

Fast track surgery combines various techniques used in the care of patients undergoing elective operations. The methods used include epidural or regional anaesthesia, minimally invasive techniques, optimal pain control, and aggressive postoperative rehabilitation, including early enteral (oral) nutrition and ambulation. The combination of these approaches reduces the stress response and organ dysfunction and therefore greatly shorten the time required for full recovery.

Recent advances in understanding perioperative pathophysiology have indicated that multiple factors contribute to postoperative morbidity, length of stay in hospital, and convalescence.

Major improvements in surgical outcome may therefore require multifaceted interventions.

Ambulatory surgery has become routine for many procedures with a well documented record for safety and low morbidity, even in patients at high risk.

Studies of fast track surgery have evaluated somewhat similar approaches toward larger operations which carry more risk (box). Preliminary results from predominantly non-randomised trials have been positive (table). These studies have included high risk elderly patients undergoing operations such as segmental colonic resection, prostatectomy, and aortic aneurysmectomy. These preliminary data indicate topics for further randomised trials; the data need to be confirmed and extended to include end points of reduced costs, preserved safety, and patient satisfaction.

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A FT discharge protocol is a safe postoperative care after DBS. There are a small percentage of complications after DBS, which mainly occur within the first 6h <sup>1)</sup>.

<sup>1)</sup>

Martín N, Valero R, Hurtado P, Gracia I, Fernández C, Rumià J, Valldeoriola F, Carrero EJ, Tercero FJ, de Riva N, Fàbregas N. Experience with "Fast track" postoperative care after deep brain stimulation surgery. *Neurocirugia (Astur)*. 2016 Nov - Dec;27(6):263-268. doi: 10.1016/j.neucir.2016.02.004. PubMed PMID: 27006141.

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