

Functional Recovery Following Anaesthesia and Surgery.



Today's economically productive and competitive world does not have time to recover after prolonged surgeries and anaesthesia, hence medical science need to explore the field of fast-tracking from surgeries.

As an anaesthesiologist our priority in the operative phase is to provide optimum anaesthesia, analgesia and achieve minimal stress responses and in post operative period our aim is to provide early functional recovery from the effect of various anaesthetic modalities so that our patient may resume his daily activities, early discharge from hospital, faster return to work hence reducing the economical burden.

The concept of faster functional recovery the Fast-tracking from surgery was pioneered by Professor Henrik Kehlet in Denmark in the early 1990s.^[1]

It comprised of post anaesthesia health, in broad term the "functional recovery" includes post operative control of pain, nausea, vomiting, and return of normal cognition, muscular strength and finally the discharge from hospital.

Functional recovery is again important after regional anaesthesia which includes post operative control of nausea, vomiting, pain, along with faster return of motor function especially after neuraxial anaesthesia which helps in early ambulation, ability to void urine hence reducing the duration of catheterization and early discharge from hospital.

Various studies have been done or are undergoing which are evaluating different techniques to expedite the functional recovery, to assess and formulate a comprehensive scoring system or index method to grade the levels of recovery of patients in immediate & late postoperative period.

Functional recovery following anaesthesia and surgery including basic and immediate daily living activities, mental and psychosocial functions, distress behaviour and chronic pain syndromes, are still an important area of research.

Currently multidisciplinary, coordinated evidence-based perioperative enhanced recovery programs (ERPs) has been initiated termed as ERAS (enhanced recovery after surgery) or fast-track surgery.^[2]

ERPs have positive impact on functional recovery. They decreased the variations in clinical

management, minimized the organ dysfunction, accelerated the convalescence and finally improved the outcome.

Under the objective of enhanced recovery programs, we are conducting two research studies in our department currently. We are studying the role of different drugs (α 2-Agonist Clonidine & Dexmedetomidine and lignocaine in GA) and adjuvant analgesics with local anaesthetic (RA) for their efficacy in reduction of pain or opioid consumption, or both; or opioid side effects; as well as reduced anaesthetic requirements (muscle relaxants and induction agents). Thus, better understanding on peri-operative regime and anaesthesia technique can be made; which could help us in future propagation of these modalities on a wider basis to promote faster recovery in patients after anaesthesia.

Further study warranted in broader term for the ERPs to compare both the general and regional anaesthetic techniques for the same surgical procedures in terms of time to recover and resume duty. So that patients can also take into account this aspect of recovery while choosing the anaesthetic options whereby they can return early to work and resume their normal living and cutting short the DAILY scores.

Prof. Shahla Haleem
Associate Editor

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