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CMAJ headlines:

- Five things to know about loneliness in older adults**
- New approach to managing surgery will speed patient recovery but challenges current practices**

New approach to managing surgery will speed patient recovery but challenges current practices

A review in *CMAJ* challenges historical surgical practices that are not research-based, outlining a multidisciplinary approach called enhanced recovery after surgery (ERAS) that will help patients recover more quickly from surgery. The article, published in *CMAJ (Canadian Medical Association Journal)*, reviews the evidence supporting the approach and how it could be implemented in Canada.

Enhanced recovery after surgery is an evidence-based treatment program created to improve patient outcomes with faster recovery. It takes a holistic approach by involving family doctors, nurses, surgeons, anesthesiologists, nutritionists and other health care professionals before surgery right through recovery, with the goal of helping patients get back to normal functioning as soon as possible.

“ERAS involves changing the way we, as a medical community, think about preoperative, intraoperative and postoperative care to improve all surgical outcomes,” says lead author Dr. Alon Altman, gynecologic oncologist and associate professor, University of Manitoba, and program director, Obstetrics & Gynecology, Winnipeg Health Sciences Centre, Winnipeg, Manitoba.

It has been shown to promote patient movement after surgery, reduce complications and reduce hospital length of stay as well as costs, and is currently being used in some Canadian hospitals and others around the world, including in the United States and the United Kingdom.

Enhanced recovery after surgery can be broken down into three stages: preoperative, intraoperative (during surgery) and postoperative. It involves changes such as modifying diet before surgery, stopping certain medications, changing some procedures during surgery, getting patients moving within 24 hours after surgery and more.

“This approach should be used for all surgical patients, as the intent is to lessen stress on the patient and maintain normal functioning,” says Dr. Altman.

There is increased interest in Canada to adopt this approach, although there are challenges because of the many different health care professionals who need to be involved.

“Despite the challenges of implementing ERAS, there are clear advantages for patients and the health system, such as a healthier recovery using fewer resources,” says coauthor Dr. Gregg Nelson, chief of gynecologic oncology, Tom Baker Cancer Centre, Calgary, Alberta, and surgical lead of ERAS Alberta. “A team approach, from involving family physicians before patients undergo surgery to surgeons and postrecovery staff in hospital, is a key part of successful implementation.”

“Enhanced recovery after surgery: implementation of a new standard of surgical care” is published April 29, 2019.

MEDIA NOTE: Please use the following public links after the embargo lift:

Review: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.180635>

Podcast permanent link: <https://soundcloud.com/cmajpodcasts/180635-view>

Five things to know about loneliness in older adults

Loneliness, an emotional state rather than a mental disorder, can substantially affect the health of older adults, as well as use of health care services. A “Five things to know about ...” practice article in *CMAJ (Canadian Medical Association Journal)* summarizes key points to help clinicians understand the effect of loneliness on older patients.

Loneliness is

1. an emotional state of perceived isolation
2. common in older adults and linked to declines in health
3. as harmful as other risk factors for death, such as obesity and smoking
4. a significant predictor of health care usage
5. possibly alleviated by “social prescribing” to connect lonely adults with community supports and social networks

“Our health care system and society are increasingly recognizing loneliness as a serious public health problem, but clinicians are often unprepared to properly assess and manage lonely patients,” says Dr. Nathan Stall, a research fellow at the University of Toronto and Women’s College Research Institute and a geriatrician at Mount Sinai Hospital in Toronto, Ontario.

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