

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**.

2. Core Principles of ERAS (FREQUENTLY ASKED)

- Minimize fasting
- Optimize nutrition
- Reduce surgical stress
- Early mobilization
- Multimodal analgesia

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**

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)

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

6. Analgesia in ERAS (VERY COMMON)

MCQ Points

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

7. Nutrition in ERAS

Key MCQs

- **Early enteral nutrition preferred**
- Parenteral nutrition only if enteral not possible

8. ERAS – What is AVOIDED (EXAM TRAPS)

- Prolonged fasting 
- Routine NG tube use 
- Liberal IV fluids 
- Delayed mobilization 

9. Benefits of ERAS (COMMON MCQ)

- Reduced hospital stay
- Fewer complications
- Faster recovery
- Lower cost

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)

12. ERAS Team (OFTEN ASKED)

- Surgeon
- Anesthetist
- Nursing staff
- Dietitian
- Physiotherapist

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

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

One-Line MCQ Pearls

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