## An Enhanced Recovery After Surgery Pathway for Pituitary Surgery: Pilot Assessment

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# Background

- We developed a pituitary enhanced recovery after surgery (ERAS) pathway to decrease length of stay (LOS) and improve the patient experience after endonasal transsphenoidal pituitary surgery.

# Methods

-We developed our pituitary ERAS protocol in Jan 2024 (Fig 1.) -We compared outcomes during out pilot (Feb-July 2024) vs comparable historical controls from June-December 2023

Brigham & Women's Pituitary ERAS Pathway

#### Patient removed from pathway for:

- No support at home
- Missed pre-op teaching



## **Results**

1) We enrolled 32 patients into the pituitary ERAS pathway and compared them with 32 historical controls with equivalent age, sex, pathology, and case complexity (p>0.05 for all)

2) Average LOS of 1.4 days, and 63% of patients went home on postoperative day (POD) 1 (Fig. 2)

3) 12 patients were discharged on POD2 or POD3 - Patients had an average 0.9 day shorter length of stay (p<0.001) and 4.3 fewer blood draws (p<0.001)

4) The ERAS pathway trended towards lower inpatient charges (9%) lower, p=0.07) and had similar rates of 30-day emergency room or urgent care visits (p=0.23).





## Conclusions

-This pilot study of our pituitary ERAS pathway confirms its safety and efficacy in reducing LOS

-Skull base programs should consider tailored clinical pathways to facilitate early discharge, improve the patient experience, and reduce costs after pituitary surgery

-Further longitudinal analysis about the benefits of this pathway are ongoing, and we are particularly keen on studying the patient experience