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Search details

Enhanced recovery for prostatectomy patients

Resources searched

NHS Evidence; TRIP Database; Cochrane Library; BNI; CINAHL; EMBASE; MEDLINE; Google Scholar

Database search terms: prostatectomy*; PROSTATECTOMY; “radical prostatectom*”; radical adj2 prostatectom*; PROSTATECTOMY, RADICAL; total adj2 prostatectom*; “enhanced recovery”; enhance* adj2 recovery; ERAS; ERP; RECOVERY; convalescence; postoperative*; recovery; enhance*; “fast track surg*”; “accelerated recovery”; ARP; “accelerat* adj2 recovery; “fast track” adj2 surg*; accelerate*; “fast track”

Google search string: (“enhanced recovery” OR “fast track surgery” OR “accelerated recovery”) "radical prostatectomy"

Summary

There is quite a lot of research dealing with enhanced recovery in colonic surgery, but comparatively little on it in relation to radical prostatectomy, but I have included the studies I have managed to find.

Guidelines

SIGN
Postoperative management in adults 2004
Multimodal enhanced recovery programmes (with a focus on pain control, early mobilisation and promotion of gastrointestinal function) are associated with an early return of oral nutrition in the postoperative period.124,125 Patient care pathways should be designed to take account of a multimodal approach.
Evidence-based reviews

Health Technology Assessment Programmes
Fast-track surgery and enhanced recovery after surgery (ERAS) programs 2010

In relation to safety, 2 studies reported that optimized patients had significantly lower mortality and morbidity than conventionally treated patients, with the remainder of studies either reporting no difference between the groups, or not reporting any statistical analyses. There appeared to be little difference in patient-reported pain, although patients in the optimized groups may have had less pain shortly after surgery.

Optimizing conditions before, during, and after surgery reduced the length of hospital stay for patients with no increase in readmission rates. Using the mobilization protocols, patients mobilized faster and spent more time out of bed shortly after surgery. Optimized patients generally had a faster return of gastrointestinal function than conventional patients.

Published research

1. Impact of fast-track postoperative care on intestinal function, pain, and length of hospital stay after laparoscopic radical prostatectomy

Author(s): Magheli A., Knoll N., Lein M., Hinz S., Kempkensteffen C., Gralla O.
Citation: Journal of Endourology, July 2011, vol./is. 25/7(1143-1147), 0892-7790;1557-900X (01 Jul 2011)
Publication Date: July 2011
Abstract: Background and Purpose: Postoperative recovery of intestinal function, ability to ambulate, and effective pain management are main features to establish an effective fast-track surgery model. We investigated pain scores, ambulation rate, and recovery of intestinal function in a cohort of patients who were undergoing laparoscopic radical prostatectomy (LRP). Patients and Methods: Fifty patients who underwent LRP in our institution were randomized to receive either conventional or fast-track postoperative care. Postoperative intestinal function was quantified by clinical signs of intestinal motility. Ambulation data were collected by means of step-count devices. Pain scores were measured by a visual analog scale. Overall satisfaction and additional measures to describe patient satisfaction with the clinical course were used as quality-of-life variables. Results: Fast-track patients had significantly earlier propulsive intestinal motility without increased intestinal complications. Enforced mobilization led to a significantly shorter period to first deflation/defecation. Despite significantly increased ambulation rates in the fast-track group, these patients reported significantly less pain sentence during a significantly shorter hospital stay. Overall satisfaction was significantly higher in the fast-track cohort during the hospital stay. Conclusion: With the implementation of fast-track concepts for LRP, patients can be discharged to home earlier with fewer complications, lower pain scores, and an overall higher satisfaction with life. 2011 Mary Ann Liebert, Inc.
Source: EMBASE

2. Length of stay after open radical prostatectomy with intravenous lignocaine followed by 24-hour subcutaneous infusion: Blinded, randomised, placebo controlled multicentre trial [ANZCTR no: 12609001073291]

Author(s): Weinberg L., Rachbuch C., Story D., Beilby D., Trinca J., Howard W., Yeomans M., Yanezas M., James K., McNicol L., Christophi C.
Citation: Anaesthesia and Intensive Care, July 2011, vol./is. 39/4(733), 0310-057X (July 2011)
Publication Date: July 2011
Abstract: Introduction: Intravenous lignocaine infusion decreases postoperative pain and accelerates rehabilitation after major abdominal surgery. Intraoperative intravenous lignocaine with postoperative subcutaneous lignocaine has not been systematically examined. We tested the hypothesis that perioperative systemic lignocaine infusion in this combination enhances recovery and shortens length of hospital stay after open radical retropubic prostatectomy. Methods: The Austin and Peter MacCallum human research ethics committees approved this study. We conducted a blinded, randomised, placebo controlled, multicentre trial. Patients undergoing open radical retropubic prostatectomy
were randomised to receive (lignocaine group) intravenous lignocaine: bolus injection (1.5 mg/kg), and intravenous infusion (1.5 mg/kg/hour) during surgery, followed by 24-hour subcutaneous infusion (1.5 mg/kg/hour), or an equal volume of normal saline delivered in the same way (control group). Anaesthesia including intraoperative opioids was standardised; no patient had regional analgesia. All patients received postoperative morphine patient controlled analgesia. Primary outcome: length of hospital stay; secondary outcomes: visual analog scale scores for pain, sedation scores, opioid consumption, adverse effects of morphine and lignocaine, satisfaction scores, and times to oral sips, free fluid, light ward diet and mobilisation. Plasma levels of lignocaine were measured immediately postoperatively and at 24 hours postoperatively. Results: The lignocaine group had 37 patients and the control group had 38 patients. Patient demographics, Gleason scores and Prostate Specific antigen levels were similar between groups. The lignocaine group had a shorter length of hospital stay (3.3 [0.8] vs 4.7 [3.2] days, difference 1.3 days, 95% confidence interval 0.2 to 2.4, P=0.02). The lignocaine group had lower pain scores, however this was only significant in the post anaesthesia recovery unit (mean 19 [20.0] vs 38 [26.2] mm, difference 19 mm, 95% confidence interval 8 to 29 mm, P=0.001). The lignocaine group required less morphine during the first 24 hours (mean 38 [24.2] vs 52 [26.9] mg; difference 14 mg; 95% confidence interval 2 to 26 mg, P=0.02). Among secondary endpoints, time to free fluids, light ward diet and mobilisation were significantly shorter in the lignocaine group. Other secondary endpoints were similar. In the lignocaine group, mean plasma lignocaine concentrations after surgery were: 1.36 (0.48) ug/ml; range 0.5 to 2.19; and 24-hours postoperatively: 3.1 (0.95) ug/ml; range 1.1 to 4.96. Lignocaine levels in the placebo group were always less than 0.5 ug/ml. No patient experienced complications associated with lignocaine infusion. Conclusions: Intravenous lignocaine followed by a 24-hour subcutaneous infusion was associated with shorter length of stay and accelerated acute rehabilitation after open radical retropubic prostatectomy.

Source: EMBASE


Author(s): Gralla O, Buchser M, Haas F, Anders E, Kramer J, Lein M, Knoll N, Roigas J

Citation: Urologe (Ausg. A), June 2008, vol./is. 47/6(712-717), 0340-2592 (2008 Jun)

Publication Date: June 2008

Abstract: BACKGROUND: Fast-track surgery describes perioperative treatment concepts ensuring a faster postoperative convalescence phase. By using a multimodal fast-track concept in patients undergoing laparoscopic radical prostatectomy, we aimed to investigate the feasibility of this procedure after elective surgery and a possible discharge 3 days postoperatively.

PATIENTS AND METHODS: Twenty-five patients per group were randomized for conventional or fast-track treatment, respectively. Perioperative data, early complications, possible hospital discharge, and readmission rate were analyzed. Before hospital discharge, all patients were interviewed about their evaluation of the received regimen and their overall satisfaction perioperatively.

RESULTS: The mean postoperative hospital stay was 3.6 days in the fast-track group vs. 6.7 days in the conventional group (p<0.01). Overall complications were low but were significant between the two groups, with the fast-track procedure being more favorable. Readmission rate was also low but was not significant. Overall satisfaction was significantly higher in the fast-track group, whereas the subjective evaluation did not differ between the two regimens.

CONCLUSIONS: Fast-track concepts are well transferable in laparoscopic radical prostatectomy settings. Patients receiving this procedure, as well as clinics offering it, may benefit from a suitable fast-track concept.

Source: MEDLINE


Author(s): Gralla O., Buchser M., Haas F., Anders E., Kramer J., Lein M., Knoll N., Roigas J.

Citation: Urologe - Ausgabe A, June 2008, vol./is. 47/6(712-717), 0340-2592 (Jun 2008)

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Abstract: Background. Fast-track surgery describes perioperative treatment concepts ensuring a faster postoperative convalescence phase. By using a multimodal fast-track
concept in patients undergoing laparoscopic radical prostatectomy, we aimed to investigate the feasibility of this procedure after elective surgery and a possible discharge 3 days postoperatively. Patients and methods. Twenty-five patients per group were randomized for conventional or fast-track treatment, respectively. Perioperative data, early complications, possible hospital discharge, and readmission rate were analyzed. Before hospital discharge, all patients were interviewed about their evaluation of the received regimen and their overall satisfaction perioperatively. Results. The mean postoperative hospital stay was 3.6 days in the fast-track group vs. 6.7 days in the conventional group (p<0.01). Overall complications were low but were significant between the two groups, with the fast-track procedure being more favorable. Readmission rate was also low but was not significant. Overall satisfaction was significantly higher in the fast-track group, whereas the subjective evaluation did not differ between the two regimens. Conclusions. Fast-track concepts are well transferable in laparoscopic radical prostatectomy settings. Patients receiving this procedure, as well as clinics offering it, may benefit from a suitable fast-track concept. 2008 Springer Medizin Verlag.

Source: EMBASE

5. Fast-track surgery in laparoscopic radical prostatectomy: Basic principles


Citation: World Journal of Urology, April 2007, vol./is. 25/2(185-191), 0724-4983;1433-8726 (April 2007)

Publication Date: April 2007

Abstract: Fast-track surgery describes innovative treatment concepts ensuring a faster convalescence phase. The aim of this study was to allow hospital discharge 3 days after surgery without additional complications in patients receiving LRPE for localized prostate cancer. Twenty-five patients each were randomized in the study groups to verify if a fast-track regimen could be transferred into clinical routine. The perioperative data, early complications, hospital stay as well as readmission rate were analyzed. The mean postoperative stay was 3.6 days in the fast-track group versus 6.7 days in the conventional group. The overall complications were significantly less in the fast-track procedure. The readmission rate was low and not significant. Patients receiving an LRPE benefit from a suitable fast-track concept. The postoperative hospital stay could be shortened nearly by half with a significantly decreased overall complication rate. Thus, fast-track concepts might contribute to saving resources in the long term. However, more evidence based on larger prospective trials is needed to achieve optimal quality of life for patients perioperatively. Springer-Verlag 2006.

Source: EMBASE

Full Text: Available in fulltext at EBSCO Host

6. Fast-track surgery in radical retropubic prostatectomy. First experiences with a comprehensive program to enhance postoperative convalescence [German]

Radikale retropubische "fast-track-prostatektomie". Erste erfahrungen mit einem interdisziplinaren, multimodalen behandlungskonzept zur beschleunigung der postoperativen rehabilitation

Author(s): Heinzer H., Heuer R., Nordenflycht O.V., Eichelberg C., Friederich P., Goetz A.E., Huland H.

Citation: Onkologe, December 2005, vol./is. 11/12(1311-1316), 0947-8965;1433-0415 (Dec 2005)

Publication Date: December 2005

Abstract: Fast-track surgery is a comprehensive program for the optimization of perioperative care in elective surgery reducing potential postoperative complications and speeding up convalescence. Recent data from randomized colon resection trials emphasize that fast-track surgery is possible in most major operations. Our initial results in radical retropubic prostatectomy fast-track surgery have been encouraging. Fast-track surgery in major urological operations needs validation using randomized trials. Springer Medizin Verlag 2005.

Source: EMBASE
7. Introduction of 23 hour stay laparoscopic radical prostatectomy - A team effort

Author(s): Roy A., Dudderidge T., Hellawell G., Doyle P., Winkler M.

Citation: BJU International, vol./is. 103/(7), 1464-4096

Abstract: Introduction: NICE guidance suggests laparoscopic prostatectomy to be as efficacious and safe as open surgery. Reduced hospital stay and blood loss are the main benefits. We describe our use of an enhanced recovery care pathway to reduce patient stay. Patients and Methods: All patients followed a detailed peri-operative pathway with a specific anaesthetic technique and an enhanced post-operative recovery programme including consultant-led micro-management. Results: Specific efforts were made to reduce carbon dioxide absorption and the use of peri-operative opiates (Clonidine). Mannitol and Dexamethasone were used for neuroprotection. Watertight anastomosis enabled drain removal after 12 hours. The cohort included 100 men (mean age 61.9yrs) with a presenting mean PSA of 13.7 ng/ml (range 2.16-62.0). Overall, mean length of hospital stay for the first 30 patients was 1.93 days and 1.2 days for the latter 70 patients. Of the latter 70 patients 90% met the 23 hour stay target. Early discharge did not increase the rate of complications in the first 30 post-operative days. Conclusion: Laparoscopic prostatectomy has been successfully introduced to our unit and 23 hour stay appears feasible and safe to patients. It requires the team to follow a set protocol and careful micro-management by the operating surgeon.

Source: EMBASE

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8. Management of patients in fast track surgery
   DW Wilmore… - Bmj, 2001 - bmj.com
   ... Radical prostatectomy. ... Before any operation, including fast track surgery, organ function should be optimised for patients with cardiac disease, chronic obstructive ... to enforce abstinence in alcohol misusers, and this has resulted in lower morbidity and enhanced recovery in such ...
   Cited by 339 - Related articles - The Christie Online Journals - BL Direct - All 13 versions

9. [Fast-track laparoscopic radical prostatectomy]
   Gralla, M Buchser, F Haas, E Anders… - Der Urologe. Ausg. …, 2008 - ukpmc.ac.uk
   ... Abstract: BACKGROUND: Fast-track surgery describes perioperative treatment concepts ensuring a faster postoperative convalescence phase. By using a multimodal fast-track concept in patients undergoing laparoscopic radical prostatectomy, we aimed to investigate the ...
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10. Multimodal approach to postoperative recovery
    H Kehlet - Current opinion in critical care, 2009 - journals.lww.com
    ... According to the definition of fast-track surgery to be based on implementation of procedure ... is a relatively high-risk procedure with initial positive effects of enhanced recovery programs [38,39 ... Previous studies of fast-track radical prostatectomy [4••] showed short hospital stays of ...
11. Evidence-based surgical care and the evolution of fast-track surgery
H Kehlet… - Annals of Surgery, 2008 - journals.lww.com
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12. Enhanced recovery programmes: coming to a hospital near you!
C Morris… - Anaesthesia, 2011 - Wiley Online Library
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Enhanced-Recovery-. David-McDonald.pdf (accessed 09/06/2011). 27 Biki B, Mascha E, Moriarty DC, Fitzpatrick JM, Sessler DI, Buggy DJ. Anesthetic technique for radical prostatectomy surgery affects ...
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KK Varadhan, DN Lobo… - Critical care clinics, 2010 - Elsevier
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Preoperative carbohydrate loading reduces the incidence of complications [34] and [48] and facilitates accelerated recovery through early return of gut function and shorter hospital stay leading to an ...
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14. Pharmacological interventions and concepts of fast-track perioperative medical care for enhanced recovery programs
P Kranke, A Redel, F Schuster, R Muellenbach… - 2008 - informahealthcare.com
... During the last five years components of enhanced recovery protocols were also introduced to laparoscopic nephrectomy [7] and liver ... Radical prostatectomy [41] • ...
These examples indicate that it is neither a specific procedure that is especially suited for fast-track surgery nor a ...
Cited by 5 - Related articles - Lancashire Teaching Hospitals - Find@The Christie - BL Direct - All 4 versions

15. The role of multimodal analgesia in pain management after ambulatory surgery
OL Elvir-Lazo… - Current Opinion in Anesthesiology, 2010 - journals.lww.com
... by combining analgesics with additive or synergistic effects [2] . Multidisciplinary fast-track (or accelerated) recovery processes encompass ... in reducing intraoperative and postoperative opioid use in patients undergoing robotic-assisted laparoscopic radical prostatectomy [56] . ...
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