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Multidisciplinary Approach of Colorectal Cancer Surgery to Decrease Length of Stay, Early Experience of ERAS program in Tseng-Kwan-O hospital

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Introduction

Colorectal cancer surgery involves lengthy hospital stay. A stay of one week is usually the minimum that expected. ERAS (Enhanced Recovery After Surgery) is an evidence based program to improve patient recovery. It consists of multidisciplinary approach with collaboration of surgeon, anesthetist, nurse, physiotherapist and dietitian. Yet, it is not widely practiced in Hong Kong. We would like to share our early experience of ERAS on colorectal cancer surgery.

Objectives

We started our ERAS program for elective colorectal cancer surgery since November 2015. We aim to compare with our result from 2013 in the form of historical cohort.

Methodology

The ambulatory multidisciplinary approach starts from pre-operative period. Beside standard pre-operative anesthetist clinic, dietitian and physiotherapist assessment and optimization are introduced in one stop clinic format. Nursing staffs also help to provide proper pre-operative counseling, empowerment of patient, re-enforce post-operative protocol. Peri-operatively, various anesthetic techniques is used to enhance recovery. Post-operatively, aggressive physiotherapy, optimal pain control, early feeding approach, and early stoma care are used. Combine ward round also performed, with discussion and feedback between various disciplines to generate optimal management plan. Prospective data collection on the ERAS case was done, and comparison with the result from July to December 2013 was carried out.

Result

From November 2015 to February 2016, 20 cases were included. All case underwent major colorectal resection with 90% done in laparoscopic surgery. Median post-operative length-of-stay was 5 days. Mortality rate was 0% and major

complication rate was 5%. Compared with the 52 cases from our center in late 2013, median of post-operative length-of-stay is 10 days, with 11% major complication rate. ERAS can significantly decrease the median post-operative length-of-stay of 50% ($P < 0.05$) without increase complication rate. Patient that can be discharged within one week increased from 8% to 65% after adopting ERAS. Team members of various disciplines strongly agree that multidisciplinary approach can enhance communication between various specialties, provide immediate feedback and improve patient recovery. Conclusion: Through a peri-operative multidisciplinary approach, with inputs from surgeon, anesthetist, physiotherapist, dietitian and nursing staff of various disciplines, ERAS program for colorectal cancer surgery is shown to be feasible, effective and can significantly improve patient recovery and decrease length of stay.