

Table I. *Protocols of the conventional and ERAS groups.*

	Conventional group	ERAS group
Preoperative information	Information on only about RARP surgery	Detailed information on the ERAS protocol aside from RARP surgery
Preoperative bowel preparation	Mechanical bowel preparation with oral laxative and cleansing enema was performed before surgery	No mechanical bowel preparation
Preoperative fasting	No food and liquid intake for 12 and 9 h before surgery, respectively	No food and liquid intake for 12 and 2 h before surgery, respectively
Perioperative infusion	Approximately 2,000 ml per day for 4 days No fixed intraoperative infusion protocol	1,000-1,500 ml on POD 0 and stopped on the evening of that day if the patients can drink oral rehydration solution No fixed intraoperative infusion protocol
Postoperative analgesia	Use a PCEA with fentanyl on demand	Started regular oral NSAIDs on POD 1 in addition to PCEA with fentanyl
Postoperative mobilization	Based on the patient's desire	Started rehabilitation in a sitting position on POD 0, and were encouraged to ambulate on POD 1 if the patient's conditions allowed
Postoperative diet	Allow liquid intake on POD 1 after bowel sounds were assessed POD 2, semiliquid diet; POD 3 normal diet	Chewing gum was used on the evening of POD 0 and allowed liquid intake on that day A normal diet was resumed on POD 1

POD: Postoperative day; PCEA: patient-controlled epidural analgesia; NSAIDs: nonsteroidal anti-inflammatory drugs.