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

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”
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
• 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

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

C. E. Boulind\textsuperscript{1,4}, P. Ewings\textsuperscript{2}, S. H. Bulley\textsuperscript{1}, J. M. Reid\textsuperscript{1}, J. T. Jenkins\textsuperscript{3}, J. M. Blazeby\textsuperscript{4,5} and N. K. Francis\textsuperscript{1}

*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

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidural</td>
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<tr>
<td>Spinal</td>
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</tr>
<tr>
<td>TAP</td>
<td>15</td>
</tr>
<tr>
<td>Morphine / PCA</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>
“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?”
“For LCR, would you be willing contribute to data collection in a national cohort observational study?”
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