Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Introduction

As the Covid-19 pandemic ruthlessly exposed the limitations of the present-day healthcare system, experience with Enhanced Recovery proved invaluable in permitting elective surgery to continue as hospital capacity diminished. Proving once again that "*Necessity is the mother of invention*", we collectively discovered what was truly possible when hospitals were filled and minds were opened. Although unimaginable just a few short years ago, the concept of "ambulatory colectomy" has become plausible reality for some highly selected low risk patients.[1] As we continue to push the envelope with regards to Enhanced Recovery, it is imperative that we stay grounded in evidenced-based, patient-centric practice to assure the best possible outcome.

During the 1970's and 1980's, the average length of stay (LOS) following colorectal surgery was two to three weeks.[2,3] Owing to the advent of minimally invasive surgical techniques and Enhanced Recovery Pathways (ERP), this has steadily declined over the intervening two decades to a current average of 2–3 days.[4,5] There are innumerable advantages to recovering in the comforts of one's own home - improved sleep hygiene, better food, and emotional support from extended family/friends. The avoidance of hospital exposure to health care-associated infections is more advantageous now than ever before. However, these benefits must be weighed against potential barriers including the patient's available support system and distance from the hospital, issues related to communication, early recognition of complications and the risk of readmission.

ERPs have proliferated since first introduced in the early 1990's. Although Enhanced Recovery concepts have become ubiquitous across multiple subspecialties, the most robust experience resides within colorectal surgery where prolonged recovery was traditionally commonplace.[6] Within colorectal surgery, Enhanced Recovery has been associated with innumerable outcome improvements, including reductions in LOS, early return of bowel function, reduced deconditioning, up to 50% reduction in surgical complications, earlier return to work and higher patient satisfaction.[5] Simultaneously, ERPs are associated with similar or lower rates of readmission and lower hospital associated costs.[7–9] Enhanced Recovery has also been associated with earlier initiation of adjuvant chemotherapy and higher five-year overall survival in patients with colorectal cancer undergoing resection.[10,11] Multidisciplinary collaboration and a quality-centric culture have consistently been demonstrated as key elements to success.[12]

Compliance with ERP measures varies significantly between healthcare settings and has been tied closely with surgical outcomes. [12] Success with ERPs undoubtedly rely on clear preoperative education, multidisciplinary collaboration, standardization in care, and open lines of communication. One of the greatest benefits of the Enhanced Recovery movement has been the bond forged between surgeons, anesthesia providers, and nursing as partners in the provision of routine surgical care. Prior to the advent of Enhanced Recovery, surgeons, anesthesiologists, and nurses often worked in silos rather than as interrelated partners. Enhanced Recovery has undoubtedly broadened the collaborative esprit de corps, facilitating shared decision-making and a more engaged workforce. True to the multidisciplinary nature of Enhanced Recovery, you will learn from our valued anesthesia and nursing experts, in addition to colorectal surgeons, about the most important aspects of Enhanced Recovery in this issue of Seminars in Colon and Rectal Surgery.

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