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LETTER TO THE EDITOR

Enhanced recovery after surgery (ERAS) nutrition protocol during COVID-19 pandemic

Protocolo nutricional de recuperación acelerada después de cirugía durante la pandemia por covid-19

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To the editor,

The COVID-19 pandemic has wreaked havoc on health-care systems across the world and the financial costs are only beginning to be felt. Patients undergoing surgery have had to take a step back to make place for COVID-19-infected patients in need of acute and critical care. Intensive care units have been converted from operating rooms, and physicians, nurses, and allied health-care professionals have been quickly retrained to manage COVID-19. Overall, a significant shift in practice has occurred that few could have anticipated[1].

This vast and quick change in daily practice contrasts sharply with the usual rate of change in surgery and anesthesia. A shift in clinical care usually takes several years to develop. Many units all across the world have made tremendous changes in just a few days for COVID-19. This would not have been feasible without a shared desire to address a major problem by combining the knowledge of everyone involved, from the operating room to hospital administration. The goal was achieved thanks to the collaboration of all these entities[2].

This is where the future of surgery and anesthesia will be decided. Surgery and anesthesia must take the opportunity to revolutionize perioperative care by building on the momentum of change established during the COVID-19 epidemic. Telemedicine, for example, has been utilized to eliminate needless in-person visits.

A major obstacle is to close knowledge gaps through high-quality research. As part of its mission to advance clinical research, the Enhanced Recovery After Surgery (ERAS) Society has produced suggestions for writing about ERAS[3]. Now is the moment to develop what surgical care has always required: multidisciplinary teams that collaborate outside of their discipline's conventional boundaries with the common objective of improving patient outcomes. ERAS integrates modern monitoring and auditing to gain control of the entire perioperative process, resulting in much-needed surgical and nutritional outcomes improvement[4].

Part of the ERAS protocol includes perioperative nutrition support. Pre-operative carbohydrate beverages designed to stimulate insulin release have a low osmolality and a carbohydrate content of roughly 12% (based

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mainly on maltodextrins). They minimize several of the detrimental consequences of overnight fasting when taken before surgery. Carbohydrates consumed before surgery result in decreased post-operative insulin resistance, decreased hyperglycemia, and decreased insulin treatment requirements while preserving skeletal muscle and, in patients having heart surgery, cardiac muscle function. Carbohydrate beverages vary significantly in composition, and their content has a direct impact on their physiological function and safety. Numerous carbohydrate-containing products have been recommended for pre-operative usage, but only a few have been adequately studied. As a result, customers should require manufacturers to give data on their specific recipe demonstrating that their product has been studied for safety and efficacy before usage[5].

Delivering care through the ERAS system is proving to be highly beneficial. Surgery, nutrition, and anesthesia will be elevated to new heights with the help of low-cost, high-quality research in the next phase of ERAS. Patients and health systems will benefit from the efforts of perioperative care professionals during this time of global crisis.

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