

Optimizing postsurgical recovery for elderly patients with gastric cancer

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Abstract

Based on a recent study by Li *et al*, this editorial examines the significance of enhanced recovery after surgery (ERAS) protocols for elderly patients with gastric cancer. Cancer-related mortality, which is overwhelmingly caused by gastric cancer, calls for effective treatment strategies. Despite advances in the field of oncology, conventional postoperative care often results in prolonged hospital stays and increased complications. The aim of ERAS is to expedite recovery, reduce surgical stress, and improve patient satisfaction. The study of Li *et al* showed that, compared to traditional care, ERAS significantly reduces mortality risk, shortens hospital stays, and decreases postoperative complications. These findings support the widespread implementation of ERAS protocols in surgical practice to enhance patient outcomes and healthcare value.

Key Words: Enhance recovery after surgery; Gastric cancer; Elderly; Postoperative care; Surgical recovery

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Core Tip: This article examines the safety and effectiveness of enhanced recovery after surgery (ERAS) protocols in elderly patients undergoing surgery for gastric cancer. ERAS results in reduced mortality risk, short hospital stays, and few postoperative complications, thus offering a promising approach to improve outcomes in this vulnerable population.

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INTRODUCTION

In the field of oncology, gastric cancer is still a formidable challenge and requires effective treatment methods to improve disease prognosis. Surgery is the primary curative treatment for gastric cancer within a multimodal therapeutic approach, despite advances in oncological treatments[1].

The concept of fast-track surgery, also known as enhanced recovery after surgery (ERAS), was first proposed by Professor Henrik Kehlet in Denmark in 1997[2]. To ensure a rapid return to normal physiological function, ERAS uses evidence-based medical procedures to lessen surgical trauma. Nevertheless, conventional postoperative care often entails prolonged hospital stays, increased morbidity, and delayed recovery, stressing the need for innovative strategies to optimize patient outcomes. In contrast, ERAS aims to expedite recovery, reduce surgical stress, and enhance patient satisfaction[3].

SIGNIFICANCE OF ERAS IN SURGERY FOR GASTRIC CANCER

In view of a recent research article by Li *et al*[4], this editorial examines the importance of ERAS protocols for elderly patients with gastric cancer, a disease that significantly contributes to cancer-related mortality worldwide. Aiming to provide a fuller account of the key findings of Li *et al*[4], this commentary highlights the impact of ERAS protocols on patient outcomes.

The main findings of the study by Li *et al*[4] include shorter hospital stays, fewer postoperative complications, and faster recovery after gastrointestinal surgery in patients managed with ERAS than in those receiving conventional care. Although no significant difference was observed in the major trends, the overall trend favored the ERAS approach.

The scope of this study extends beyond the realm of surgery for gastric cancer, emphasizing the broader significance of adopting ERAS protocols in surgical practice. By underscoring the potential to enhance patient outcomes and reduce mortality risk, this study recommends the widespread adoption of ERAS principles in perioperative care. In particular, ERAS protocols have gained acceptance because of their ability to optimize clinical outcomes, improve patient experience, and enhance healthcare value in elderly patients with gastric cancer[5,6]. At the core of the ERAS approach is the integration of multimodal interventions aimed at alleviating the physiological and psychological stressors associated with surgical injury. These interventions, which include preoperative, intraoperative, and postoperative strategies, have the collective goal of stress-free surgery and expedited recovery[2]. Addressing various aspects of perioperative care, the comprehensive nature of ERAS protocols ranges from preoperative counseling and nutrition optimization to intraoperative analgesia and postoperative mobilization.

Several studies have validated the advantages of ERAS protocols, indicating reduced hospital stays for patients with gastric cancer, without the need for readmission after gastrectomy[7-11]. Numerous meta-analyses have reported decreased time to first flatus passage in ERAS-treated patients *vs* those under conventional care, further highlighting the advantages of ERAS protocols in surgical practice[9,11-13]. With respect to vomiting, for example, compared to the control group, the ERAS group showed no significant difference, signifying the safety profile of the ERAS approach[13].

Another investigation involving elderly patients revealed that the implementation of ERAS protocols reduces postoperative complications without any rise in readmission or reoperation rates[14]. Moreover, a comparison of elderly patients who underwent ERAS with those receiving conventional care showed that the ERAS group exhibited relatively short postoperative hospital stays ($P < 0.001$)[14]. These findings are consistent with the results of another study[15] that focused on perioperative ERAS interventions in patients with a high BMI (BMI ≥ 28 kg/m²), where the ERAS group exhibited a significant reduction in intermuscular deep vein thrombosis incidence. Furthermore, in the ERAS group, no additional problems were observed, including intestinal blockage, leakage, and anastomosis failure[15].

This study has a number of limitations. First, it lacked thorough short- and long-term results, covering only six trials with a range of participant ages. Furthermore, there was no assessment of how ERAS affected younger or middle-aged patients. These results need to be further validated with additional high-quality randomized controlled studies.

CONCLUSION

For elderly patients undergoing gastric surgery, the principles of ERAS, supported with compelling evidence by researchers such as Li *et al*[4], offer a safe and effective approach. ERAS reduces mortality risk, postoperative complications, and hospital stays, providing a valuable strategy to enhance safety and optimize outcomes for elderly patients requiring surgery.

FOOTNOTES

Author contributions: Isah AD, Shaibu ZK, and Dang SC contributed to the conceptualization and writing of the manuscript, ensuring its accuracy and intellectual integrity; all of the authors have reviewed and approved the final version of the manuscript.

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