

# Recovery protocol cuts opioid use after elective neurosurgery

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versus 61.6 percent). Compared with controls, ERAS patients mobilized faster on postoperative day 0 (63.5 versus 20.7 percent). Additionally, fewer patients in the ERAS group required postoperative catheterization (32.7 versus 40.7 percent), and length of stay was decreased in the ERAS group (3.4 versus 3.9 days).

"Previous publications have demonstrated ERAS implementation in neurosurgery practices primarily through minimally invasive spinal surgery, but our neurosurgical practice has been actively applying ERAS principles to elective spine and [peripheral nerve](#) surgery since 2017, in coordination with a variety of departments across the health system," Flanders said in a statement. "This study captures the exciting benefits of this protocol for minimizing [opioid](#) use, decreasing length of stay, and more—without impacting patient satisfaction."

**More information:** [Abstract/Full Text](#)

(HealthDay)—Enhanced recovery after surgery (ERAS) protocols can reduce postoperative use of opioids in patients undergoing elective spine and peripheral nerve surgical procedures, according to a study published online Aug. 6 in *Pain Medicine*.

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Tracy M. Flanders, M.D., from the Perelman School of Medicine at the University of Pennsylvania in Philadelphia, and colleagues report on a single institution's 18-month experience with an ERAS pathway in elective spinal [surgery](#). The need for [opioid use](#) one month after surgery was examined for 1,141 patients prospectively enrolled in an ERAS protocol compared with a historical cohort of 149 consecutive patients ([control group](#)).

The researchers observed a significant reduction in use of opioids at one, three, and six months after surgery (38.6 versus 70.5 percent, 36.5 versus 70.9 percent, and 23.6 versus 51.9 percent, respectively). In the ERAS group, use of patient-controlled analgesia was nearly eliminated (1.4

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