


Enhanced Recovery After Surgery (ERAS) In Gynaecology



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ERAS



What is ERAS

What we have done

Where to from here



Multidisciplinary Team

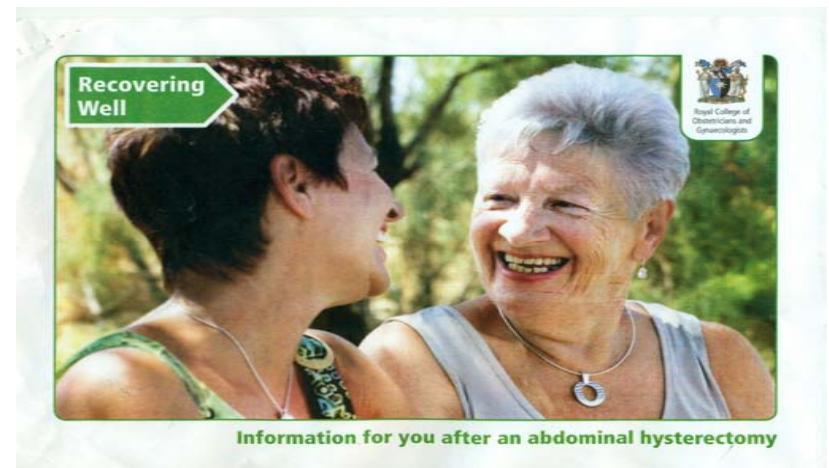
- ❑ Dr Peter Cooke Anaesthetist
- ❑ Penny Bognuda Oncology Nurse Specialist
- ❑ Fran Storr Pain Nurse Specialist
- ❑ Carolyn Haigh PACU Charge Nurse
- ❑ Ines Blaj Charge Nurse Gynaecology Ward
- ❑ Lynn Sadler Epidemiologist and project manager
- ❑ Dr Liz Curr Gynaecology Consultant
- ❑ Janine Mortimer Physiotherapist Women's Health
- ❑ Shannon Mayhew Staff Nurse Gynaecology Ward
- ❑ Judi Jones Staff Nurse Preadmission Clinic

Meetings

- ❑ Fortnightly
- ❑ Discussed all parts of a patient's journey through the service
- ❑ Timeline
- ❑ Preadmission, admission to hospital, surgery, post op, discharge
- ❑ STANDARDS!

Preadmission Clinic Changes

- ❑ Pamphlet/Booklet
- ❑ Discussed expectations around LOS
- ❑ Advice on eating /drinking the night before surgery and preoperatively on the day of surgery
- ❑ Paracetamol preoperatively



Anaesthetic Plan

- ❑ **Anaesthesia Plan : (Reducing opiates)**
 - GA plus regional encouraged
 - ❑ Spinal Morphine +++
 - ❑ Epidural Pethidine +++
 - ❑ TAPP block ++, ilio-inguinal block ++, local infiltration +
- ❑ **Drug Selection**
 - TIVA Propofol +/-Remifentanil. OR volatile and short acting opiates
 - Tramadol 50-100mg (if no neuro-axial block)
 - Clonidine 1mcg/kg (if no neuro-axial block)
 - Parecoxib 40mg
 - Ondansetron 4mg and Dexamethasone 4mg
- ❑ **Fluid restriction and accurate documentation**
 - 5ml/kg/hour plus blood/colloid for volume losses
- ❑ **Vasopressors if required to maintain BP**
- ❑ **Temperature Probe and Warm Air Heating**
- ❑ **Discuss timing of Enoxaparin timing during timeout and document**

Intra operative

- No changes in surgical technique
- Avoid drains when possible
- Avoid bowel prep

Postoperative Changes

- ❑ Feeding (Meal pack)
- ❑ Mobilisation
- ❑ Laxatives
- ❑ Stop IVF early
- ❑ Remove IDC 0600
- ❑ Pain Management
- ❑ Communication system (Pain team, Nursing team)
- ❑ Patient diary...
- ❑ Care plan
- ❑ Follow up phone call

Daily Diary

Place patient sticker here

This page includes the activities we would like you to complete on the first days after your operation. This will help you to be more involved in ensuring a good recovery. It will also help us to learn about your progress.

Each day, place a tick when you have achieved an activity.

You do not need to tick the shaded boxes as you will probably not achieve these activities, unless your surgery is in the morning.

Have you?	Day of surgery	Day 1	Day 2	Day 3
Done your deep breathing exercises every waking hour?				
Done your leg exercises every waking hour?				
Changed your position at least every 2 hours to include lying tilted on your side to ensure you have relieved the pressure on your bottom?				
Told the nurse if you have pain or nausea?				
Sat out of bed in the morning for 2 hours?				
Sat out of bed in the afternoon for 2 hours?				
Sat out of bed in the evening for 2 hours?				
Walked at least twice around the ward this morning?				
Walked at least twice around the ward this afternoon?				
Walked at least twice around the ward this evening?				
Discussed your discharge plans with the nurse?				
Made transport arrangements for getting home on discharge?				
Eaten breakfast?				
Eaten lunch?				
Eaten dinner?				
Eaten some snacks between meals?				
Passed wind (farted)?				
Moved your bowels?				
COMMENTS/QUESTIONS:				



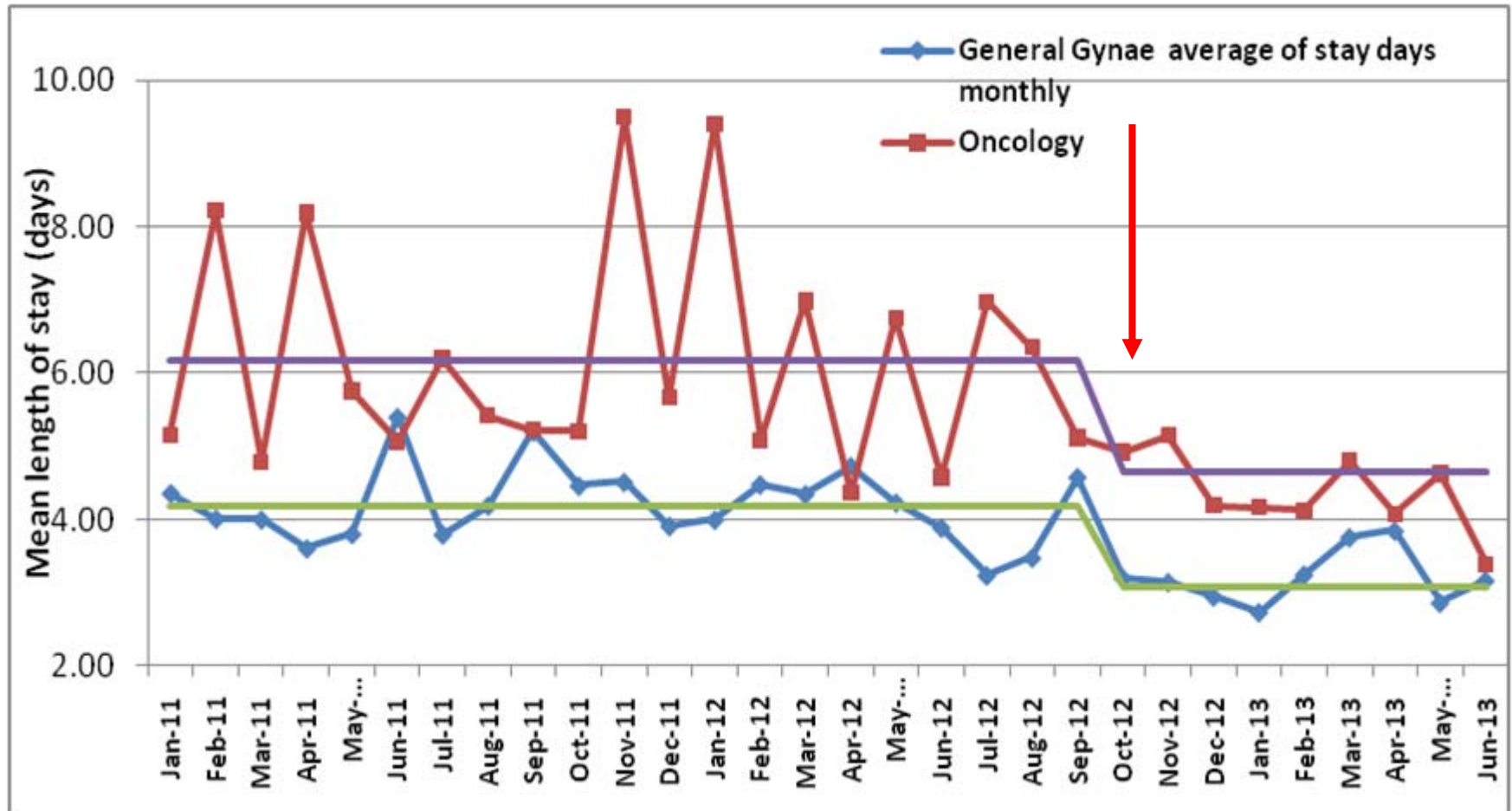
Care Plan (Discharge Criteria)

ERAS Pathway for Laparotomy/ Hysterectomy /Vaginal/Laparoscopic (circle as appropriate) other.....				
Return to ward post surgery:				
Planned date of discharge:				
	DISCHARGE CRITERIA (tick as achieved)	✓	Signature	Date
	Can eat and drink without nausea			
	Managing on oral pain relief			
	Has passed flatus			
	Mobilizing independently			
	Necessary community referrals completed			
				Additional

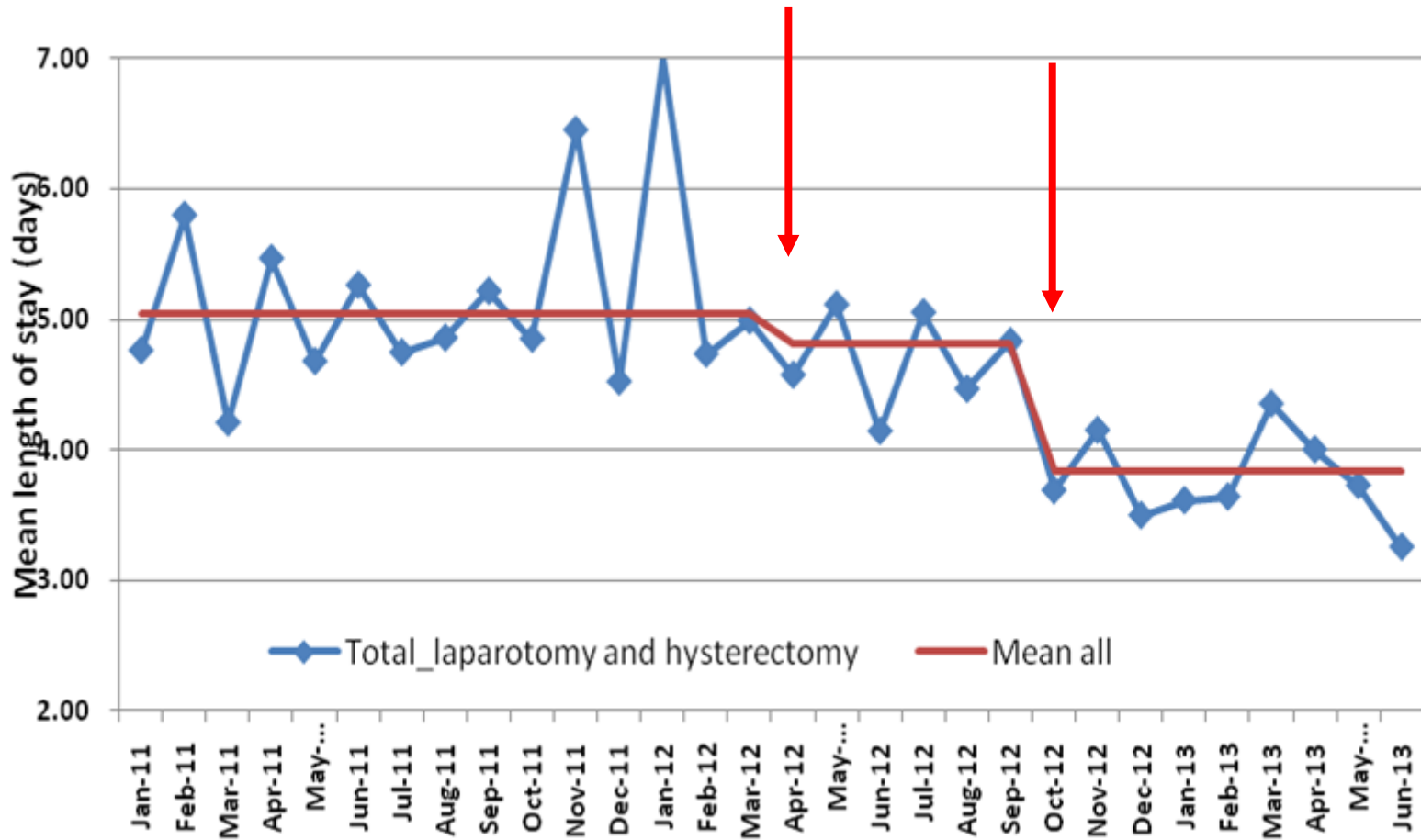
Benefits

- Nurses' use of clinical knowledge
- Frees up nurses' time
- Patients are educated and more motivated
- Nursing based on partnership
- Less constipation
- Less nausea / drowsiness -> mobilize
- Everyone is on the 'same page'

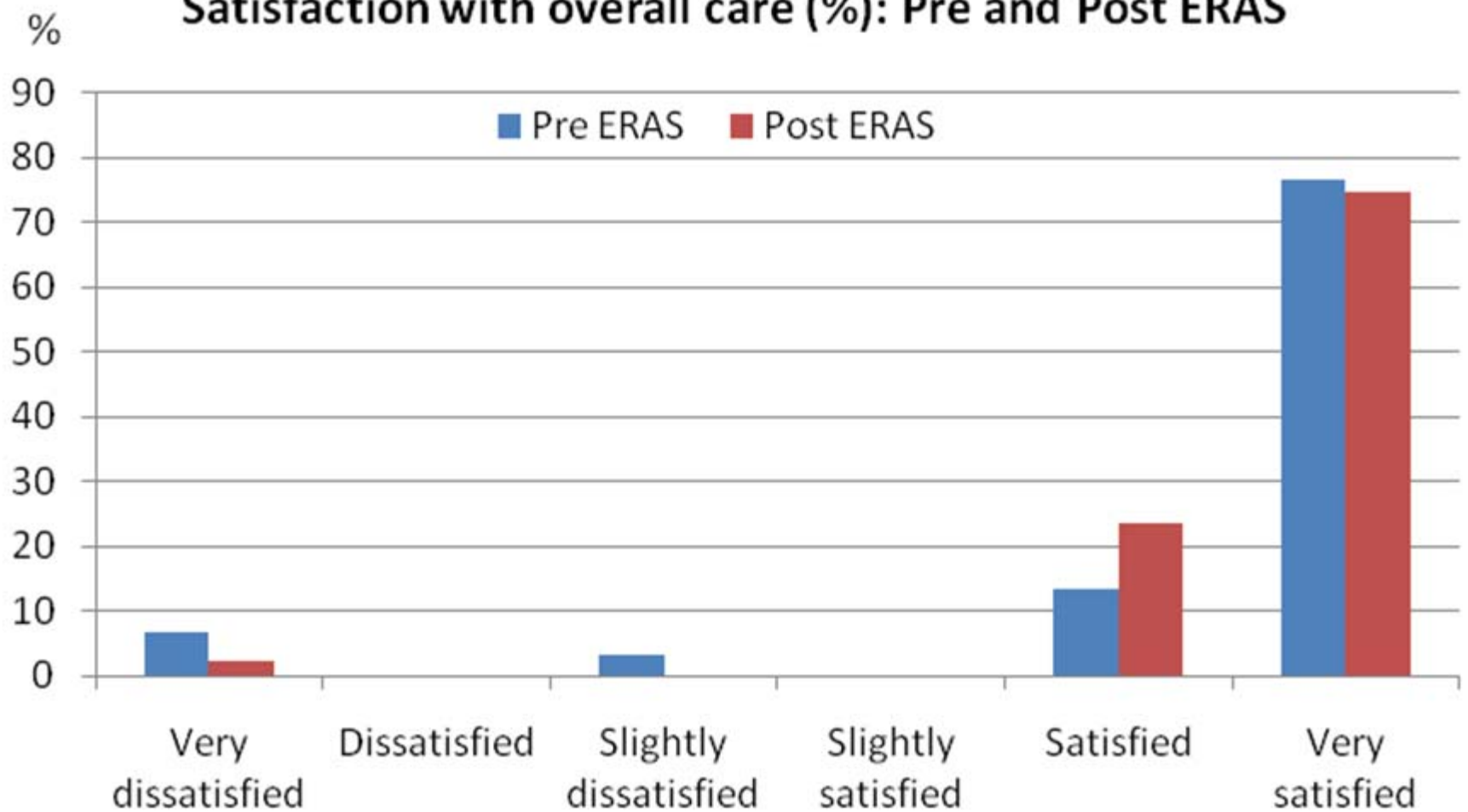
Length of stay General Gynaecology and Gynaecology Oncology



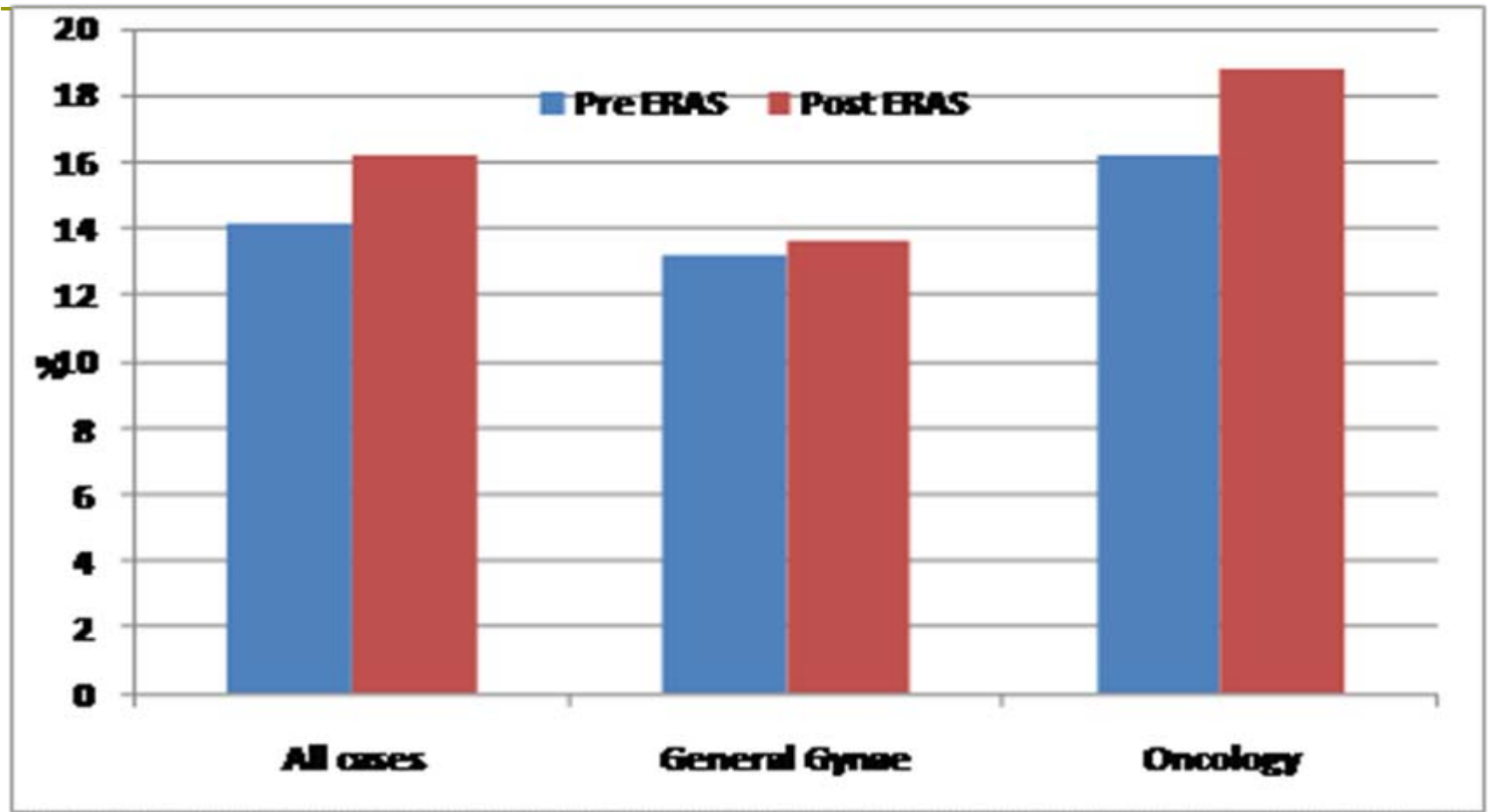
Mean length of stay combined



Satisfaction with overall care (%): Pre and Post ERAS



Readmission rates



Next...

- Ongoing involvement
- Clinical trials
- Expand ERAS to other surgical groups (laparoscopy, urogynaecology surgeries)

Thank you

- Thanks to the members of ERAS team for being part of this wonderful project allowing me to utilise some of their slides
- Thanks to all nursing staff on Ward 97
- Thank you for your attention!

References

**1. Fast-Track Surgery in Gynaecology and
Gynaecologic Oncology:**

A Review of a Rolling Clinical Audit

Jonathan Carter^{1, 2}

*1 The University of Sydney, Sydney, NSW 2006,
Australia*

*2 Sydney Gynaecological Oncology Group, Sydney
Cancer Centre, Royal Prince Alfred Hospital,
Camperdown, NSW 2050, Australia*

**2. Enhanced Recovery After Surgery: The future of
improving surgical care**

Krishna K. Varadhan, Dileep N. Lobo, Olle Ljunquist