

00124 ERAS in Gynecological Oncology

Huang Fang, Julia Eng

KK Women's & Children's Hospital

Aims: Surgery is a major treatment for gynae-oncological patients. Post-surgical recovery depends on multiple factors, healthcare team factor and patient factor. Inadequate preparation and optimization can result in poor surgical outcome.

To improve the surgical outcome, an APN-led preoperative assessment and education (APAE) clinic was initiated for gynae-oncological patients in KKH 2015 and The clinic was further cooperated into the Enhance Recovery After Surgery Program (ERAS) for gynae-oncological surgical patients in 2017. The ERAS is a multimodal peri-operative care pathway designed to achieve early recovery for patients undergoing major surgery. The ERAS program in KKH consists of the APAE clinic, nutritional supplementation pre and post-surgery, pre and post-surgery rehabilitation, pre-surgery carbohydrate loading, pre-surgery chlorhexidine body wash, pre-operative antibiotics to optimize patient prior to surgery.

Methodology: The study used a convenience sampling and a descriptive design to evaluate the hospital length of stay (LOS) in three different periods, pre and post implementation of the APAE clinic and post implementation of the ERAS; post-surgical wound breakdown.

Result: The mean LOS in Pre-APAE (N=70), Post-APAE (N=65) and Post-ERAS (63) were 8.5, 5.8 and 5.0 days respectively, the distributions in the Pre-APAE and Post-APAE groups differed significantly (Mann-Whitney, $p = .002$), however Post-APAE and ERAS groups was not significant ($p = 0.079$). Wound infection rate was 10.6%, 4.6% and 3.3% for pre- APAE group, post-APAE group and post-ERAS group respectively.

Conclusion: The success of surgery is a team effort. The reduction of LOS and infection rate shown in the study supports that APNs have an important role to play in improving the preoperative preparation and postoperative outcome for gynae-oncological patients by identifying and addressing patients' complex needs proactively. A multimodal perioperative care program demonstrated a further reduction of the LOS from 5.8 to 5.0 days since implementation of ERAS and a lower rate of the surgical wound breakdown.