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Helping Patients Bounce Back Quicker: Enhanced Recovery After Surgery

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Introduction

Enhanced recovery after surgery (ERAS) has been developed and initiated in colorectal surgery. The program is recognized in reducing postoperative length of hospital stay and patients' stress response to surgery. It also accelerates patients return to normal daily function. However, the literature in ERAS for liver resection is scarce. A pilot ERAS protocol had been implemented to liver resection surgery in 2015 in Department of Surgery, Prince of Wales Hospital. A multidisciplinary team was established to enhance the treatment plan of patients' journey.

Objectives

- (1) To minimize the disruption of a person's normal physiology
- (2) To engage patient in the treatment plan
- (3) To reduce length of hospital stay
- (4) To enhance holistic care

Methodology

A standardized protocol with comprehensive selection criteria was adopted. The eligible patient would be under the care of multidisciplinary teams and the patient's journey was started at out-patient basis. Preoperative counseling, education, assessment and screening would be performed in hepatobiliary and pancreatic nurse led clinic (HBPC) with information booklet provided. Dietitian would optimize patients' nutritional status preoperatively. The in-patient care pathways would be initiated on the day of admission which including fasting regimen and administration of carbohydrate-loaded drink. Standardized anesthetic and analgesic regimens, surgical management would be implemented during operation, abdominal drain and nasogastric tube would be minimized. Patients would be allowed to resume diet and early mobilization as soon as possible if they were hemodynamic stable. Sugar-free gum would be provided daily to stimulate intestinal motility. Discharge would be considered if patients fulfilled discharge criteria from postoperative day 3 onwards. After discharge, specialty nurse would contact patients by phone to check for any complications. And early follow up in HBPC and doctors' clinic would be arranged.

Result

From Sept 2015 to Jul 2016, a total of 20 patients underwent hepatectomy were recruited to ERAS program. Their clinical outcomes were compared with another 20 patients received hepatectomy under conventional perioperative program. There were no significant differences in the background characteristics between two groups. ERAS program was associated with a significantly shorter length of hospital stay (4.9 days vs 7.3 days, $p = 0.039$) without increase in complication rate. No patient required readmission in this cohort.

Conclusion:

ERAS perioperative program for liver resection is safe and significantly shorten the hospital stay.