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EFFECTIVENESS OF ERACS METHOD IN ACCELERATE RECOVERY AGAINST LONG DURATION OF HOSPITALITY

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ABSTRACT
The development of science and technology in the health sector has encouraged many pregnant women to want a labor process with minimal pain. One method that is increasingly popular is delivery by caesarean section. This study aims to evaluate the effectiveness of the ERACS (Enhanced Recovery After Caesarean Section) method in accelerating recovery and reducing the duration of hospitalization after a cesarean section. The research method uses a qualitative approach with a phenomenological design, involving five key informants at Mother and Child Hospital Ananda Trifa, Parepare City. Data were collected through in-depth interviews, observations, and questionnaires from August to September 2024. The results showed that all informants had a good understanding of the ERACS method, with knowledge obtained from doctors and social media. The ERACS method has been shown to be effective in reducing postoperative pain, allowing early mobilization within 6-8 hours, and shortening the duration of hospitalization to an average of two days. Family support and collaboration with the medical team also play an important role in successful recovery. Overall, the ERACS method provides significant benefits in accelerating recovery and increasing patient comfort, making it a promising alternative to cesarean delivery.

Keywords: cesarean section; ERACS; family support; length of hospital stay; rapid recovery

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INTRODUCTION

The development of science and technology in the health sector has encouraged many pregnant women to want a labor process with minimal pain. One method that is increasingly popular is delivery by caesarean section (Wang, 2017). This method allows mothers to determine the time of delivery as desired and avoid the pain that is generally experienced during normal delivery (Colomar et al., 2021). Data from the World Health Organization (WHO) shows that around 18.5 million births via cesarean section are performed each year worldwide (Maulana et al., 2022). Meanwhile, based on the 2022 Indonesian Demographic and Health Survey Statistics, the percentage of cesarean births reached 19% of total deliveries (Hayati et al., 2023). Some of the medical indications underlying cesarean section include premature rupture of membranes (5.6%), prolonged labor (3.1%), umbilical cord entanglement (2.9%), placenta previa (0.7%), placental abruption (0.8%), transverse fetal position (2.4%), bleeding (4.3%), seizures (0.2%), hypertension (2.9%), and other medical conditions (4.4%) (Zhafirah, 2024).

A cesarean section or caesarean section is a childbirth procedure performed by making an incision in the abdomen (laparatomy) and uterus (hysterotomy) to deliver the baby. This procedure is increasingly being chosen by pregnant women in various parts of the world (Crandon et al., 2024). In the context of obstetrics, the ERACS (Enhanced Recovery After Caesarean Section) method is present as an innovation that adapts the ERAS (Enhanced Recovery After Surgery) concept which was previously applied to digestive surgery. This

method includes a series of preoperative, intraoperative, and postoperative care until the patient is declared recovered and can leave the hospital (Sadzali & Rosa, 2024; Sri Utami & Rosa, 2023).

Enhanced Recovery After Caesarean Section (ERACS) has actually been known since 1997 when it was first introduced by Kehlet. However, its popularity in Indonesia has only increased in recent years. This technique allows for faster functional recovery, where patients can mobilize early in less than 24 hours after surgery. This also has an impact on shortening the hospitalization period for patients undergoing caesarean delivery with the ERACS method (Rahayu et al., 2023; Sadzali & Rosa, 2024). As a perioperative program, ERACS offers several advantages, such as reducing recovery time, reducing the risk of post-surgical infection, and reducing the possibility of depression and anxiety in patients (Markham et al., 2019). In addition, this method also encourages early mobilization, which is useful for improving lung function, oxygen flow to tissues, and reducing the risk of insulin resistance, thromboembolism, and length of stay (LOS) by around 7.8% (Mondal et al., 2023; Nurhayati & Nadjib, 2023).

Several studies have shown that the ERACS method has advantages over conventional cesarean section. These advantages include shorter hospitalization, reduced incidence of complications, and faster recovery (Khoirunnisa et al., 2023). In addition, cesarean section delivery is closely related to the use of anesthesia. Regional anesthesia, especially spinal anesthesia, is the main choice because it can reduce maternal morbidity and mortality (Febriyanti et al., 2024). In the ERACS method, anesthesia services are more perioperative with lower doses, thus reducing the risk of aspiration in the mother and increasing safety for the neonate. This increase in services is in line with the increasing interest of pregnant women in cesarean delivery. This effective and popular recovery technique not only provides clinical benefits but also accelerates patient rehabilitation and discharge (Ruspita et al., 2023).

Adequate postoperative analgesia is a key component of the ERACS protocol. A multidisciplinary approach through multimodal analgesia, combining different types of drugs and intervention techniques, aims to optimize pain relief while minimizing side effects. One commonly used technique is spinal anesthesia with a combination of bupivacaine, fentanyl, and morphine, which works by inhibiting the transmission of pain signals to the brain (Sardimon et al., 2022). After surgery, the patient's recovery is monitored by an anesthesiologist in the recovery room, where general condition, consciousness, blood pressure, pulse, respiration, temperature, and response to pain are continuously monitored (Boer et al., 2018). This study aims to determine how the characteristics and experiences of postpartum mothers relate to the effectiveness of the eracs method in accelerating the recovery of post-cesarean patients.

METHOD

This study uses a qualitative design with a phenomenological approach. This approach was chosen to understand the experiences and perspectives of informants in depth regarding the implementation of the ERACS method in accelerating recovery and reducing the length of hospitalization. Researchers play an active role in the data collection process to ensure the accuracy and relevance of the information obtained. The sampling technique used is purposive sampling, where informants are selected based on their ability to provide a clear and detailed picture of the research topic. This study involved five key informants who had knowledge and experience related to the implementation of the ERACS method at Mother and Child Hospital Ananda Trifa, Parepare City. The research location was chosen because the hospital is one of the pioneers in implementing the ERACS method in the Parepare area. Data collection was carried out for two months, namely from August to September 2024, to ensure

the depth and completeness of the information obtained. The research instruments used include structured interview guides, observation sheets, and questionnaires. Interview guides are designed to guide researchers in systematically exploring information, while observations are used to directly observe the implementation process of the ERACS method. Questionnaires are given to informants to complete the data obtained through interviews and observations. The combination of these instruments is expected to produce comprehensive data and support research analysis.

RESULT

Table 1.
Informant Characteristics

Informant	Age (Years)	Job	Education	Religion	Pregnancy History	Birth History
P1	35	Housewife	Senior High School	Islam	$G_5 P_4 A_1$	Second SC (second and fourth children)
P2	30	Housewife	Diploma III	Islam	$G_1 P_1 A_0$	First SC
P3	32	Employee	Bachelor	Islam	$G_3 P_1 A_2$	First SC
P4	33	Employee	Senior High School	Islam	$G_2 P_2 A_0$	Second SC
P5	20	Housewife	Junior High School	Islam	$G_1 P_1 A_0$	First SC

Table 1 shows that all informants are patients of Ananda Trifa Mother and Child Hospital. The age of informants in this study is included in the mature age category or has passed the minimum age limit for marriage, which is 20-35 years (100%), seen from their jobs, most are housewives (60%) and employees (40%), seen from their education level, high school (40%), junior high school (20%), Diploma-III (20%) and Bachelor's degree (20%), seen from their religion, all informants are Muslims (100%), seen from their pregnancy history, G1 P1 A0 (40%), G5 P4 A1 (20%), G3 P1 A2 (20%) and G2 P2 A0 (20%) and seen from their history of first caesarean section (60%) and second caesarean section (40%). Based on in-depth interviews with key informants, the researcher found that most informants had similar understandings of the ERACS method. For example, Mrs. Inriana, the first informant, explained that she learned about the ERACS method from her doctor during her pregnancy check-up. She stated, “Eracs is a new method that allows caesarean section patients to not feel excessive pain, can immediately do light activities, and eat immediately after surgery.” She also compared her experience with her previous caesarean section, where the pain was more pronounced and recovery took longer. Another informant, Mrs. Umi Kalsum, learned about ERACS through social media and explained that this method allows early mobilization and faster recovery.

Informants gave positive responses regarding the effectiveness of the ERACS method in accelerating recovery. Mrs. Inriana stated that she did not feel any pain during the operation and could move her legs and tilt within a short time after the operation. She also added, “I could immediately eat biscuits and drink water a few hours after the operation.” Another informant, Mrs. Sri, shared her experience after the operation, “I could sit in 6 hours and walk after 24 hours.” In addition, family support, especially her husband, is also an important factor in the recovery process. The ERACS method has proven effective in shortening the duration of hospitalization. Mrs. Inriana revealed that she was only hospitalized for two days after surgery before being allowed to go home. A similar thing was expressed by Mrs. Umi Kalsum, who stated, "I was able to go home on the second day after surgery." Another informant, Mrs. Winda, also confirmed that she only spent two days in the hospital before being declared recovered. In general, all informants agreed that the ERACS method helped reduce the length of hospitalization and speed up recovery.

DISCUSSION

Based on the results of the questionnaire and interviews with five informants, it can be concluded that their general knowledge of post-cesarean health education using the ERACS method is quite good. Most informants were able to answer questions correctly according to their understanding. Knowledge is the result of an individual's process of understanding information, which then influences the behavior and decisions taken. A high level of knowledge tends to encourage better behavioral changes, while low knowledge can hinder adaptation to new information (Hidayat et al., 2024). Health education is an effort to improve individual understanding and skills related to health. The goal is to create a society that is physically, mentally, and socially healthy. One effective method in health education is counseling, where information is exchanged between counselors and participants. This process aims to improve knowledge, skills, and positive attitudes towards health. In the context of cesarean section, health education helps pregnant women understand the ERACS procedure and its benefits for postoperative recovery (Yoon et al., 2021).

The interview results showed that all informants did not feel pain during the cesarean section using the ERACS method. After the operation, they were immediately transferred to the recovery room for observation. Most informants were able to move their legs in a short time, and some were even able to lift their legs immediately after the operation. In addition, all informants were allowed to consume snacks such as biscuits and warm water several hours after the operation. Fasting before the operation was carried out for an average of five hours, and all informants received a complete explanation of the ERACS procedure. The experience of informants who underwent caesarean section with the ERACS method showed that recovery was faster than conventional caesarean section. Informants who had previously undergone caesarean section stated that the ERACS method provided better results. Family support is also an important factor in the recovery process. The family provides physical and psychological support, which helps patients feel more comfortable and motivated to do early mobilization (Fadhla et al., 2023).

The ERACS method allows patients to mobilize early within two hours after surgery with minimal pain. Collaboration of the medical team, including obstetricians, anesthesiologists, midwives, nurses, and nutritionists, ensures a smooth recovery process. The results showed that most patients were able to sit and stand within 6-8 hours after surgery, and walk within 24 hours (Sadzali & Rosa, 2024). The implementation of the ERACS method significantly reduced the duration of hospitalization after cesarean section. All informants in this study were allowed to go home on the second day after surgery. Other studies have also shown that the ERACS method can reduce the length of hospitalization (LOS) by up to 21% without increasing the risk of complications (Purnaningrum et al., 2023). This is in line with the findings at Hermina Galaxy Hospital, where the average LOS of ERACS patients was 2-3 days, shorter than the conventional method (Purnaningrum et al., 2023). Research by Tika (2022) shows that the ERACS method is effective in reducing postoperative pain. Patients who underwent ERACS reported less pain and were able to do light activities in less than four hours after surgery. This supports the findings in this study, where all informants felt faster recovery and minimal pain.

CONCLUSION

The ERACS method has been proven effective in accelerating post-cesarean recovery. Informant knowledge of this method, family support, and collaboration of the medical team are key factors in the success of ERACS implementation. In addition, this method has also succeeded in reducing the duration of hospitalization and increasing patient comfort during the recovery process. These findings are in line with previous studies showing that ERACS is

a promising innovation in the world of obstetrics and gynecology. Further researchers can conduct comparative studies between the ERACS method and conventional cesarean section methods.

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