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ENHANCED RECOVERY AFTER SURGERY (ERAS) FOR METASTATIC LIVER OPERATIONS

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Liver resection is for removing of a part of the liver. Elective liver resection is performed for benign and malignant liver tumors. Liver resection surgery for metastasectomy is associated with higher morbidity and mortality. Colorectal cancer is one of the three most common cancers. Nearly two thirds of patients develop metastases during the illness. The patients who would benefit from this procedure should be selected appropriately. Aggressive liver resection would serve for cure and improve long-term outcome. All patients should be evaluated for determining clinical status and hepatic metastasis before surgery. Liver resection for colorectal metastasis is potentially curative, and is the standard of care with a 5-year survival of nearly 35-40%. Laparoscopic hepatic resection is associated with shorter length of stay in hospital, less postoperative pain, better quality of life, and earlier recovery. Epidural anesthesia aims to reduce systemic narcotic consumption and better postoperative bowel function with preservation of pulmonary function. Post-operative morbidity can be predicted with hemorrhagic complications during surgery and in the early postoperative period. Biliary complications, intra-abdominal abscess, liver failure, wound infection and sepsis can be detected in the later postoperative phase. The ERAS mobility scale is used for assessing the difference between the preoperative and postoperative mobility level. ERAS is performed in cooperation between surgeons, anaesthetists, nurses and physical therapists.

Biography

Baris Cankaya is an Anesthesiologist with interest in perioperative medicine and patient safety. He is responsible for organising blue code management in his hospital. He has certifications for adult, newborn, pediatric resuscitation from European Resuscitation Council.

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