



Service Priorities and Programmes
Electronic Presentations

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How does a Hepatobiliary Nurse Clinic (HBNC) work for the liver cancer's clients with IR procedures?

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Introduction

Liver cancer ranks the 4th most common cancer in Hong Kong. There are over 1800 new cases every year. Liver resection remains the conventional treatment option while interventional radiological (IR) procedure is one of the treatment options for inoperable liver cancer's client. There are about 300 clients per year in our locality receiving IR, in average; they need to stay in the hospital for a few days before and after the IR procedure. However, the default rate was substantial. Some default appointment might be due to client was not fully understanding of treatment plan, clients' refusal, blood result was not fit for the procedure, or blood component was not ready in the procedure day..... The Hepatobiliary Nurse Clinic (HBNC) was established and tried to improve the work flow, ensure fitness of clients before undergo to the procedure and minimize the default rate.

Objectives

1.To prepare the client physically and psychologically for the IR procedure. 2.To increase clients' understanding related to the procedure in order to gain their cooperation and minimize the default rate. 3.To ensure their liver function and clotting profile are fit for the treatment. 4.To ensure the blood component (platelet concentrate and fresh frozen plasma) are ready for the treatment if needed. 5.To promote the "same day admission" and be discharged within 48 hours (Clients need to be observed at least 24 hours after IR procedure). 6.To improve the continuity of care.

Methodology

Clients would attend HBNC one week before the IR appointment. During the clinic session, information related to the disease progress, indication care and risks of procedure are explained to clients. Client's drug and allergic histories would also be assessed to look for any need of steroid cover or need of with-holding drugs. Blood tests are carried out to check the baseline liver function, renal function, and clotting profiles to ensure client's fitness. Blood components would be reserved for the procedure if any risk of bleeding tendency is detected. Lastly, the admission

procedure and time of fasting are stressed. Thus client would admit on the “same day” of IR procedure without delay. After the procedure, client required to observe and bed rest for 24 hours. If no complication detected, they would be discharged from hospital and follow up in SOPD.

Result

Between 6/2011 and 5/2012, 265 clients were served in the clinic. About 98% clients admitted on “same day” of IR procedure and 90% clients discharged within 48 hours. Default rate was dropped to 1%. The establishment of HBNC significantly improves the default rate of IR procedure. Patients are more complied with the instructions after thorough discussion and the treatment option is well received.