**Table B**. Montreal General Hospital Enhanced Recovery After Surgery program for colorectal surgery

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|  | **ERAS element** |
| ***Preoperative period*** | Patient education:  Oral and written explanations about the perioperative pathway, diet and ambulation plan, presence of drains, expectation about duration of hospital stay (3-4 days)  Medical optimization of risk factors  Prehabilitation (research only)  Carbohydrate loading beverages 100 g the night before and 50 g the morning of surgery  Adherence to preoperative fasting guidelines\* 1  Selective use of oral Mechanical Bowel Preparation (4 L of GoLytely®):  If diverting ileostomy or intraoperative colonoscopy was planned.  2 Fleet enemas® the morning of surgery  In patients undergoing sigmoid resection and proctocolectomy without ileal pouch-anal anastomosis  Preoperative short-acting sedative in selected patients (younger than 65 years old) |
| ***Intraoperative period*** | Antibiotic and DVT prophylaxis as per guidelines2\*\*  DVT pharmacological prophylaxis as per guidelines and Peristaltic pneumatic compression of the legs\*\*\*  Maintain normothermia (core T > 36º C)  Thoracic epidural analgesia, mainly for open or laparoscopic rectal procedures  T8-T9 Ileocecal and right hemicolectomy  T9-T12 transverse, left and sigmoid resections; rectal resection  No routine nasogastric or abdominal drainage  Routine prophylactic antiemetic |
| ***Postoperative period*** | Intravenous fluids discontinued the morning of day 1  Oral Fluids (including 2 cans of Ensure®) on day 0, diet as tolerated on day 1  Patients encouraged to sit in a chair on day 0; Mobilization goal of at least 6 h on day 1  Milk of magnesia (30 ml every 12 h) in patients without an ileostomy, started on day 1  Thoracic epidural analgesia or patient controlled analgesia for 48 h  Multimodal analgesia |

**Table B**. \*Solid food was allowed up to 6 h before surgery, and clear fluids up to 2 h before surgery. A liquid diet during the 24 h preceding surgery was prescribed if patients received Mechanical Bowel Preparation. \*\*Cefazolin (2 g) and metronidazole (500 mg) were administered as per antibiotic guidelines, and repeated when indicated. \*\*\*Until discharge to the surgical). DVT = Deep Venous Thrombosis.

**References**

1. American Society of Anesthesiologists C: Practice guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: application to healthy patients undergoing elective procedures: an updated report by the American Society of Anesthesiologists Committee on Standards and Practice Parameters. Anesthesiology 2011; 114: 495-511

2. Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA, American Society of Health-System P, Infectious Disease Society of A, Surgical Infection S, Society for Healthcare Epidemiology of A: Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm 2013; 70: 195-283