Perioperative Care in Obstetrics and Gynecology

Dear Colleagues,

Hysterectomy is one of the most common surgeries in the world and perioperative care takes an important place in the clinical practice of a gynecologist. Rising cesarean delivery rates over the years has increased the significance of perioperative care in obstetrics too. The surgical stress induces the catabolic state and leads to some alterations in normal physiology. Increased cardiac demand, relative tissue hypoxia, increased insulin resistance, impaired coagulation profile, and altered pulmonary and gastrointestinal function are the changes in the intraoperative and the postoperative period. The goal of perioperative care is maintaining normal physiology in the postoperative period and optimizing patient outcomes. Preoperative management planning and risk assessment, patient counseling and education, bowel preparation, minimizing infection risk, pain management, prevention intraoperative hypothermia, early mobilization, thromboprophylaxis, nutrition and fluid balance are the components of perioperative care. Many of previous traditional perioperative interventions such as bowel preparation, cessation of oral intake after midnight, liberal use of narcotics and patient-controlled analgesia, prolonged bowel and bad rest, the use of nasogastric tubes and drains, gradual reintroduction of feeding are not evidence-based. Therefore, Enhanced Recovery After Surgery (ERAS) programs including interventions that are data supported with the goal of optimizing patient outcomes began in the 1990s. The majority of data pertaining to outcomes with ERAS are derived from colorectal surgery. Nowadays this program takes place across a wide range of surgical specialties including gynecologic surgery. While researches on this subject continue all over the world, more data are needed reporting preoperative and postoperative interventions with the goal of shorter length of hospital stay, decreased need of analgesia, more rapid return of bowel function, decreased complication and readmission rates, increased patient satisfaction, cost reduction, and to standardize perioperative care.

The aim of this special issue titled “Perioperative Care in Obstetrics and Gynecology” is to create a collection of manuscripts providing new evidence and comprehensive reviews presenting the most recent available evidence in the field of perioperative care in obstetrics and gynecology practice.

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