

## Enhanced Recovery Implementation in Major Gynecologic Surgeries: Effect of Care Standardization

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1. Define the inclusion and exclusion criteria for this study. What are the limitations associated with using historical controls in a study design?
2. Review the interventions bundled into the full and light pathways, which are outlined in Table 1. How many of these are already implemented in your practice? What would be the barriers to the implementation of the full pathway at your institution?
3. What was the primary outcome measure for the study? Do you agree with this choice for both the full pathway and light pathway as defined by the authors? What outcome measure might have been better for the light pathway?
4. The authors mention that one of the limitations of conducting a randomized trial in a single institution is potential institutional bias. Discuss other models of randomization that may allow for a trial to be performed.
5. Intraoperative fluid administration was one difference between the pathways. Discuss reasons why the women in the enhanced recovery implementation group may have required less fluid intraoperatively. What dictates fluid resuscitation in your operating room?
6. The authors use the [NSQIP Surgical Risk Calculator](#) to determine the adjusted length of stay. Visit the risk calculator and input data from the last 5 surgical patients you cared for. How well did the calculator predict length of stay?
7. The authors used the Press Ganey infoEDGE database to report changes in pain control, teamwork, and how well the nurses kept the patients informed. Access the hospital consumer assessment of healthcare providers and systems (HCAHPS) survey [online](#). Do you think that these are the most important questions from the survey? What other information would you like to know? Compare the [HCAHPS survey](#) to the [S-CAHPS survey](#) designed to evaluate surgical care. What are the similarities and differences between the two surveys?