

Enhanced Recovery After Surgery (ERAS) – High-Yield MCQ Notes (For Proff Exams)

These notes are **strictly exam-oriented**, focusing on **MCQs commonly asked** in undergraduate professional exams from ERAS protocols.

1. ERAS – Definition (VERY COMMON MCQ)

- **ERAS (Enhanced Recovery After Surgery):** A **multimodal, evidence-based peri-operative care pathway** designed to reduce surgical stress and accelerate postoperative recovery.

Key Concept (MCQ Line)

- ERAS aims to **maintain physiological function** and **reduce stress response to surgery**.
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2. Core Principles of ERAS (FREQUENTLY ASKED)

- Minimize fasting
 - Optimize nutrition
 - Reduce surgical stress
 - Early mobilization
 - Multimodal analgesia
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3. Pre-operative ERAS Components (HIGH YIELD)

1. Pre-operative Counseling

- Reduces anxiety
- Improves compliance

2. Fasting Guidelines (MCQ Favorite)

- **Solids:** 6 hours
- **Clear fluids:** Allowed up to **2 hours** before surgery

3. Carbohydrate Loading (VERY COMMON MCQ)

- Given **2-3 hours before surgery**
- Reduces insulin resistance

4. Avoid Routine Bowel Preparation

- Except in **colorectal surgery**
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4. Intra-operative ERAS Components

1. Anesthesia

- Short-acting anesthetic agents
- Avoid long-acting sedatives

2. Fluid Management (MCQ)

- **Goal-directed fluid therapy**
- Avoid fluid overload

3. Temperature Control

- Maintain **normothermia**

4. Surgical Technique

- Prefer **minimally invasive surgery** (laparoscopy)
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5. Post-operative ERAS Components (EXTREMELY IMPORTANT)

1. Early Oral Feeding (MCQ Favorite)

- Start within **24 hours**
- Even after GI surgery

2. Early Mobilization

- On day of surgery or POD-1

3. Pain Control

- **Multimodal analgesia**
- Minimize opioids

4. Avoid Routine Tubes & Drains

- Early removal of:
 - NG tubes
 - Urinary catheters
 - Drains

- Removal as early as possible / within 24 hours post-operatively
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6. Analgesia in ERAS (VERY COMMON)

MCQ Points





- Regional anesthesia preferred
 - Epidural analgesia (especially in abdominal surgery)
 - NSAIDs + paracetamol combination
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7. Nutrition in ERAS

Key MCQs

- **Early enteral nutrition preferred**
 - Parenteral nutrition only if enteral not possible
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8. ERAS – What is AVOIDED (EXAM TRAPS)

- Prolonged fasting 
 - Routine NG tube use 
 - Liberal IV fluids 
 - Delayed mobilization 
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9. Benefits of ERAS (COMMON MCQ)

- Reduced hospital stay
 - Fewer complications
 - Faster recovery
 - Lower cost
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10. ERAS in Different Surgeries

MCQs

- First developed for **colorectal surgery**
- Now used in:
 - General surgery
 - Gynecology
 - Orthopedics

11. Contraindications / Limitations of ERAS

- Hemodynamic instability
 - Severe sepsis
 - Emergency surgery (relative)
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12. ERAS Team (OFTEN ASKED)

- Surgeon
 - Anesthetist
 - Nursing staff
 - Dietitian
 - Physiotherapist
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13. Important Numbers & Facts (LAST-MINUTE MCQs)

- Clear fluids → up to **2 hours** before surgery
 - Solids → **6 hours**
 - Early feeding → within **24 hours**
 - Early mobilization → same day / POD-1
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14. Common MCQ Statements (TRUE / FALSE STYLE)

- ERAS increases opioid use ❌
 - ERAS promotes early feeding ✅
 - ERAS reduces length of hospital stay ✅
 - Routine drains are mandatory ❌
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One-Line MCQ Pearls

- ERAS = multimodal peri-operative care
 - Laparoscopy fits ERAS philosophy
 - Opioid-sparing analgesia is key
 - Goal-directed fluids preferred
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