

"Be at Your Best" –Surgical Optimization Program for Major Abdominal Oncology Surgery

Vancouver General Hospital – Vancouver, British Columbia

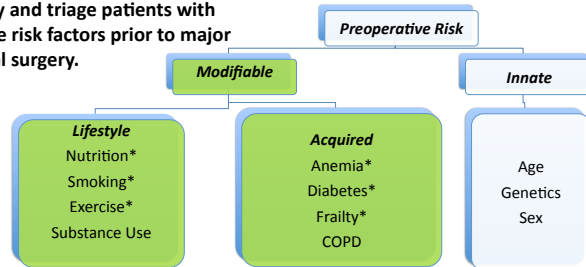
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PROBLEM STATEMENT:

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%.

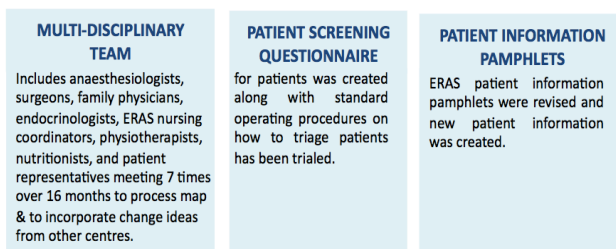
AIM:

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

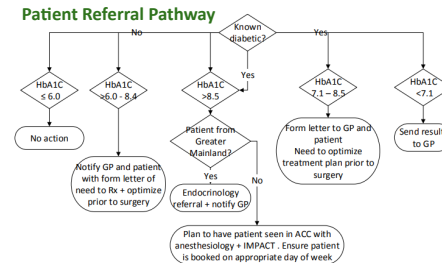


- 1) To identify and optimize diabetic and pre-diabetic patients and improve glycemic control in the perioperative period and decrease morbidity and length of stay
- 2) To create a mechanism to capture patients who are at risk for malnutrition, frailty and the need for discharge planning assistance prior to their pre-admission visit
- 3) To improve education material so as to engage and activate patients in their care prior to surgery

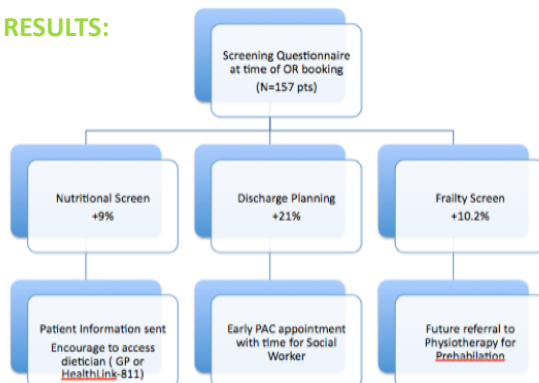
WHAT WE DID:



Patient Referral Pathway



RESULTS:



75% of patients had HbA1c <ul style="list-style-type: none"> 1/3 patients had abnormal results 15% identified as diabetic 11% Pre-diabetic 5.1% Unrecognized diabetic 	Decrease in Complications in Diabetic patients <ul style="list-style-type: none"> SSI decreased from 14% to 11% Overall 30 day complications from 19% to 11% 	Decrease in Perioperative hyperglycemia > 10 <ul style="list-style-type: none"> Non-diabetic patient rate 18% to 13% Diabetic patients rate 68% to 53%
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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 dietitians 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.

Acknowledgements

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