

Pediatric Population

Baxter et al. [Decreased opioid prescribing in children using an enhanced recovery protocol](#). Journal of Pediatric Surgery. 2019.

- Length of stay decreased by approximately 1 day
- Intraoperative opioid use decreased 50%
- Post-discharge opioid prescription decreased 40%

Adult Population

Thanh et al. [An economic evaluation of the Enhanced Recovery After Surgery \(ERAS\) multisite implementation program for colorectal surgery in Alberta](#). Canadian Journal of Surgery. 2016.

- Net health system savings were approximately \$1,768 per patient
- The probability for the ERP program to be cost-saving was 73-83%
- Every \$1 invested in ERAS would bring in \$3.8

Stone et al. [Implementation Costs of an Enhanced Recovery After Surgery Program in the United States: A Financial Model and Sensitivity Analysis Based on Experiences at a Quaternary Academic Medical Center](#). Journal of the American College of Surgeons. 2016.

- Length of stay reduction between 0.7 and 2.7 days
- Implementation of the ERAS program yielded a net savings of \$395,717 in the first year for a quaternary hospital

Lee et al. [Cost-effectiveness of Enhanced Recovery Versus Conventional Perioperative Management for Colorectal Surgery](#). Annals of Surgery. 2015.

- Mean length of stay was significantly shorter in the ERP group
- Cost of the ERP program was \$153 per patient
- Societal costs were lower in the ERP group, and had a greater than 99% probability of cost-effectiveness

Thiele et al. [Standardization of Care: Impact of an Enhanced Recovery Protocol on Length of Stay, Complications, and Direct Costs after Colorectal Surgery](#). Journal of the American College of Surgeons. 2015.

- There was a \$7,129 per patient reduction in direct cost
- Patient satisfaction improved considerably
- Small investments in the perioperative environment can lead to large returns