pomVLAD

near real-time reporting of risk-adjusted postoperative morbidity outcomes

pomVLAD recommendations

These pomVLAD recommendations are based on ERAS society guidelines for perioperative care in elective colonic surgery and elective rectal/pelvic surgery

1 Preoperative carbohydrate loading

- The duration of preoperative fasting should be 2 hours for liquids and 6 hours for solids
- Patients should receive carbohydrate loading preoperatively

2 Intraoperative warming

- Intraoperative maintenance of normothermia with a suitable warming device
- Warmed intravenous fluids should be used routinely
- Target body temperature >36c

3 Avoid routine use of postoperative NGTs

- Postoperative nasogastric tubes should not be used routinely
- Nasogastric tubes inserted during surgery should be removed before reversal of anaesthesia

4 Avoid routine use of abdominal drains

- Routine drainage is discouraged because it is an unsupported intervention that is likely to impair mobilisation
- Expert opinion is avoidance except with specific indications, such as excessive intraoperative blood loss or tenuous anastomosis

5 Get patients DrEaMing on day 1

- DrEaMing refers to patients drinking, eating and mobilising after surgery
- Perioperative fasting should be minimised
- Patients should be encouraged to take normal diet as soon as possible after surgery
- Prolonged immobilisation increases the risk of pneumonia, insulin resistance and muscle weakness

PQIP Perioperative Quality Improvement Programme

NIAA National Institute of Academic Anaesthesia HSRC Health Services Research Centre

The Health Foundation Inspiring Improvement

pomVLAD recommendations
V0.1_10.04.2018

Gustafsson UO, Scott MJ, Schwenk W, Demartines N, Roulin D, Francis N, et al. Guidelines for perioperative care in elective colonic surgery: Enhanced Recovery After Surgery (ERAS®) Society recommendations. Clin. Nutr. 2012;31:783–800
Nygren J, Thacker J, Carli F, Fearon KCH, Norderval S, Lobo DN, et al. Guidelines for perioperative care in elective rectal/pelvic surgery: Enhanced recovery after surgery (ERAS®) society recommendations. World J. Surg. 2013;37:285–305