

# Correspondence on 'Enhanced recovery after surgery in gynecologic oncology: time to address barriers to implementation in low- and middle-income countries' by Nelson et al

We were interested in the commentary published by Nelson et al regarding obstacles to implementation of Enhanced Recovery After Surgery (ERAS) guidelines in Gynecologic Oncology, especially in Latin America.<sup>1</sup> We acknowledge the barriers pointed out in financing and data collection, and believe that cultural aspects contribute toward the difficulty in establishing ERAS in Latin America.

Data collection and analysis are not the norm in many Latin American centers, and tools for such are expensive or lacking. Our personal experience led to the development of a user-friendly tool<sup>2</sup> which was, nonetheless, regarded as extra work with few advantages by many physicians.

Furthermore, we have noted resistance to changes in culturally ingrained practices, notably mechanical bowel preparation, despite available evidence.<sup>3</sup> This could result from a lack of investment in education and training or from the deficiency of supervision to adherence to specific practices.

Incentivizing the adherence of ERAS guidelines through training programs could lead medical teams to witness first-hand its benefits, motivating data collection and compliance to guideline protocols. Furthermore, this could also prompt hospital administrations to encourage the

application of ERAS due to the cost-benefits during hospital stay.

In summation, we agree with the authors' potential solutions which encompass limited human, technical and financial resources in Latin America as well as cultural differences.

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