**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 factorsPrehabilitation (research only)Carbohydrate loading beverages 100 g the night before and 50 g the morning of surgeryAdherence to preoperative fasting guidelines\* 1Selective 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 anastomosisPreoperative 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 proceduresT8-T9 Ileocecal and right hemicolectomy T9-T12 transverse, left and sigmoid resections; rectal resectionNo routine nasogastric or abdominal drainageRoutine 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 1Patients encouraged to sit in a chair on day 0; Mobilization goal of at least 6 h on day 1Milk of magnesia (30 ml every 12 h) in patients without an ileostomy, started on day 1Thoracic 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**

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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