



Service Priorities and Programmes
Electronic Presentations

Convention ID: 183

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Fast Track Protocol for Colorectal Surgery in PYNEH

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Keywords:

Colorectal surgery

Fast track protocol

Post-operative length of hospital stay

Introduction

Fast track protocol in surgery is an evidence-based practice. It optimizes the peri-operative management and shortens the hospital stay. With introduction of colorectal case manager, we have implemented fast track protocol for colorectal surgery since January 2012.

Objectives

To optimize the peri-operative management for patients undergoing colorectal surgery and using fast track protocol that involves multidisciplinary team members.

Methodology

After reviewing the previous experience in peri-operative management and outcomes of the patients undergoing elective colorectal surgery, a well-structured fast track protocol was designed and implemented for patients intended for (1) abdominal-perineal resection (APR); (2) colorectal surgery with stoma; and (3) colorectal surgery without stoma. The protocol standardized the medical and nursing management and effectively utilized the hospital resources. Important components of the protocol include pre-operative preparation (assessment, counselling and stoma education), early post-operative mobilization and resumption of diet, early removal of urinary catheters, tubes and drains if appropriate. Standard post-operative observations were undertaken to identify complications following surgery early. The targeted length of hospital stay after operation was 5 and 7 days for non APR colorectal surgeries and APR respectively. During pre-operative assessment, patients with their relatives are well informed about the operation, post-operative expectation, and expected length of hospital stay; information leaflets were given. Case manager's phone contact was given to the patients to answer any enquires or problems following discharge. Unplanned re-admission after discharge was avoided. After implementation of the fast track protocol, patients' data were collected for continuous audit.

Result

Until the third quarter of 2013, a total of 284 patients had elective colorectal surgeries

in PYNEH with 190 patients (67%) recruited into the program after exclusion of the elderly patients or patients with multiple co-morbidities. One hundred and thirty-nine patients (73%) complied with the fast track protocol; reasons for failure included unexpectedly slow progress after operation, post-operative complications or other personal issues. The median overall length of hospital stay after operation was successfully reduced from 7 to 5 days, while the HA benchmark (for July 2012 to June 2013) was 8 days. The readmission rate decreased from 6% to 2%.