



Service Priorities and Programmes Electronic Presentations

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A PILOT Study on the Enhancement Program on Patient undergoing Photoselective Vaporization of Prostate (PVP)

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Introduction

Unlike Transurethral Radical Prostatectomy (TURP) requiring continuous bladder irrigation and hospital stay, today patients with Benign Prostatic Hypertrophy (BPH) undergo PVP can be discharged same day after surgery.

Objectives

With the provision of a Systematic and Concise “All-in-One” Patient Information Booklet not only facilitates Multi-disciplinary Team Approach in delivery a consistent patient education but also compiles various scattered health information to eliminate duplication, confusion and annoyance of information to patients. Coupled with Phone Call Follow-up, patients’ engagement, and family anticipation, patients’ self-care ability could be ensured and same day discharged could be facilitated.

Methodology

A Pilot Study from July 2015 – October 2015 was conducted with seven patients underwent PVP were arranged to attend the Urology Nurse Clinic, Anaesthesia and Pre-admission Service before the day of operation. Patient Information Booklets were given in the Urology Nurse Clinic. PVP was performed using 180W GL-XPS system. Monitored Anaesthetic Care with pudendal blocks would be used for anaesthesia. Related peri-operative information with detailed explanation was given to patients and their families to prepare the readiness of patient journey. On admission and before discharge, designated Urology Nurses reviewed and reinforced the Self-care Enhancement Strategies with patients and their next of kins. Phone Follow-ups were given to all patients within 24 hours after discharge. Urethral catheters were removed in the Urology Nurse Clinic the next day. The Program was supported with on-call urologist. Walk-in enquiry to the Urology Nurse Clinic within 7 days post-operatively was entertained.

Result

Positive results were obtained as follows: Successful on the Same Day Discharge 100% (7/7) In-Hospital Stays (Hours) 11.2(10.1 -12.1) Re-admission Rate 14.3% (1/7) Overall Satisfaction (10 being most satisfied) 8.6 (7-10) Patients in the Pilot Study welcomed the Program especially the Phone Enquiry at the first 24 hours. Yet, one patient, due to prior patient education before operation, reported promptly when developing high fever and re-admission was arranged appropriately. Conclusion: Patients were discharged successfully on the same day after surgery. Consistent Multi-disciplinary Team approach was the pivotal factor for the success. Patient Information Booklet was an effective Tool to streamline and standardize patient education, including eliminate patients' knowledge deficit and reinforce their confidence in self-care technique. Lastly, it contributed to shorten length of stay and avoid unnecessary readmission.