

Accelerated Recovery after Surgery

A Continuous Multidisciplinary Challenge

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THE concepts of perioperative medicine, enhanced postoperative recovery programs, fast-track surgery, and more lately the Perioperative Surgical Home have all received increased interest in recent years regarding scientific developments, organizational issues, socioeconomic consequences, and methods to improve patient-reported outcomes. Consequently, the Editorial Board of *ANESTHESIOLOGY* more than a year ago invited me to serve as guest editor for a themed issue on accelerated recovery after surgery. As a result, the current issue includes articles within several areas of the broader concept but disappointingly only in selected areas and in a relatively small number. Thus, despite the increased attention to perioperative medicine and postoperative recovery, original work that passed peer review on important topics such as the role of minimal invasive surgical techniques, fluid management, modification of the inflammatory and immunologic responses, new analgesic techniques, and newer techniques to enhance postdischarge rehabilitation and muscle function, just to name a few, do not appear in this issue.

Because many perioperative disciplines are involved in the handling of surgical patients, it is important to return to the basic questions such as “Why is the patient in hospital?” and “Why is the surgical high risk patient at risk?”¹ Subsequently, future procedure-specific studies for further improvement of our knowledge on pathogenic mechanisms of postoperative organ dysfunction² and strategies for intervention should be based on these data. In this context, the need for original, procedure-specific studies is crucial, while the increasingly popular conduction of systematic reviews may be of less



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relevance, because in this field they often have included studies with insufficient implementation of current evidence for perioperative care. In summary, the concept of accelerated recovery after surgery and more recently the broader concept of the Perioperative Surgical Home continue to represent a major challenge for anesthesiologists, surgeons, nurses, physiotherapists, hospital administrators, and governments and have a bright although complex future. However, each specialty in isolation cannot solve the problems itself, so a more intensified multidisciplinary collaboration^{3,4} and exchange of experiences across national borders are needed. Especially, the current fascinating developments in minimal invasive surgery may change both anesthesiology practice and the postoperative care management. In this context, we should remember that the focus is to understand and modify the pathogenic mechanisms of the undesirable responses to surgical injury and to optimize pain management to enhance recovery and improve safety. If successful, the humanitarian and socioeconomic consequences will be huge. Finally, the process should be physician driven from an academic approach rather than from a healthcare cost reduction approach to achieve the final goal of a “pain and risk free operation.” The future is now, but we need more clinical scientific contributions to guide us to the goal.

Competing Interests

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Image: A. Johnson.

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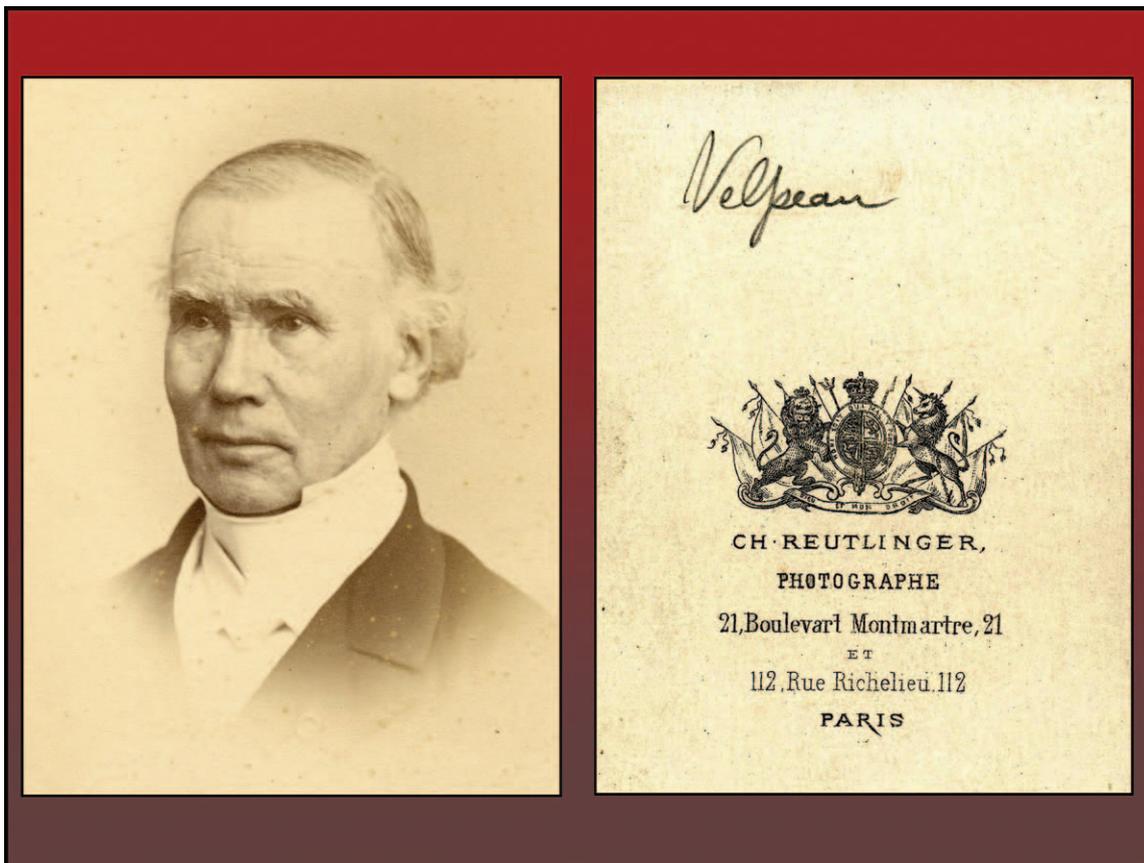
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Carte-de-Visite of Velpeau by Reutlinger



A business card of its day, the carte-de-visite (CDV, or “visitation card”) consisted of a thin 54 × 89-mm albumen photographic print mounted upon a thicker 64 × 100-mm cardboard backing. The CDV (*above*) depicts one of France’s most gifted anatomists and surgeons, Alfred-Armand-Louis-Marie Velpeau (1795–1867). He flourished professionally in Paris. In volume 1 of his *Medicine Operatoire* (1839), Velpeau observed, “To avoid pain in surgical operations is a chimera which it is not permitted to pursue at this day. Cutting-instrument and pain, the one without the other, to the minds of patients, and it is necessary to admit the association.” After receiving the news about Boston’s Ether Day in 1846, Velpeau would eventually reverse his highly quoted opinion, perhaps eliciting an expression as pained as the one captured (*left*) by his photographer, Ch. Reutlinger (*right*). (Copyright © the American Society of Anesthesiologists, Inc.)

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