AO005

Audit on implementation of structured enhanced recovery protocol in patient care related to major gynaecological surgeries in a tertiary care hospital in Sri Lanka.

Samarakkody, SN[1]; Sirisena, PLA[1]; Raguraman, S[1]; Perera, MAK[1]. [1]De Soysa Hospital for Women De Soysa Hospital for Women

Background: Enhanced Recovery (ER) has also been described as 'accelerated' recovery. The combination of evidence-based elements of care into a pathway for elective surgery results in a reduction in the physiological stress response and organ dysfunction caused by surgery, which facilitates more rapid recovery, shortened length of stay, and rapid return to normal activity.

Objectives: To implement structured enhanced recovery protocol in patient care related to major gynaecological surgery namely; abdominal and vaginal hysterectomy, radical surgery for malignancies, laparotomy for ectopic pregnancies, and ovarian cystectomy and to evaluate the outcomes of enhanced recovery protocol in a tertiary care hospital setup.

Study design and Setting: Prospective single centre study in a tertiary care hospital.

Method: Enhanced recovery protocol was adopted with reference to the published guidelines and protocols for pre, intra, and postoperative care in gynaecological surgery by a team consisting consultant gynaecologist, consultant anaesthetist, consultant physician, medical officers and nursing officers. The ER protocol was introduced and the outcomes of enhanced recovery protocol were assessed in seven different aspects namely; changes from overnight fasting to oral fluids/carbohydrate drinks 2 hours before surgery, serving of post-operative drinks and food on the day of the surgery, avoidance or early removal of drains and tubes, early removal of urinary catheter, early mobilization, use of early oral analgesics and duration of hospital stay. A questionnaire with an observational checklist was made and used for data collection in the preceding three months prior to the introduction of the protocol and during the next three consecutive months after the protocol was implemented.

Results: The mean length of hospital stay was shortened to three days from five. This difference was statistically significant ($P < 0.01$). All the other outcome measures that we evaluated were found to be significantly better compared to the data collected during the period prior to the introduction of ER protocol.

Conclusion: Our results, in following the ER protocol, provided evidence that ER protocol appropriately adopted in gynaecological surgery reduces the hospital stay and morbidity without any increase in readmissions. However further audits would be needed for accurate establishment and evaluation of the outcomes of the ER protocol.