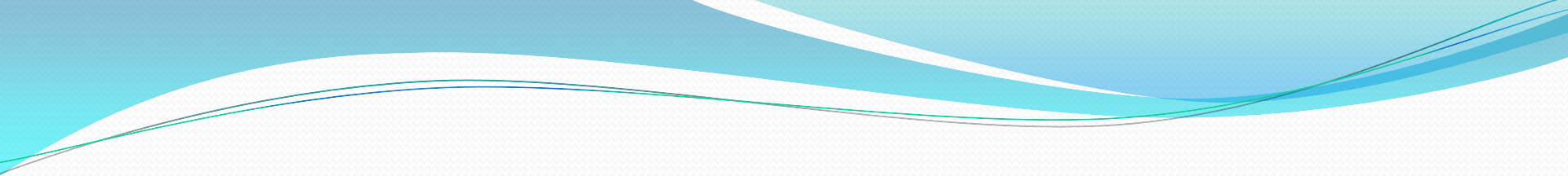


Recovery

Hospital to Home in 7-10 days

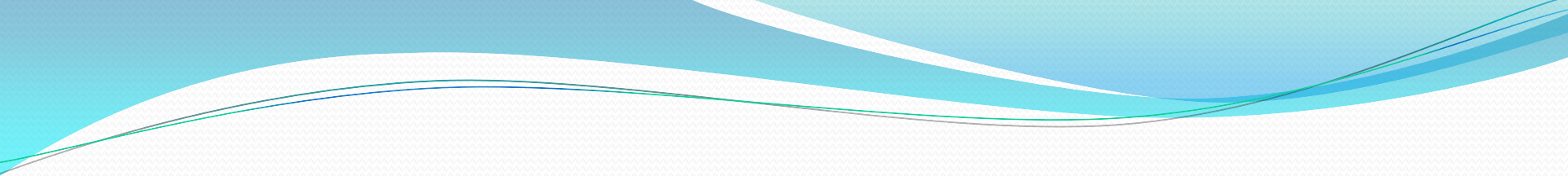
Enhanced Recovery After Surgery (ERAS) Oesophagectomy

- 
- What do we want to achieve?
 - How will we achieve this?
 - Role of the Enhanced Recovery Specialist Nurse.
 - Community Care and Follow Up.



What do we want to
achieve?

- Enhance the quality of care for this patient group.
- Support the patient journey pre-operatively, throughout their hospital stay and into the community.
- Aim to accelerate functional return.
- Reduce length of hospital stay.
- Trust objectives:
 - Safe
 - Effective
 - A POSITIVE EXPERIENCE**

- 
- To make sure patients are active participants in their own recovery process.
 - Ensuring that patients receive evidence based care at the right time.
 - Preventing readmissions.
 - Achieving productivity gains and cost savings.

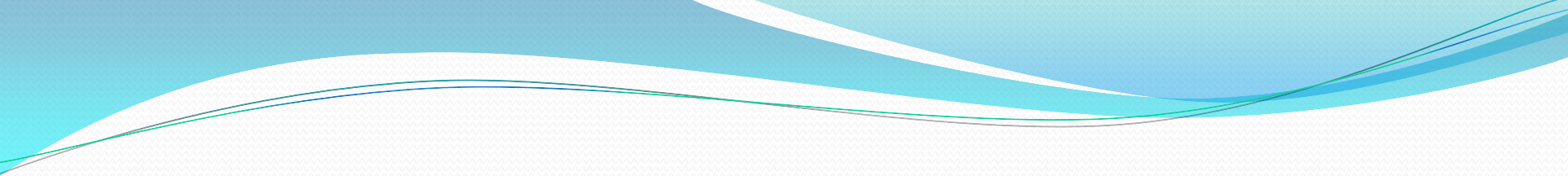


How will we achieve
this?

One year project which has been funded by Macmillan Cancer Support.

Team includes:

- ❖ Enhanced Recovery Specialist Nurse
- ❖ Specialist Dietician
- ❖ Physiotherapy Technical Instructor

- 
- Patient at the heart of everything we do!!!
 - Multidisciplinary involvement and commitment of the whole team.
 - Patient involvement/education.
 - Staff involvement/education.
 - Following the Enhanced Recovery After Surgery (ERAS) pathway on a daily basis unless condition dictates otherwise.
 - Pro-active.
 - Enthusiasm/Motivation.

Enhanced Recovery After Surgery Pathway

The Newcastle Upon Tyne Hospitals **NHS**
NHS Foundation Trust

UPPER GI ENHANCED RECOVERY PROGRAMME
SUB-TOTAL OESOPHAGECTOMY
INTEGRATED CARE PATHWAY

Affix patient label here

CONSULTANT: _____

CLINICAL NURSE SPECIALIST: CS MB

DATE OF ADMISSION: _____

OPERATION: _____

DATE OF SURGERY: _____

PREDICTED DATE OF DISCHARGE:	ACTUAL DATE OF DISCHARGE:	LENGTH OF STAY:
REMOVED FROM PATHWAY DATE:	REASON:	

POST-OP: DAY 2		A/V	A/V	A/V
DATE: _____				
Plan: Enteral feed will increase to 35mls/hr and mobilisation will increase				
Variance Code:		Early	Late	Night
Medication				
1 a	IV Omeprazole at 06:00			
1 b	Give essential medication via Jejunostomy tube			
1 c	Linzapam at 18:00			
1 d	TEDS			
1 e	Liquid Benna via Jejunostomy tube at 22:00			
Pain Control				
2 a	Regular IV Paracetamol			
2 b	Epidural PCA observations as per trust policy			
2 c	Pain controlled to enable deep breathing, coughing and mobilising			
Fluid Management				
3 a	IV Hartmanns 1ml/kg/hr			
3 b	Fluid balance chart completed 2 hourly			
3 c	Urine output 0.5ml/kg/hr			
3 d	Oral fluids 20mls/hr of water			
3 e	Remove central line if not used for antiarrhythmic agents			
Physiotherapy, mobility and positioning				
4 a	Head of bed >45 degrees at all times			
4 b	Up in chair for 2-3 hours			
4 c	Ambulate 3-4 times, increasing distance			
4 d	Encourage circulatory and shoulder exercises (as in patient's information booklet)			
4 e	Encourage active cycle of breathing with supported cough (as in patient's information booklet)			
Nutrition				
5 a	Increase Osmolite 1.0 to 35mls/hr continuous via Jejunostomy tube			
Drains / Tubes				
6 a	Aspirate nasogastric tube (NG) 4 hourly, remain on free drainage			
6 b	Record chest drain output at midnight			
Bowels				
7 a	Patient passed flatus			
		Early	Late	Night
Signature per shift				

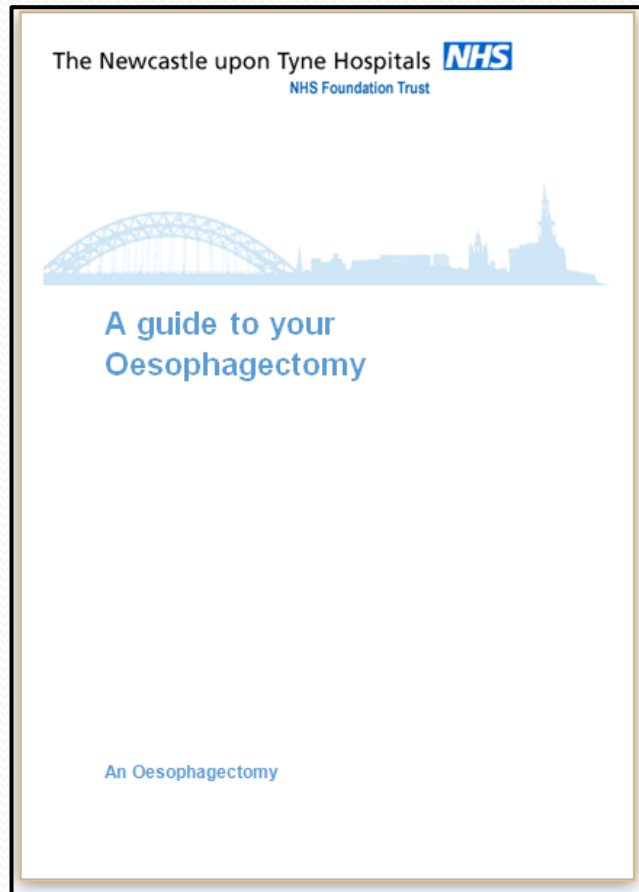


Role of the Enhanced Recovery Specialist Nurse

Pre-operative care

- Consultation with Consultant, Specialist Nurse, Enhanced Recovery Specialist Nurse.
- Patient Information Leaflet - A guide to your Oesophagectomy.
- Telephone call 5-7 days prior to surgery.
- Discussion the day before surgery.

Patient Information Leaflet



Pre-operative information

Pre-operative information and education has been shown to improve patient satisfaction and allay anxiety.

If you know what to expect: Improve confidence and be in a better frame of mind, resulting in less anxiety, less fear and a reduced 'stress response' to the operation.



Benefits

Active participation of the patients themselves in their recovery should be encouraged and daily targets for the patient to achieve should be set up.

Royal College of Anaesthetists (2012)

Association of Surgeons of Great Britain and Ireland (2009)



Day	Targets	Achieved
Day of surgery (Day 0)	Complete breathing exercises. Sit over the edge of the bed with nursing staff.	
Day After Surgery (Day1)	Walk 50-100 feet 2-3 times. Complete breathing exercises. Complete circulatory exercises.	
Day 2	Sit up in a chair for 2-3 hours. Walk as far as able 3-4 times (aim to gradually increase walking distance). Complete breathing exercises. Complete circulatory exercises.	
Day 3	Sit up in a chair most of the day. Walk as far as able 4-5 times. Complete breathing exercises. Complete circulatory exercises.	
Day 4 and onwards	Sit up in a chair most of the day. Walk as far as able 5-8 times. Aim for independent mobility.	

Post Operative care

- Review patient daily - On HDU/ITU or Ward 36.
- Ensure ERAS pathway is being followed.
- Liaising with the Multidisciplinary team daily.
- Patient/Relative education.
- Staff education.
- Mobilisation/Physiotherapy exercises.
- Nutrition.
- Encourage independence.
- Reassurance.

Benefits of Enhanced Recovery After Surgery

Improved
patient
experience

Improved
patient
satisfaction

Reduced
length of
hospital stay

Reduced
post-operative
complications

Reduced
readmissions
to critical care

Reduced
readmissions
after discharge

Enhanced Recovery and QIPP

- Quality, Innovation, Productivity and Prevention.
- National, regional and local level programme.
- Designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS.

- **Quality** - Patients have an improved experience, improved clinical outcome and a reduction in post-operative complications.
- **Innovation** - Uses the most up to date techniques.
- **Productivity** - Reduction in bed days, reduced length of stay.
- **Preventative** - Reduction in post-operative complications, reduces exposure to hospital acquired infections.



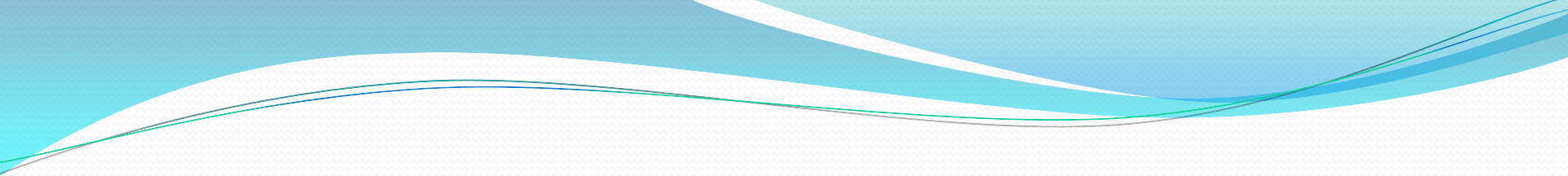
Community Care and Follow Up

On Discharge from Hospital

- Telephone Clinics.
- Family Support.
- GP Support.
- District Nurse.
- Dietician/Specialist Nurse/Enhanced Recovery Specialist Nurse follow up 2 weeks post discharge.
- Consultant follow up 6 weeks post discharge.

At Home

- Tinzaparin administration - 28 days post-operatively.
- Wound care:
 - ❖ Jejunostomy care.
 - ❖ Midline and Thorocotomy wounds - clips to be removed if insitu, alternative clips to be removed on day 10 post-operatively, remaining on day 11.
 - ❖ Chest drain sutures to be removed when instructed.
- TED stockings to be worn for 6 weeks.

- 
- Driving - 6 weeks after surgery and when comfortable doing an emergency stop. Inform insurance company.
 - Exhausted and low mood - rest and keeping active.
 - Nutrition and hydration - Enteral feed via Jejunostomy tube.
 - Bowels and laxatives.
 - Pain control and pain relief.



Questions???

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