**“Be at Your Best”** – Surgical Optimization

**Program for Major Abdominal Oncology Surgery**

Vancouver General Hospital – Vancouver, British Columbia

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**PROBLEM STATEMENT:**

Review of our NSQIP data on patients undergoing radical cystectomies, colorectal & gynaecological oncology surgery demonstrated that many would benefit from preoperative optimization. Smoking incidence was 11.6%, malnutrition 4.3%, while 15% of patients were diabetic with > 50% having HbA1c > 7.1. Furthermore, 38% of “non-diabetic” patients had perioperative glucometers > 9.0, and 13% > 11.0 mmol/l. The incidence of prediabetes was unknown. A pilot audit of frailty on patients >60 years found an incidence of pre-frailty of 15.5% and frailty 10%

**AIM:**

To identify and triage patients with modifiable risk factors prior to major abdominal surgery.

**WHAT WE DID:**

**MULTI-DISCIPLINARY TEAM**

Includes anaesthesiologists, surgeons, family physicians, endocrinologists, ERAS nursing coordinators, physiotherapists, nutritionists, and patient representatives meeting 7 times over 16 months to process map & to incorporate change ideas from other centres.

**PATIENT SCREENING QUESTIONNAIRE**

For patients was created along with standard operating procedures on how to triage patients has been trialed.

**PATIENT INFORMATION PAMPHLETS**

ERAS patient information pamphlets were revised and new patient information was created.

**RESULTS:**

- Nutritional Screen 7%
- Discharge Planning 20%
- Frailty Screen 10.2%

**LESSONS LEARNED:**

We needed to revise the traditional preoperative pathway and identify medium to high risk patients at the time of contemplating surgery. Our screening questionnaire needed to be significantly revised and then specific standard operating procedures needed to be created. Perioperative coordination of care involving family physicians, surgeons, anaesthesiologists, internists, physiotherapy, and dieticians is essential to success.

**SUSTAINABILITY:**

Vancouver General Hospital is part of the new provincial Surgical Patient Optimization Collaborative sponsored by Specialist Services Committee (SSC). We will continue to work on identifying and triaging patients with expanding ERAS and optimization to patients undergoing spinal surgical procedures. We are also now focusing on sleep apnea, smoking cessation and identifying patient with pain issues preoperatively. Patient education materials now also include a preoperative videos, and a “passport” with variety of web links.