



### 31. THE PRINCIPLES OF THE "FAST TRACK" PROGRAM IN OBSTETRICAL EMERGENCIES

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**Introduction.** Currently, the trend of contemporary surgery is to ensure a perioperative result of an increased quality, with the reduction of the stressful impact of the surgical act on the internal homeostasis of the human body. In Urgent Obstetrics, this element is very important, given the fact that it involves a pregnant patient, whose birth requires a quick solution, while ensuring, at the same time, high-performance results. It is exactly at this stage, when the ERAS (Enhanced Recovery After Surgery) programs steps in, especially "Fast Track" protocols. Given the specificity of these programs (they can be applied mainly in scheduled interventions), it is desired to determine those principles and manipulations, provided by them, which can also be useful during urgent interventions. The purpose of this study is to evaluate the procedures of the ERAS programs that can be applied in urgent obstetric situations, which would have a significantly better effect on the body of both the mother and the fetus; the conditions in which they can be applied and their efficiency, in order to ensure perioperative results of an increased quality.

**Aim of study.** As for now, there exist different ERAS Society guidelines for perioperative care in obstetrics, regarding interventional delivery, that provide best practice recommendations in each phase of medical care, but almost all of them are implementing practice principles that could be used only in scheduled interventions. In the meantime – the efficiency and applicability of those are questionable regarding fast birth delivery, via cesarean surgical intervention. Thus it is extremely important to create a „focused” pathway process for urgent ERAS Cesarean Delivery, starting from „decision to operate” (up to 30 min before skin incision) – to hospital discharge, and therefore postpartum monitoring.

**Methods and materials.** There was made a literature review, including recent studies made between 2017 - 2023, regarding the applicability of prophylaxis and treatment options, used in programmed cesarean delivery, that could be used in emergency surgical - birth solutions. Titles and abstracts were analyzed to identify potentially relevant articles. Meta Analysis, systematic reviews, randomized controlled studies, nonrandomized controlled studies, reviews, and case series were considered for each individual topic.

**Results.** Guidelines for perioperative care in cesarean delivery: Enhanced Recovery After Surgery Society recommendations, that were demonstrated as grade A : Antibacterial prophylaxis is mandatory less than an hour before skin-incision Use of body-warm solutions and increased operating room temperature results in better post-operative recuperation Special cesarean delivery surgical techniques do not improve the final outcome, in comparison with the traditional ones Perioperative fluid management should be done using the 2 : 1 coefficient, regarding the overall blood loss Regardless of the fetal status – immediate neonatal resuscitation team is mandatory Use of analgesic potentiators is essential, in order to reduce the need of morphine derivated drugs Early patient mobilization (4h after cesarean delivery) results in faster recuperation of self-care and child-care activities

**Conclusion.** We are looking to detect optimized perioperative conduct methods, to elaborate a guideline, in order to improve the surgical result of obstetrical patients, increase the efficiency of the medical act, reduce its costs and enhance the trust level of citizens towards the local health system.