Table1. ERAS Protocols in Urogynecology

ERAS ITEM		RECOMMENDATION
Preoperative Interventions	Counseling and Education	Verbal counselling Handout delivery detailing the procedure and describing recovery process
	Comorbid Conditions	Smoking cessation Control of Diabetes Mellitus Patient status optimization (anemia, hypertension)
	Diet	Carbohydrate loading Avoidance of preoperative fasting Clear fluids up to 2 hours before surgery
	Bowel Preparation	Unnecessary
Intraoperative Interventions	Nausea and Vomiting Prevention	Use of more than two antiemetic agents Gabapentine and Pregabaline
	Temperature Homeostasis	Active warming of patients during vaginal surgery
	Antibiotic Prophylaxis	Additional data needed to reach into safe conclusions for pelvic floor reconstructive surgeries
	Tubes and Drains	Removal of transurethral catheters as soon as possible Avoidance of routine use of peritoneal drain catheters
	Anaesthesia	Short-acting administration of anesthetics Supplementary perioperative and postoperative analgesia Use of lidocaine, regional block or epidural anesthesia
	Fluid Intake	Perioperative euvolemia and perioperative fluid optimization
Postoperative Interventions	Ambulation	Early ambulation
	Postoperative Analgesia	Opioid-sparing analgesia Multimodal analgesia
	Oral Diet	Early oral feeding in the first 24 hours after surgery
	Prevention of Ileus	Conflicting evidence whether gum chewing, or the use of laxatives may have a beneficial effect after surgery
	Thromboprophylaxis	Pneumatic compression devices and/or compression stockings Low molecular weight heparin
	Discharge and follow-up	Specific discharge criteria Postoperative counseling and education Postoperative questionnaire