

Abstract

Optimization of the ERAS Pathway in Robot-Assisted Oesophagectomy (RAMIE) in a Comprehensive Cancer Centre: From Compliance Analysis to Revision of the Care Component of the PSDTA

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Introduction. ERAS protocols are evidence-based standards in oncological surgery, but their application in robot-assisted oesophagectomy (RAMIE) is complex. In a Comprehensive Cancer Centre, this approach enables comprehensive patient care, ensuring continuity between the surgical and oncological pathways. As Case Manager and ward nurses are crucial for continuity of care, the aim of this study was to assess adherence to perioperative ERAS items in order to redefine the care component (A) of the PSDTA and maximize compliance.

Methods. Data from 20 patients undergoing RAMIE within an ERAS pathway in 2024 were analyzed. Adherence to 35 ERAS items was assessed and stratified by type (non-specific, operative, and specific) and timing (pre-, intra-, and post-operative). The care component (A) of the PSDTA was subsequently revised on the basis of the data analysis and available literature, including PubMed and ERAS Society guidelines. The revised pathway was validated by a multidisciplinary team comprising surgeons, nurses, dietitians, physiotherapists, and pain therapists, with particular attention to improving compliance during the post-operative phase.

Results. Overall compliance with ERAS items was 77%. According to item type, compliance was 87%

for non-specific procedures, 79% for operative procedures, and 73% for specific procedures. According to timing, compliance reached 97% in the intra-operative phase and 79% in the pre-operative phase. The post-operative phase emerged as the most critical, with a compliance rate of 55%, mainly due to delays in early nasogastric tube removal and oral refeeding, often associated with delayed gastric emptying. Early enteral nutrition via jejunostomy was found to be feasible. These findings guided revision of the care component of the PSDTA, with a specific focus on post-operative items.

Discussion. Despite good overall adherence, the post-operative phase of the RAMIE pathway remains the area of greatest clinical complexity. Integrating scientific evidence, real-world clinical data, and multidisciplinary expertise enabled the care component of the PSDTA to be revised to improve its feasibility in clinical practice. A flexible approach that adapts ERAS protocols to individual patient needs is essential. The Case Manager nurse remains central to care coordination, supported by ward nurses in practical implementation and early monitoring. A well-structured PSDTA may strengthen quality of care, multidisciplinary integration, and outcomes throughout the oncological surgical pathway.

Keywords: ERAS, Robot-Assisted Oesophagectomy, Oncology Nursing

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