INTRODUCTION

Enhanced recovery after surgery (ERAS) in spine

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THE practice of spinal surgery has often been associated with a long and painful recovery for the patient. This can be due to numerous factors, including the nature of the surgical procedure itself; the treatment of multiple motion segments; premonitory conditions such as narcotic dependence; deconditioning; and preoperative psychological priming. Judged from the economic, physiological, and social perspectives, we as spinal surgeons understand that opportunities exist for improving the patient's experience when undergoing a spinal operation.

The principle of enhanced recovery after surgery (ERAS) was initially developed in Western Europe for abdominal surgery. Since its inception 2 decades ago, the proliferation of ERAS programs has been impressive, involving numerous subspecialties on 6 continents, and there are now societies focused on this aspect of care across specialties. However, neurosurgery and spinal surgery have been late to the game.

For practicing surgeons there has been increased demand for improvement in perioperative care, and many institutions have attempted to implement ERAS programs throughout their hospitals across disciplines. Thus, there has been a disconnect between many healthcare institutions and their spine surgeons due to a lack of data on how to begin or to implement a spinal ERAS program. It is in this vacuum that we have decided to dedicate a *Neurosurgical Focus* issue to ERAS in spine surgery. The earliest ERAS programs have now begun collecting data that in many cases demonstrate the effectiveness of these

approaches as measured by diverse metrics. However, we are only at the nascent stages of ERAS in spinal surgery, and this issue will likely serve as most neurosurgeons' first exposure to this important and growing area of research.

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Disclosures

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