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The decrease in the duration of the thoracic epidural catheter application from four to two days in a fast track recovery protocol leads to a further reduction of the length of hospital stay after major hepatectomy

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Objectives

Fast track recovery protocols are applied to major surgeries, including hepatectomies. The optimal duration of thoracic epidural catheter is not yet defined. The aim of this study was to determine the ideal time to remove the epidural catheter after major hepatectomy.

Methods

Forty eight consecutive patients, who underwent major hepatectomy over four years, were studied. Data from laparoscopic hepatectomies were not included. Patients with hepaticojejunostomy were included. A modified protocol of rapid postoperative recovery was applied. For the first twenty four patients the epidural catheter was maintained for four days (group A), while for the next twenty four patients, the catheter was maintained for two days (group B). The length of hospital stay, the time of functional recovery, and the use of opioids and laxatives were recorded and analyzed.

Results

No postoperative mortality was recorded. The average length of hospital stay was 6.92 ± 1.79 and 6.09 ± 2.08 days for groups A and B, respectively. The mean functional recovery time was 5.46 ± 0.3 and 5.26 ± 0.91 days for groups A and B, respectively. However, in group B more opioid analgesics (+ 50%) and more laxatives (+ 17%) had to be administered.

Conclusions

In a fast track postoperative recovery protocol, the decrease in the duration of the epidural catheter application from four to two days, leads to reduction of the length of hospital stay after major hepatectomy.