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Does the enhanced recovery after surgery protocol decrease length of stay in cardiac valvular patients?

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Abstract

Background: Patients undergoing cardiac valvular surgery have an extensive recovery process that can result in an average hospital stay of 7 days and maximum stay of 10 days. Valvular surgical patients also could face complications like heart block, pericardial tamponade, and atrial fibrillation. The purpose of this project is to implement change within the recovery process to help improve patient outcomes by decreasing the length of stay for patients undergoing cardiac valve replacements. **Literature Review:** The enhanced recovery after surgery (ERAS) protocol is a multimodal process implemented before, during, and after surgery to achieve early recovery and discharge. This process has been proven to improve patient outcomes by decreasing hospital length of stay and surgical complications in cardiac surgeries. The cardiac ERAS protocol includes multimodal analgesia approach, early detection of acute kidney injury, and early ambulation. **Methods:** The implementation of the enhanced recovery after surgery protocol includes pre, intra, and post admission guidelines. During the preadmission phase, patients are thoroughly evaluated and educated. Patients do not have anything after midnight except a clear oral complex carbohydrate drink 2 hours prior to surgery. During the intraoperative phase, multimodal analgesia is implemented through the use of an opioid, acetaminophen and gabapentin. The post-operative phase includes early ambulation, extubation, and feeding. **Evaluation:** This process can be evaluated by comparing the patient's length of stay before and after the implementation of the ERAS protocol over a 6-month period to evaluate the PICOT question does the ERAS protocol lead to decreased length of stay in cardiac valvular patients?