

Canberra Health Implementing a standardised Enhanced Recovery After Surgery program reduces patient Services length of stay: An ACT based study of patients undergoing elective Hysterectomy

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Introduction

The ERAS Society released a consensus statement on ERAS recommendations for Gynaecology/Oncology patients in 2019. This guideline was used as a basis for establishing the ERAS protocol for Gynaecology patients in Canberra and draws on a large database of literature demonstrating the well established benefits of this global quality improvement initiative. The aim is to create a standardised approach to every step of the patient's surgical journey and establish best practice, reduce personal and financial costs associated with increased length of stay and complications.

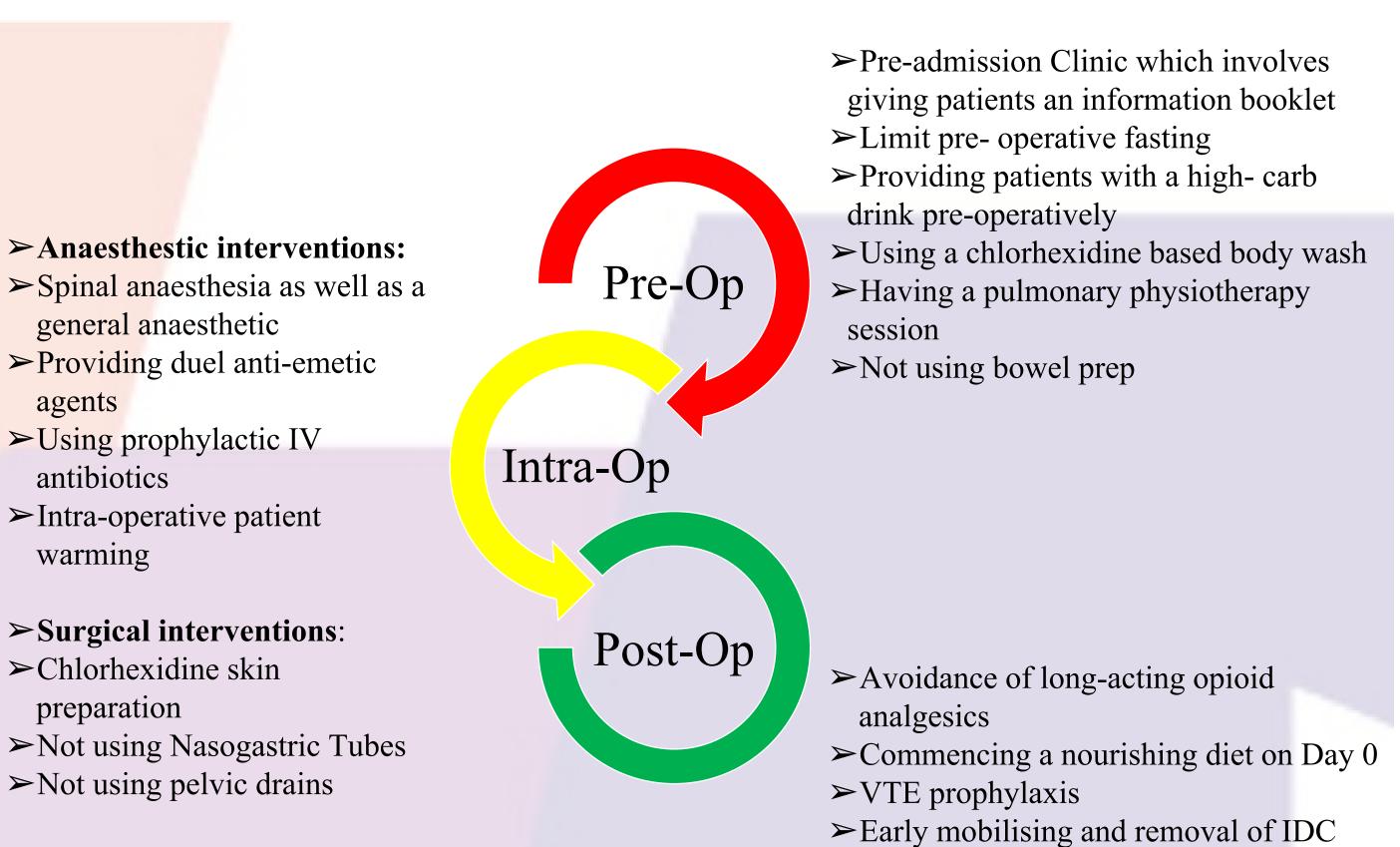
Aims

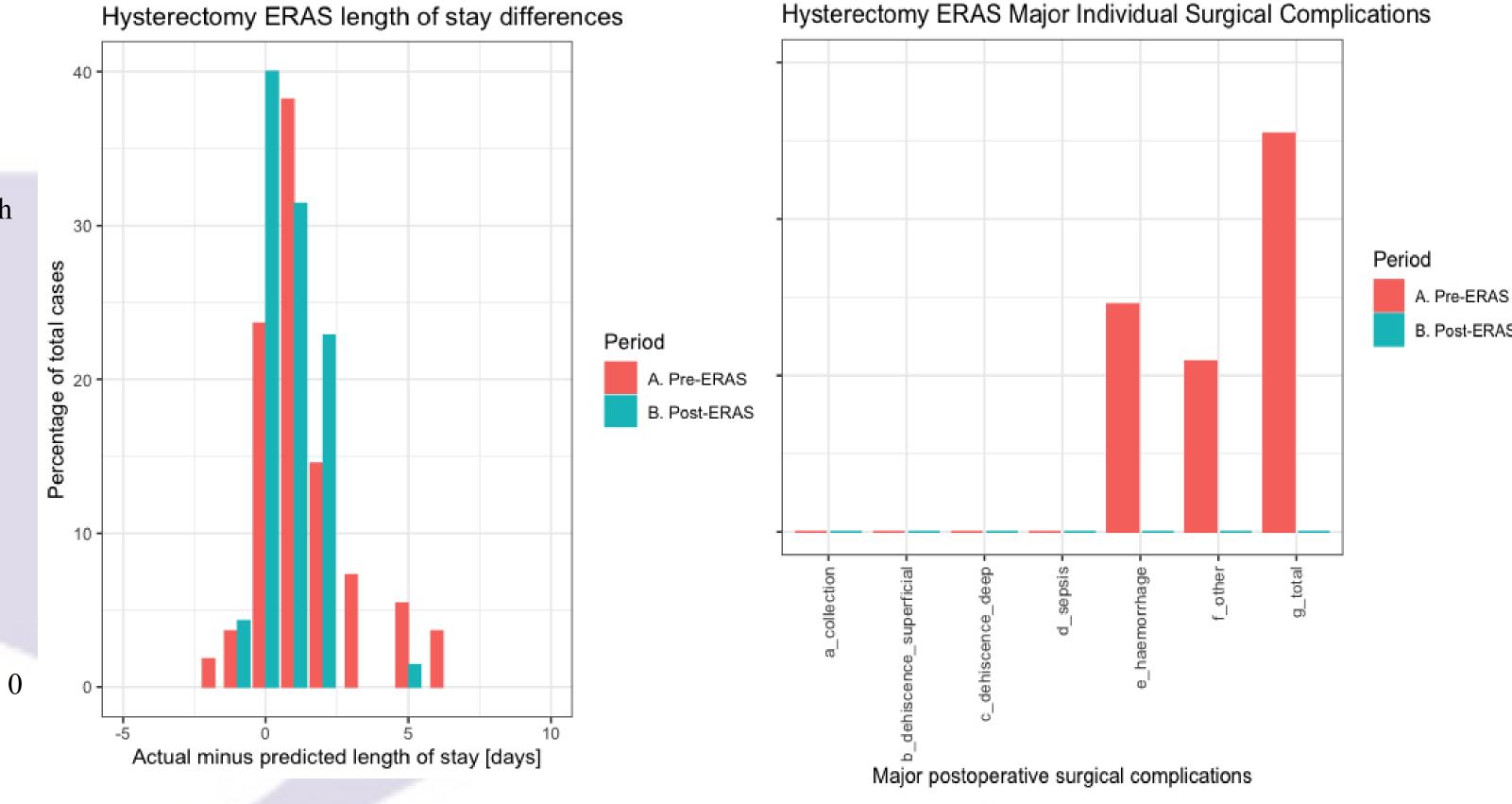
To demonstrate a reduction in the difference between actual and predicted hospital length of stay, reduced readmission rates and reduced complication rates. The primary objective is to reduce length of stay- aiming for total laparoscopic hysterectomy and vaginal hysterectomy patients to stay 1 day, and total abdominal hysterectomy patients to stay 2 days. Secondary objectives are reduced readmission rates and reduced surgical and anaesthetic complication rates.

Methods

An ERAS protocol was created for elective hysterectomy patients, including open, laparoscopic and vaginal approaches.

A standardised pre-operative, intra-operative and post-operative care pathway was implemented, and data collected was compared to 12 months prior to implementation of the ERAS program. RedCap database monitored complications. Actual length of stay was compared to predicted length of stay using the American College of Surgeons Surgical Risk Calculator.

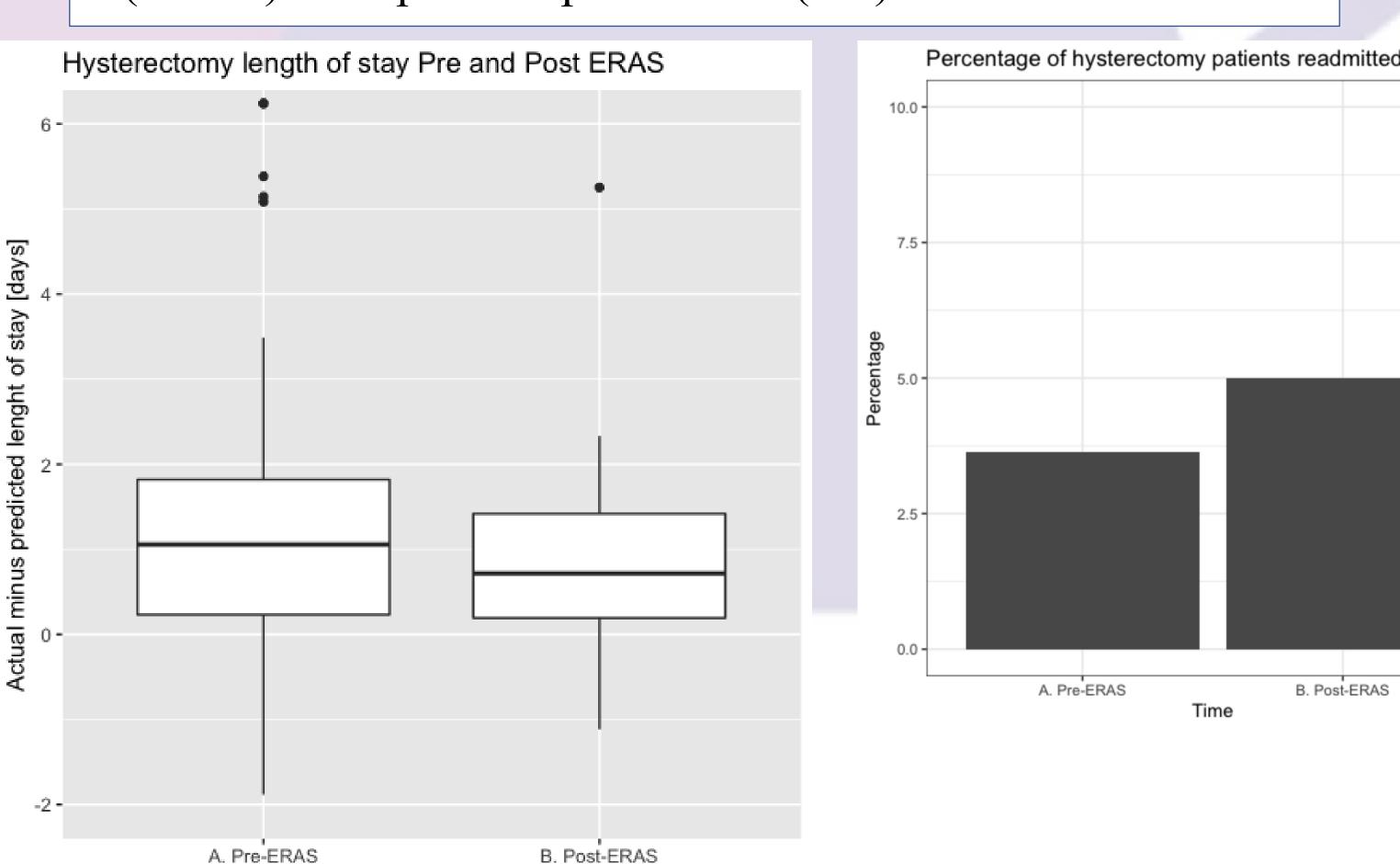




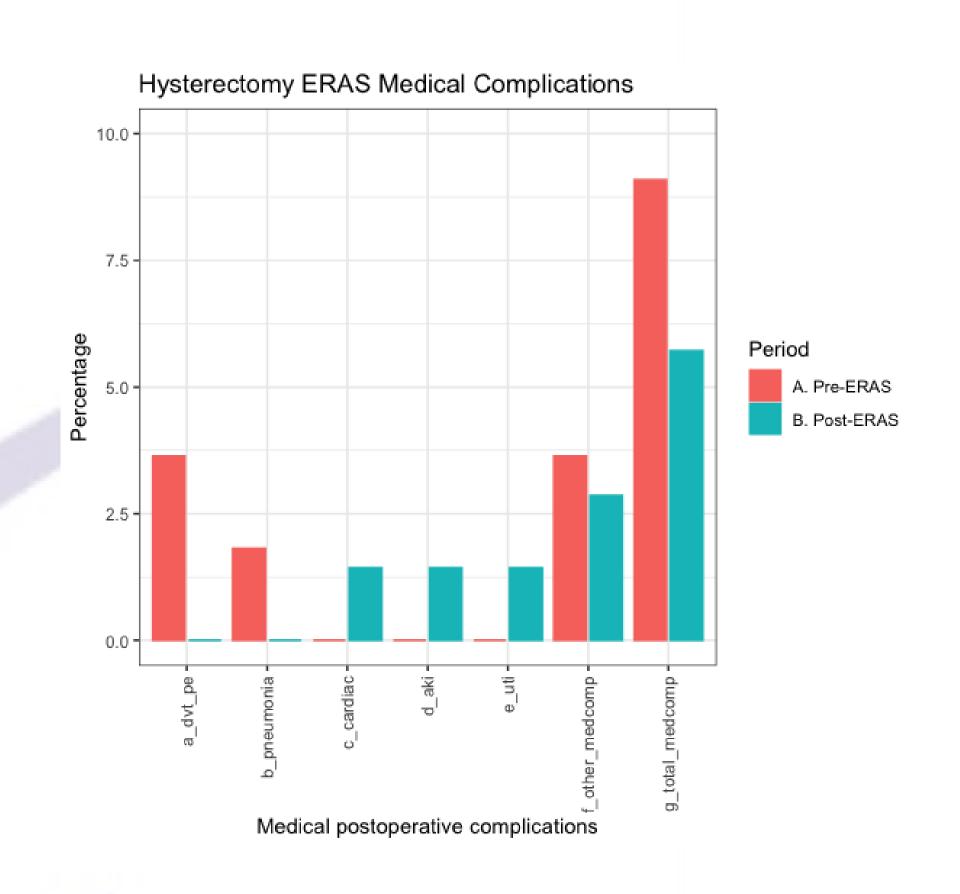
Results

55 hysterectomy patients managed pre-ERAS were compared to 70 post-ERAS.

- The median difference between actual and predicted length of stay fell from 1.06 (sd 3.96) to 0.718 (sd 0.981) days (0.42 day reduction).
- Readmission rates were similar: 2 patients pre-ERAS (3.64%) Vs 3 patients post ERAS (5%)



Time



Conclusion

Implementing a standardised ERAS program for elective hysterectomy patients reduces the hospital length of stay with a trend towards reduced surgical and medical complications.

B. Post-ERAS