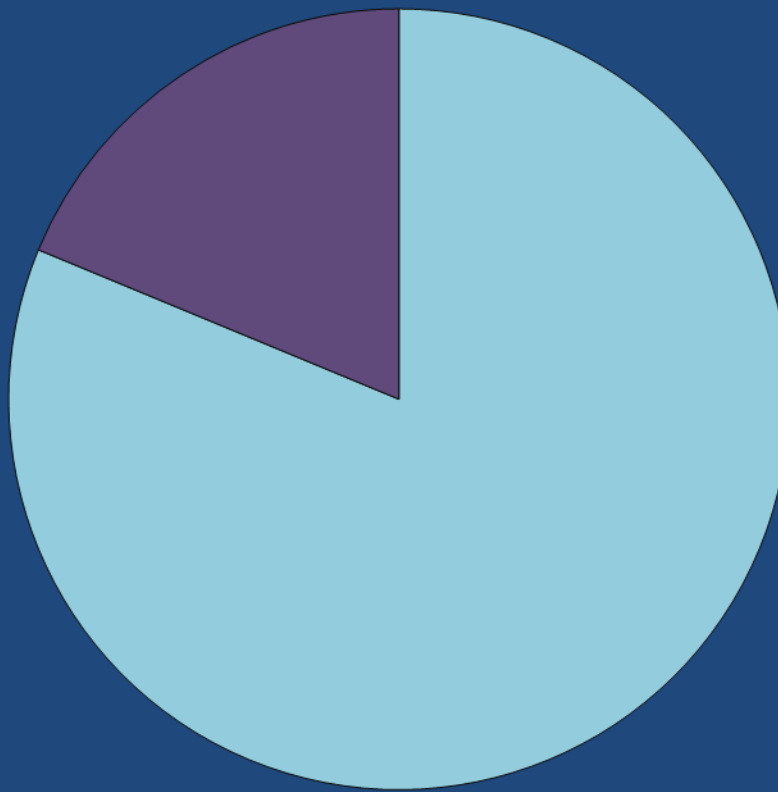


“For LAPAROSCOPIC colorectal surgery, which method is MOST PRACTICAL at your institution?”

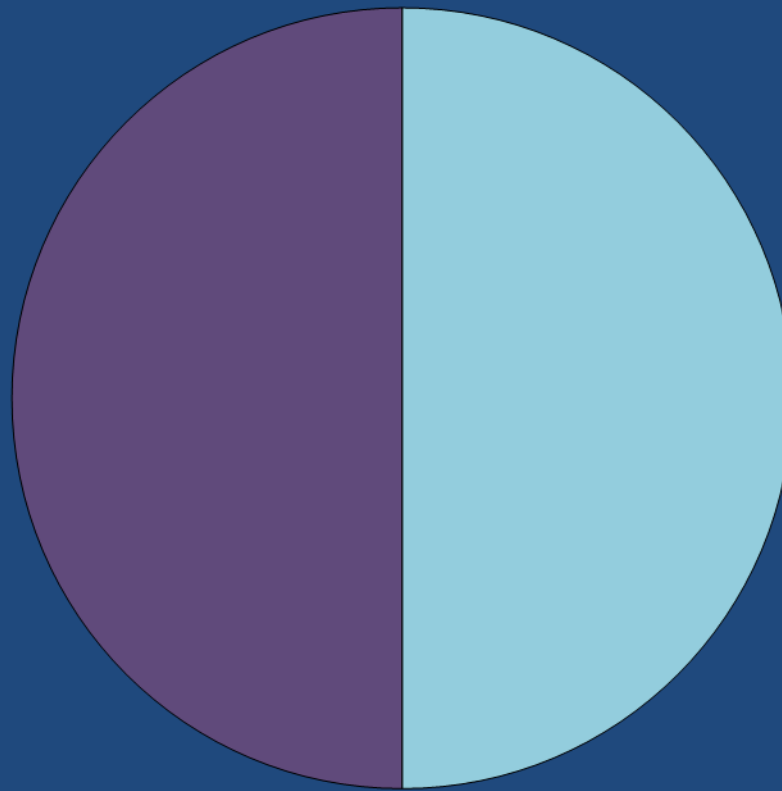
32 responses; could select >1 option



“For LCR, would you be willing to randomise to a technique that is different from your own practice?”

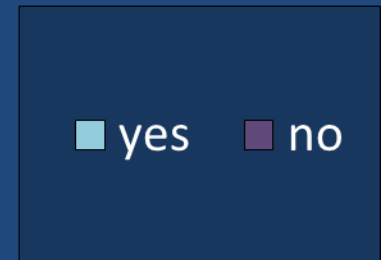
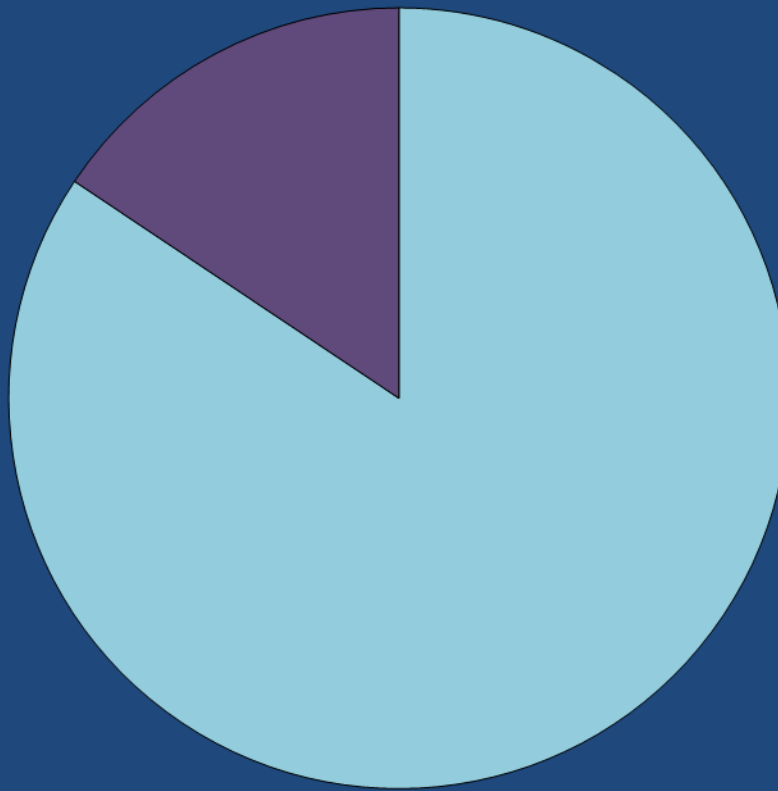


“At your centre, do you have the support to randomise to technique that is different from your own practice?”

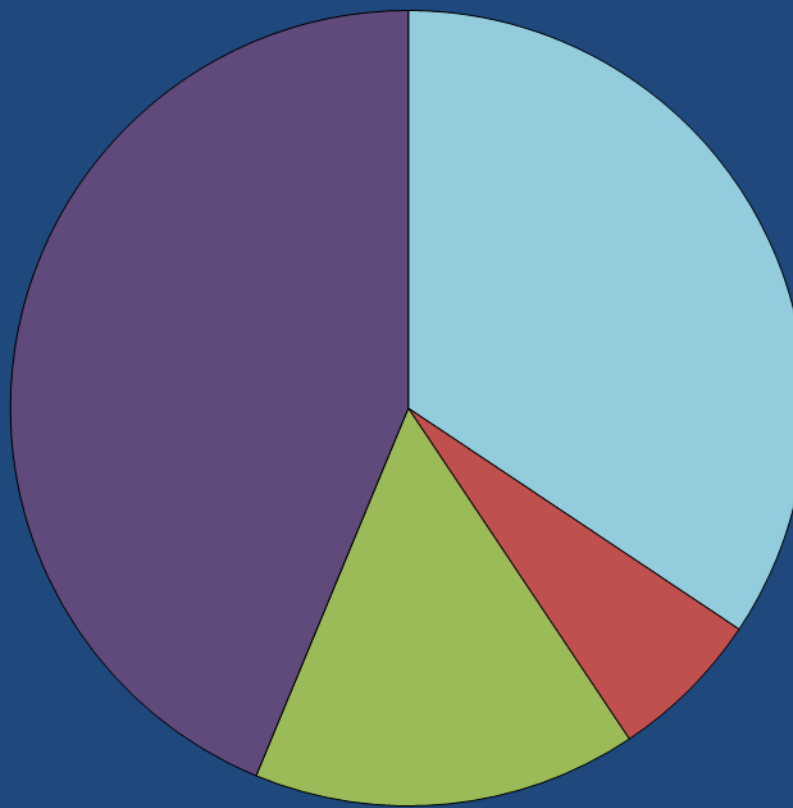


■ yes ■ no

“For LCR, would you be willing contribute to data collection in a national cohort observational study?”



Job Title



- Consultant Anaesthetist
- Consultant Surgeon
- Specialist Pain/ERAS Nurse
- Not stated

Conclusions

- Substantial variation in analgesic practice in UK
- Spinal & TAP preferred options – perceived to facilitate mobilisation & most practical
- Few centres still use epidural, although this is still considered by many to be best for pain control
- Multi-centre RCT evidence needed to inform practice