

Enhanced recovery after surgery: an update for the generalist

TO THE EDITOR: The perspective article by Hill and Jin¹ provided an update on enhanced recovery after surgery (ERAS), a process of multidisciplinary peri-operative care with the goal of improving care following surgery. The potential for involving primary care in pre-operative care was discussed. Most diabetes management occurs in the primary care setting, yet diabetes is a common comorbidity in hospital inpatients. Individuals with diabetes are at risk of harm, with a recent audit of inpatient diabetes care in Queensland finding several deficits in care with high rates of hospital-acquired complications.²

Acute illness is associated with profound changes in fuel use; the metabolic response varies according to diabetes status,³ and some of the acute changes in metabolism are likely to be modified by some anti-hyperglycaemic agents.⁴ Recent improvements in management of diabetes in the ambulatory setting, such as the use of newer pharmacological agents or newer forms of insulin delivery, further increase the complexity of peri-operative diabetes care. ERAS peri-operative protocols are likely to be more robust if able to address any gaps in diabetes care between primary and hospital care; and, within the hospital setting, to leverage newer technologies such as virtual glucose management, which has been shown to reduce rates of hospital-acquired infection.⁵

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Competing interests: No relevant disclosures. ■

doi: [10.5694/mja2.52314](https://doi.org/10.5694/mja2.52314)

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