90.6% (n 29) received oral maltodextrins 2 hours before the procedure, no bowel preparation was performed in 81.3% (n 26), all patients received intravenous antibiotic and antithrombotic prophylaxis. in the post-operative period, comprehensive holistic care and control were provided in accordance with best practices; a satisfaction survey was used, guaranteeing quality care and continuous improvement in the processes.
Conclusion: The multi-disciplinary work of ERAS team and the nursing care that is provided to the person, holistically in the three phases; before, during and after the colorectal surgery has given results and improvements of patients. Especially satisfaction, an irrevocable element because in the Civil Hospital of Guadalajara Fray Antonio Alcalde "The health of our people is the supreme law" (La Salud del Pueblo es la Suprema Ley).
Disclosure of Interest: None declared.

P065
ERAS-APPTIMIZE: IMPROVING REPORTED QUALITY OF LIFE BY ENHANCING MONITORED COMPLIANCE TO THE ERAS CARE PATHWAY BY USING EHEALTH. THE PATIENT IN THE PROCESS

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Objectives: Perioperative care within colorectal surgery is systematically defined in the 'Enhanced Recovery After Surgery' (ERAS) program. This program aims to improve perioperative care to ensure early but safe release from the hospital. To ensure achievement of individual elements, involvement of both healthcare provider and patient is crucial. Active involvement of patients in their perioperative care pathway is known to influence reported Quality of Life. Optimization of protocol adherence resulting in better reported Quality of Life is to be found by involving the patient.
Aim of this study is to investigate whether a mobile application can stimulate a patient to participate actively in the perioperative care pathway, resulting in better reported Quality of Life. Primary outcome of this study is reported Quality of Life. Secondary outcomes are patient satisfaction, quantification of protocol compliance to the individual ERAS elements and its influence on length of hospital stay, number of complications and readmission rates.
Methods: This is a multicenter randomized controlled trial. Sample size calculation resulted in at least 227 patients to be included. Inclusion criteria are: patients aged over 18 years, in the possession of a smartphone, scheduled to undergo colorectal surgery in either one of the two academic medical centers of Amsterdam (AMC and VUmc). Patients will be randomized to either an intervention- or control group. Patients assigned to the intervention-arm of this study are asked to install the application for smartphone preferably three weeks prior to their scheduled surgery. The patient is encouraged to use the app during the full perioperative period, until six weeks postoperative. Via push-notifications patients are informed and activated to participate in the ERAS care pathway. Patients in the control group will receive standard of care. Both groups will wear an activity tracker to monitor daily activity of the patients.
Results: The enrollment of patients is expected May 2018 and is anticipated to be completed in twelve months. We hypothesize that patients receiving the interventional app, will report a higher Quality of Life as a result of their active involvement in their perioperative care pathway.
Conclusion: Conclusions are to be drawn when data analysis is completed.
Disclosure of Interest: None declared.

P066
DAY-CASE ROBOTIC ASSISTED LAPAROSCOPIC PROSTATECTOMY (RALP)

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Objectives: RALP is considered by many the gold standard surgical treatment for localised prostate cancer. We came from a unit offering enhanced recovery for open radical prostatectomy with discharge after an overnight stay in 80% of cases. We have introduced an enhanced recovery programme for our RALP patients allowing safe discharge as a day case procedure whilst maintaining oncological outcomes.
Methods: Following initial data collection and patient feedback we observed the potential to undertake select cases as day cases. These all adhere to local guidelines for day case selection and RALP surgical suitability. We developed a bespoke multidisciplinary ERAS programme and each patient was assigned a urology nurse specialist key worker as their point of contact. They were pre-assessed and given a detailed patient information booklet on RALP and our ERAS programme.
Results: We have operated on 88 cases with intention of day of surgery discharge. The median age was 62.5, median console time was 89.5 minutes and median blood loss was 112.5mls.
82/88 (93%) patients were successfully discharged on the same day of surgery. Median length of hospital stay was 11 hours. 6/88 patients remained in hospital overnight, 5 were discharged the following morning and the remaining patient suffered a port site bleed requiring blood transfusion and a longer stay. All patients were followed up at day 1 post operatively by telephone consultation and reported their pain as being well controlled, and 100% satisfaction.
Conclusion: Implementing an ERAS programme has allowed RALP to be undertaken as a day case procedure and we believe we are the first to have reported this experience.
We undertook a series of simplifications to our peri-operative process. Specific focus on patient positioning, multimodal analgesia and removal of long acting opiates, with diligent local anaesthetic infiltration to port sites and bladder. This represented a radical shift from our previous standard operating procedure.
Having a motivated and like-minded team was essential, with inclusion of recovery and ward staff in patient planning. Patient education is also vital to success and having in place a robust and continuous method of auditing results key.
We cannot claim non-inferiority as yet, but our results are comparable to non day case RALP.
Disclosure of Interest: None declared.

P067
COMPARATIVE OUTCOMES FOR ROBOTIC WHIPPLE PROCEDURES BEFORE AND AFTER ADHERENCE TO AN ERAS® PROTOCOL

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Objectives: Minimally invasive pancreaticoduodenectomy (PD) is emerging as an alternative to the traditional open technique for selected patients. The robotic platform addresses many technical limitations by offering optical magnification, augmented instrument articulation, and overall greater precision with suture targeting. The aim of this study is to evaluate the postoperative outcomes of robotic PD at our institution since the procedure was introduced in 2012, and how those outcomes have changed after initiation of an ERAS® protocol in 2015.
Methods: Using the Department of HPB Surgery REDCap data repository, we compiled a list of all patients who underwent robotic pancreaticoduodenectomy since we started performing the procedure in 2012. We then dichotomized the resulting 72 patients into pre-ERAS® and post-ERAS® groups. Postoperative outcomes were evaluated for those cases that were completed robotically, with emphasis on operative time, estimated blood loss, margins on malignant specimens, number of nodes excised, positive node ratio, length of stay after operation, and postoperative complication rates.
Results: A total of 72 robotic PDs were attempted; 51 in the pre-ERAS® group, and 21 in the post-ERAS® group. 16 (22%) were converted to open. Of the 56 cases that were completed robotically, 11 were performed for benign disease, while 45 were performed to excise malignant/