

RUA Week 5: Analyzing Published Research

Chamberlain University College of Nursing

NR449: Evidence Based Practice

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Minimizing postoperative morbidity, accelerating recovery, and reducing hospital length of stay remains a critical focus in surgical care. The Enhanced Recovery After Surgery (ERAS)

protocol, a standardized, multidisciplinary approach to perioperative care, is a successful strategy for achieving these goals (Madan et al., 2023). This paper interprets and critically analyzes two primary research articles, Madan et al. (2023) and Lu et al. (2020), to synthesize the current evidence base and support the broad application of ERAS in clinical practice.

Problem

The group's focus is to address persistent challenges associated with traditional surgical care models, specifically minimizing postoperative morbidity and reducing hospital stay following major elective procedures. Traditional models result in extended Length of Stay (LOS), increased gastrointestinal complications, and poorly managed symptoms like pain and Postoperative Nausea and Vomiting (PONV) (Lu et al., 2020). Literature confirms that up to 20% of surgical patients face morbidity due to delayed ambulation and prolonged fasting (Madan et al., 2023). Extended LOS correlates with higher costs and increased exposure to hospital- acquired conditions, making ERAS implementation essential for quality improvement. The purpose of this paper is to critically analyze the variables, methods, and results of two high-level research studies on ERAS to establish a unified evidence base for its use across diverse surgical fields.

Synthesis of the Literature

The following sections detail the findings from the Evidence Matrix Table (Appendix A) to provide a comparative analysis of the two selected studies.

Variables