



ABSTRACT

## Perioperative nutrition : ERAS special group discussion

Luciana B. Sutanto<sup>1</sup>, Nurul R M Manikam<sup>2</sup>, Adiinto Nugroho<sup>3</sup>

1. *Krida Wacana Christian University, Indonesia*

2. *Departement of Nutrition-Faculty Medicine Indonesia University, dr Cipto Mangunkusumo Hospital, Indonesia*

3. *Digestive Division, Departement of Surgery, Fatmawati Central General Hospital, Indonesia*

Received: 14 September 2023

Accepted: 18 September 2023

Published: 30 September 2023

Link to DOI

[10.25220/WNJ.V07.S1.0016](https://doi.org/10.25220/WNJ.V07.S1.0016)

**Citation:** Sutanto L, Manikam N R M, Nugroho A, Perioperative nutrition : ERAS special group discussion, World Nutrition Journal.2023 September 30, 7(S1): 17.



**Copyright:** © 2023 by the authors. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

Website

<http://www.worldnutrijournal.org/>

Nutrition is one of the vital role in improving the healing and recovery after surgery, either preoperative (before surgery), intraoperative (during surgery), or postoperative (after surgery). The Enhanced Recovery After Surgery (ERAS) Society has published a multidisciplinary approach to perioperative care aimed at achieved early recovery for patients undergoing major surgery.

There are various elements considered in the ERAS guidelines, which then simplified into 3 groups, namely preoperative, intraoperative and postoperative. Elements related to nutrition are preadmission counselling, preoperative fluids and carbohydrates loading, limited prolonged preoperative fasting, no/selective bowel preparation, type of anaesthesia, limiting of infusion fluids and NaCl, selective of enteral tubes using, preventing of nausea and vomiting after surgery, providing nutrition oral administration as early as possible, and stimulation of gut mobility.

Prolong preoperative fasting has unfavourable effects on patients including causing discomfort, increasing inflammation, postoperative nausea-vomitting, and blood sugar levels. The recommendation for preoperative fasting from ERAS is that 6 hours before surgery patients can still consume food and 2 hours can drink clear fluid. For such preoperative nutritional guidelines to be implemented, a multidisciplinary approach is required, as well as explanation to the patient during preadmission counselling.

Postoperative oral nutrition can be started as early as possible, even the use of an enteral tube is not recommended. If there is no indication for enteral tube using, it is recommended to remove it before the patient wakes up from anaesthesia. Intravenous fluids is recommended to discontinue on postoperative day 1. Implementation of postoperative nutrition could be started with drinking clear fluid after the patient in conscious from anaesthesia in the recovery room and eating can be given after the patient is in ward.

In conclusion, perioperative nutrition is a crucial component of the ERAS protocol. Providing adequate nutrition before, during, and after surgery is essential to support the healing process, minimize complications, and promote faster recovery. By optimizing perioperative nutrition, healthcare providers can improve patient outcomes and increase the overall success of surgical interventions.

**Keywords:** ERAS, early oral nutrition, perioperative nutrition, perioperative fasting

### Corresponding author:

Luciana B. Sutanto

Krida Wacana Christian University, Indonesia

Email : [lcsutanto@yahoo.co.id](mailto:lcsutanto@yahoo.co.id)