

Achieving a 97.5% Day-Case Breast Surgery Rate: Our ERAS Experience



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Retrospective service evaluation | August 2024-July 2026

BACKGROUND

ERAS combines preparation, opioid-sparing anaesthesia, early intake, mobilisation and standardised discharge. We evaluated our pathway.

METHODS

All 680 breast operations at SKMCH&RC Peshawar from August 2024 to July 2026 were reviewed.

- Outcomes included discharge, procedure, analgesia, complications, visits and readmissions.
- Planned admissions were separated from unexpected admission.

ERAS PATHWAY

- Advance counselling and preparation
- Opioid-sparing general anaesthesia
- Effective local anaesthetic infiltration
- No routine intraoperative morphine
- Drains avoided in most patients
- Catheter only for prolonged procedures
- Early fluids and mobilisation
- Structured monitoring and discharge criteria

663 / 680
same-day discharges

97.5%
overall day-case rate

17
patients admitted

PROCEDURE RANGE

- Breast-conserving surgery
- Sentinel lymph-node biopsy
- Axillary lymph-node dissection
- Mastectomy
- Selected oncoplastic procedures

The pathway extended beyond minor breast operations.

STUDY LIMITATION

Detailed postoperative visits, readmissions, pain scores and rescue analgesic use require verification from linked recovery and follow-up records.

REASONS FOR ADMISSION

- Diabetes requiring variable-rate intravenous insulin infusion
- Warfarin or complex perioperative anticoagulation management
- Severe comorbidity requiring postoperative HDU monitoring

These were appropriate planned admissions rather than pathway failures.

KEY FINDING

A structured ERAS pathway supported same-day discharge after 97.5% of breast operations while retaining planned inpatient care for medically high-risk patients.

CONCLUSION

A structured ERAS pathway enabled same-day discharge after 97.5% of operations. Careful selection, education, opioid-sparing anaesthesia, local anaesthesia, limited drains and catheters, and coordinated recovery were central.

Planned admissions should be reported separately from unplanned pathway failure.

Selected references

1. Temple-Oberle C, et al. Plast Reconstr Surg. 2017;139:1056e-1071e.
2. Bailey CR, et al. Anaesthesia. 2019;74:778-792.