

Frontiers in Gastrointestinal Surgery

*a publication of
Monmouth Medical Center
for referring physicians*

Colorectal Surgery Enhanced Recovery Program

Patients are benefitting from an innovative Monmouth Medical Center program that helps them recover more quickly from colorectal surgery and ensures fewer complications.

Monmouth Medical Center established the Colorectal Surgery Enhanced Recovery Program to improve outcomes for patients undergoing colorectal surgery. This program involves a minimally invasive surgery when indicated, and pain management protocol, which decreases the use of narcotic medications.



Roy Dressner, D.O.

“Patients undergoing colorectal surgery have traditionally experienced significant decline in function requiring prolonged rehabilitation and hospital stay during the post-operative period,” says Roy Dressner, D.O., a minimally invasive colorectal surgeon at Monmouth Medical Center. “To address this, we established an Enhanced Recovery Protocol (ERP), also called fast track pathways, an evidence-based pathway designed to improve outcomes and reduce costs, length of stay, and physiological stress while facilitating recovery – particularly an early return of bowel function

The ERP utilizes a multidisciplinary team approach involving the surgeons, anesthesiologists, nurses as well as the patients.

“The program was initiated in June 2014 and our data thus far revealed a decrease in the median length of stay from 3.8 to 2.8 days,” Dr. Dressner says. “Costs were reduced by 9% and complications decreased by 30%. Our multifaceted protocol has demonstrated an overall decrease in hospital stay, costs, and complications while maintaining our low readmission and infection rate.”

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Bimonthly Colorectal Tumor Boards Provide Multiple Second Opinions for Patients

At Monmouth Medical Center, the bimonthly Colorectal Cancer Multidisciplinary Team Meeting (CRC MDTM) is the centerpiece of the hospital’s Colorectal Cancer Program.



Michael Arvanitis, M.D.

Started in 2007, the hourly team meetings feature participation by surgeons, pathologists, radiologists, oncologists, radiation oncologists and a geneticist, as well as surgical, radiology and pathology residents and medical students .

All rectal cancer and complex colon cancer cases are presented and discussed, and CT or PET scans, as well as all pathology slides, are reviewed.

“Post-surgical mesorectal adequacy grade is assessed by pathology which grades the surgeon on the quality of the total mesorectal excision,” says Michael Arvanitis, M.D., acting chair of surgery and chief of colorectal surgery at Monmouth.

Dr. Arvanitis notes that colorectal cancer multidisciplinary team treatment planning discussion emphasizes pretreatment, and that all rectal cancer patients who undergo treatment, excluding emergency patients, must be discussed at the CRCMDTM before beginning definitive treatment.

“Definitive treatment is defined as neoadjuvant therapy, surgical resection, or initiation of palliative care,” he says.

Dr. Arvanitis explains that local rectal tumors are staged by MRI of the pelvis using a rectal cancer protocol in every case. The MRI is reviewed to determine the depth of the tumor penetration into the mesorectum, status of the circumferential resection margin, involvement of adjacent organs, lymph node involvement, extramural venous invasion and relation to the anal sphincter complex.

“During the meeting alteration to the treatment plan or additional diagnostic tests may be recommended for ongoing or pretreatment cases,” he says. “There is an effort to individualize the treatment plan based on diagnostic testing as well as the patient’s personal history and comorbidities.

“The CRC MSTM has been a very well attended educational meeting that has helped us to foster the highest level of colorectal cancer possible,” he adds.

To learn more about the Colorectal Cancer Program at Monmouth Medical Center, call **732.923.6568**.

Colorectal Surgery Enhanced Recovery... *continued*

Dr. Dressner notes that the pathway implemented included:

- Multimodal analgesia including Lyrica, Solumedrol, Exparel, IV Acetaminophen, and Ketorolac to minimize narcotic requirements
- Prevention of fluid overload by limiting both intra- and post-operative fluid administration
- Oral feedings of a clear, high carbohydrate drink 2 hours prior to surgery and a clear diet the evening of POD #0. Diet on POD #1 includes advancing to a soft diet and chewing gum TID.
- Aggressive postoperative rehabilitation including having the patient out of bed (OOB) to chair two hours post-operatively on POD #0. Beginning on POD #1, patients are to be OOB for eight hours or more daily and take four or more walks per day

Preoperative phase of the program stresses education, as well as nutritional optimization and carbohydrate loading, exercise/rehabilitation, mental health assessment, and, as applicable, smoking cessation.

The intraoperative phase stresses a minimally invasive approach reducing surgical trauma and the inflammatory response. Highlights of the protocol also include restricting IV fluids to less than two liters and goal-directed therapy, which have demonstrated a decrease in cardiopulmonary complications and bowel edema, as well as reducing delayed gastric emptying.

Colorectal Surgery Enhanced Recovery Program

Results include:

- Quicker discharge
- Extremely low complication rate.
- Very low readmission rate

For more information, call **732.923.5030**.

MMC Introduces Preop Education Classes for Colorectal Surgery Patients

Monmouth Medical Center offers weekly preoperative education classes for patients undergoing colon resection surgery with and without ostomy placement.

Classes are held on Wednesdays at 2 p.m. to coincide with the patients' preadmission testing at MMC. Educational classes are open to patients and their loved ones and feature small groups. Classes are located on the post-surgical unit Greenwall 6 so that patients can familiarize themselves with the area they will recover post surgery. Registered nurses and ostomy specialist staff review colon and skin prep, SSI prevention, post-op plan of care, and ways to reduce potential complications and readmissions to hospital.

Classes include a tour the unit, which featured all private rooms, and an opportunity to meet the nursing staff and case manager and discuss any personal needs/ concerns prior to admission.

"The goal of the class is to improve patient outcomes and overall satisfaction," says Dana Delatash, RN MSN APN, who notes that since starting the program patients and their loved ones have said that they have a better understanding of their surgery, feel more in control, experience decreased postoperative pain and anxiety, and have a quicker recuperative period.

To learn more, call **000.000.0000**

Monmouth Dedicates Newest Inpatient Unit to Post-Surgical Patients



As part of its continued commitment to enhance high quality patient care, Monmouth Medical Center opened a Post-Surgical Unit featuring 15 well-appointed private rooms, many with ocean views.

Located on the sixth floor in the Greenwall Wing, the unit offers advanced monitoring equipment and technology and a highly skilled nursing staff board certified in the care of surgical patients and the acutely ill. The new surgical unit was designed to meet the needs of surgical patients and incorporate the latest research findings in an optimal patient healing environment and clinical care delivery.