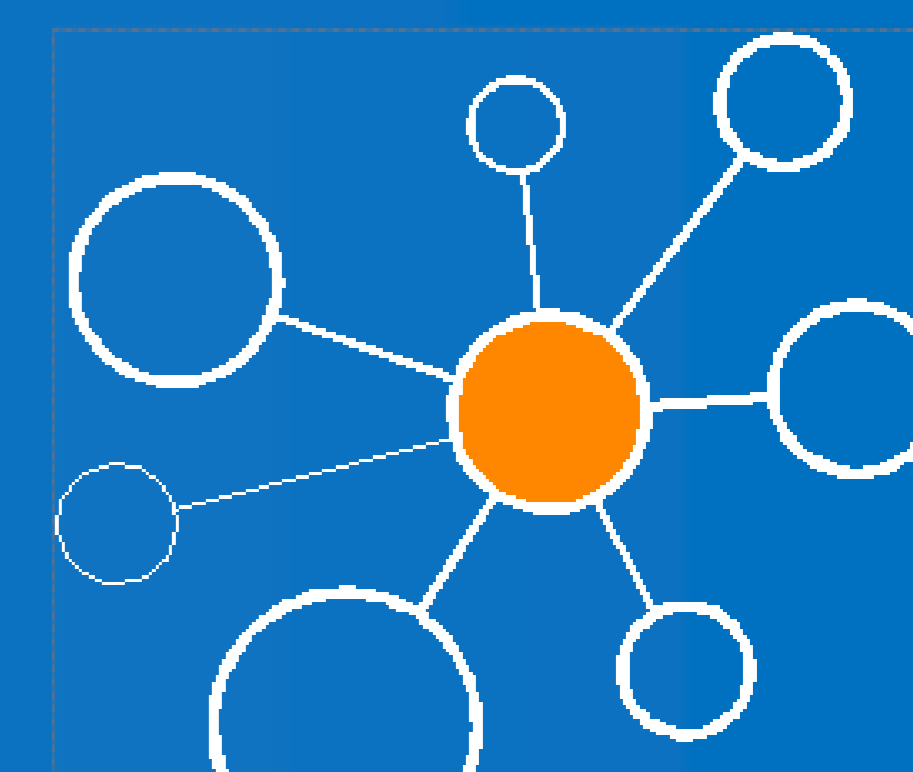


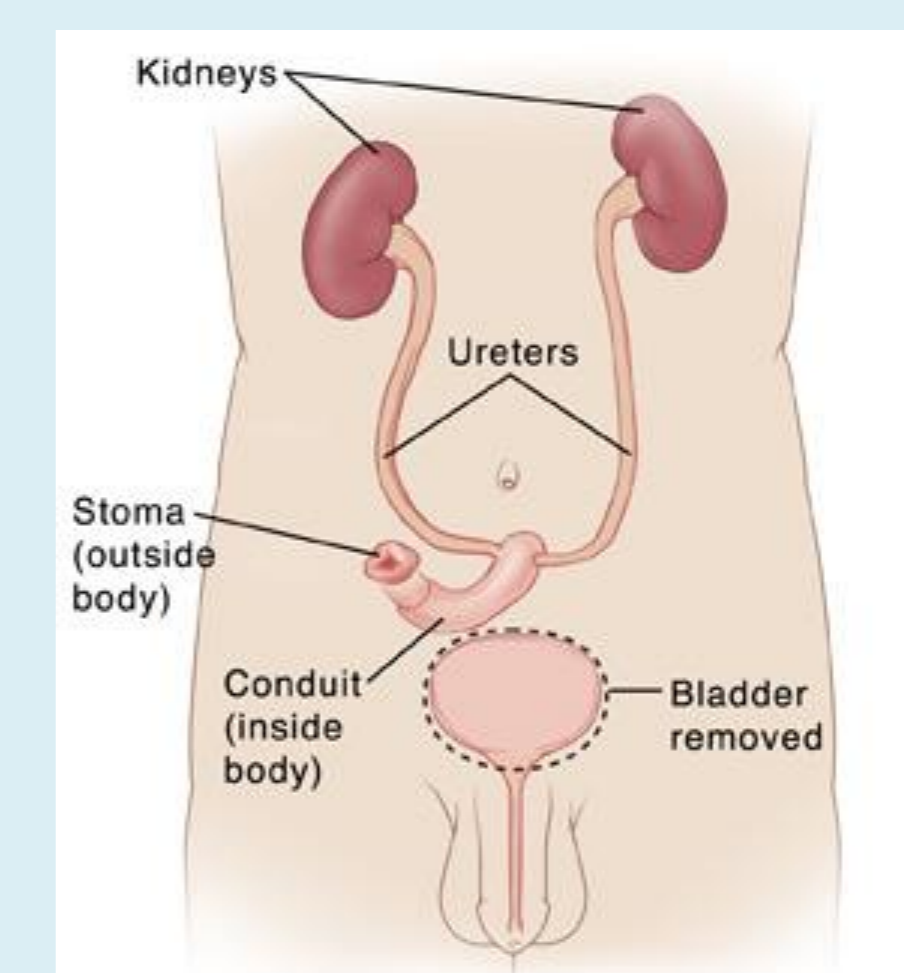
Introducing an Enhanced Recovery pathway for cystectomy patients

Edward Tudor, Specialty Trainee, Urology
Hugh Crawford-Smith, Core Trainee, Urology



Cystectomy

- Major surgery to remove the urinary bladder
- Usually performed to treat muscle-invasive bladder cancer
- Rarely may be performed for non-cancerous conditions including chronic debilitating UTI
- Once removed, a section of small bowel (called an ileal conduit) is used to drain urine from the ureters to a stoma



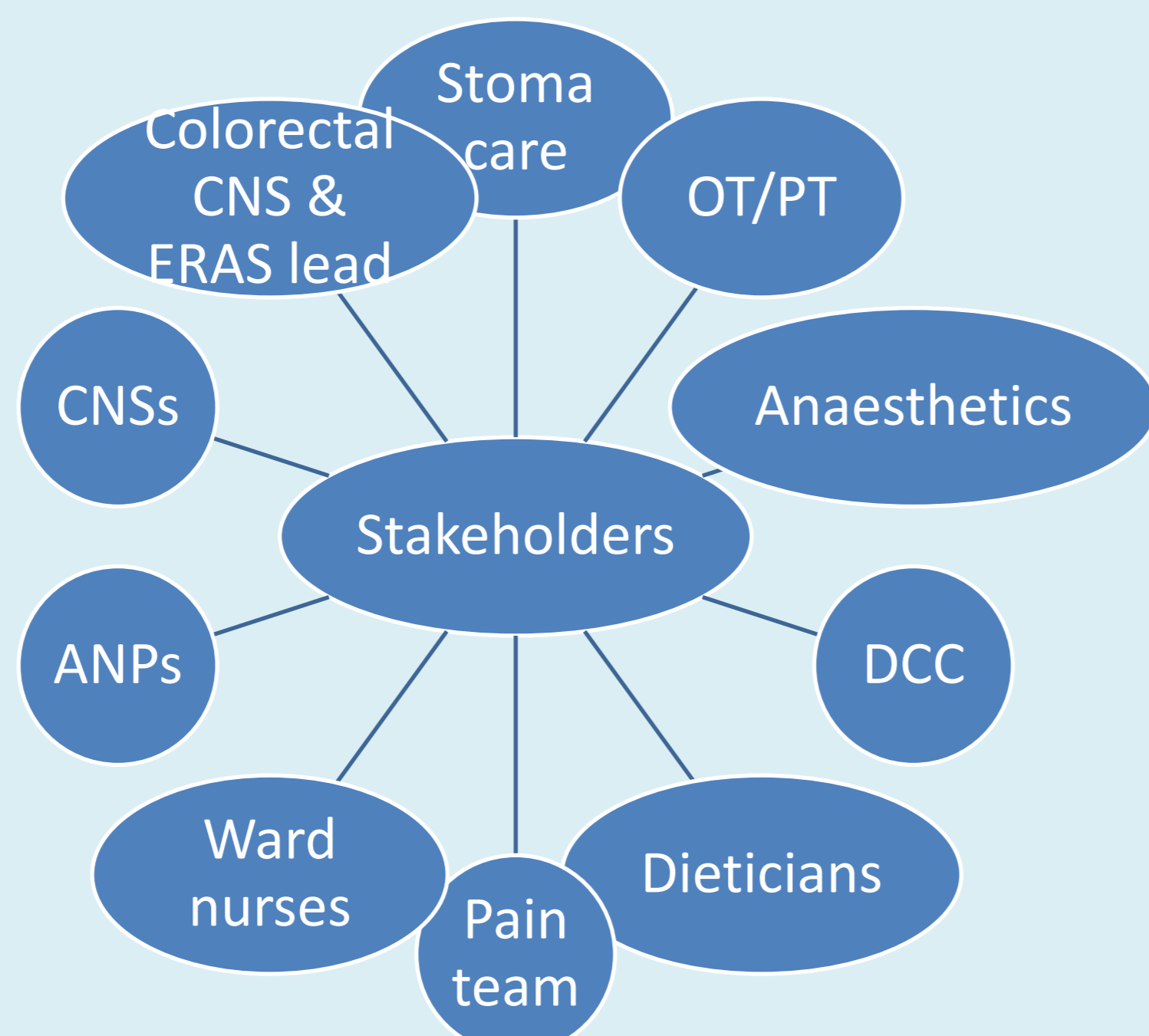
<https://www.fairview.org/patient-education/41105>

Aims

- Reduce length of stay following cystectomy for adult patients in GHNHSFT by 20% in 6 months
- Standardise care
- Improve MDT working
- Empower patients, without demotivating them
- Fully informed consent to recovery process
- Not burden anyone with more work

Methods

- Stakeholder meetings
- Daily patient goals
- Tailored patient targets
- Pre-operative carbohydrate drinks
- PICO wound dressings



General principles of Enhanced Recovery After Surgery (ERAS)

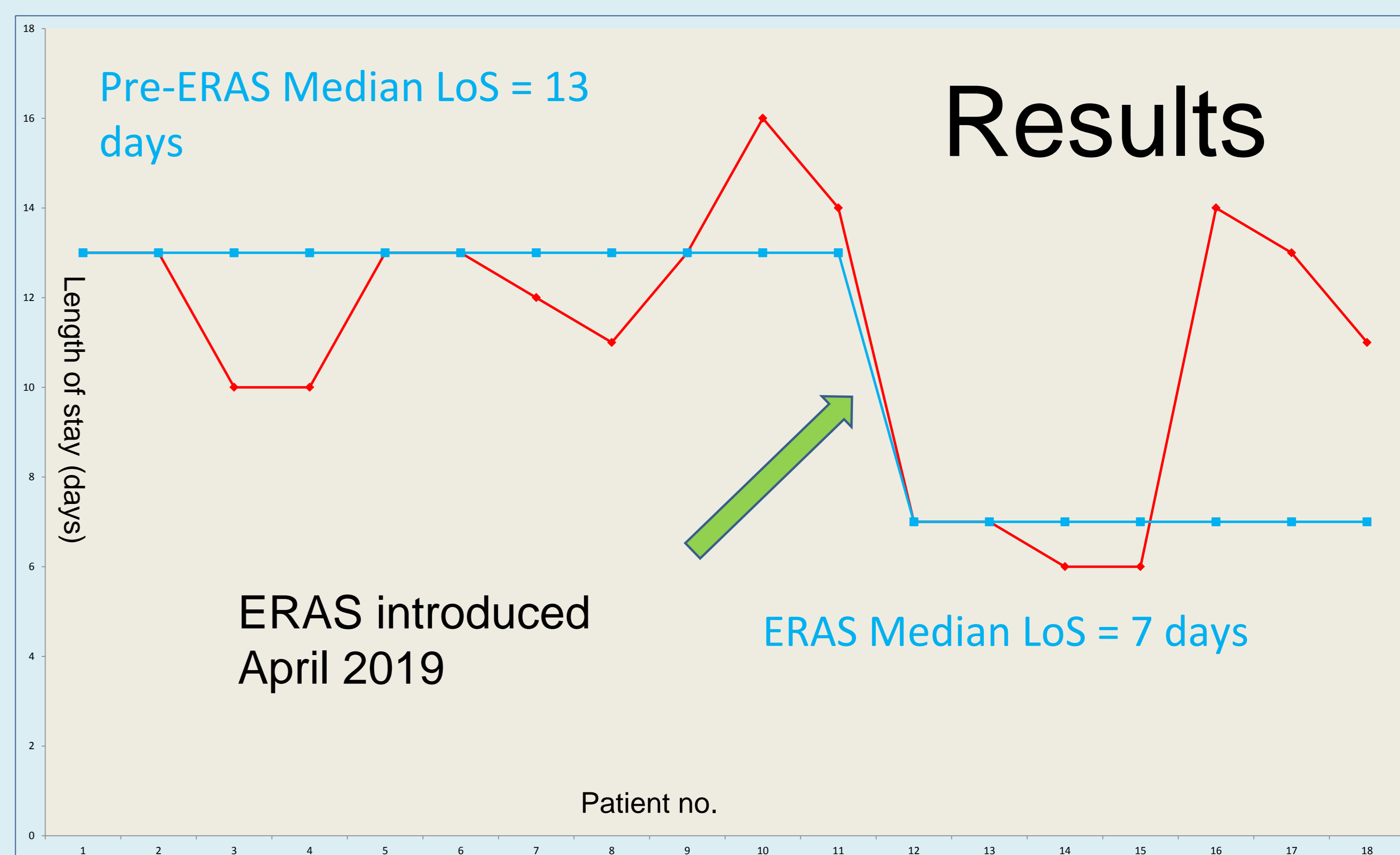
- Reduce period of catabolism
 - Carbohydrate pre-load
 - Early return to food
- Reduce period of immobility
- Goal-directed discharge (not time-directed discharge)
- Culture change, expectation change
- MDT working



	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	
Breathing exercises	Take 10 deep breaths every hour	Take 10 deep breaths every hour	Take 10 deep breaths every hour	Take 10 deep breaths every hour	Take 10 deep breaths every hour	Take 10 deep breaths every hour	
Mobility	Walk to end of ward Walk to end of bay Walk to bathroom Sit out for meal times	Walk to end of ward Walk to end of bay Walk to bathroom Sit out for meal times	Walk to end of ward Walk to end of bay Walk to bathroom Sit out for meal times	Walk to end of ward Walk to end of bay Walk to bathroom Sit out for meal times	Walk to end of ward Walk to end of bay Walk to bathroom Sit out for meal times	Walk to end of ward Walk to end of bay Walk to bathroom Sit out for meal times	Walk to end of ward Walk to end of bay Walk to bathroom Sit out for meal times
Diet	Normal diet Soft diet Soup/jelly/ice cream Free fluids Clear fluids Nil by mouth	Normal diet Soft diet Soup/jelly/ice cream Free fluids Clear fluids Nil by mouth	Normal diet Soft diet Soup/jelly/ice cream Free fluids Clear fluids Nil by mouth	Normal diet Soft diet Soup/jelly/ice cream Free fluids Clear fluids Nil by mouth	Normal diet Soft diet Soup/jelly/ice cream Free fluids Clear fluids Nil by mouth	Normal diet Soft diet Soup/jelly/ice cream Free fluids Clear fluids Nil by mouth	Normal diet Soft diet Soup/jelly/ice cream Free fluids Clear fluids Nil by mouth
Stoma Care	Independent Change bag Empty bag Observe	Independent Change bag Empty bag Observe	Independent Change bag Empty bag Observe	Independent Change bag Empty bag Observe	Independent Change bag Empty bag Observe	Independent Change bag Empty bag Observe	
Fragmin	Independent injection Inject with supervision Observe injection	Independent injection Inject with supervision Observe injection	Independent injection Inject with supervision Observe injection	Independent injection Inject with supervision Observe injection	Independent injection Inject with supervision Observe injection	Independent injection Inject with supervision Observe injection	
Clothes	Wear your own clothes Wear a hospital gown	Wear your own clothes Wear a hospital gown	Wear your own clothes Wear a hospital gown	Wear your own clothes Wear a hospital gown	Wear your own clothes Wear a hospital gown	Wear your own clothes Wear a hospital gown	

Patient's targets

- A prescription for patients' daily activities
- Activity is 'prescribed' by attending doctor on ward round
- Not standardised - daily goals are tailored
- Benefits
 - MDT aware of what is expected that day
 - It is clear what can the patient eat?
 - Incentivises patients
 - Placed on bedside table - constant reminder to patient
 - Family is interested too
 - Allows audit of recovery period
- Could this help us predict who will have complications?



Conclusions and next steps

- ERAS may reduce length of stay following cystectomy, from 13 to 7 days in our cohort
- Reduced length of stay may reduce further complications (e.g. hospital-acquired infections) and also frees up bed space for other patients
- Patient targets may help motivate patients and empower them to take responsibility for their inpatient recovery
- Following a final review of our protocol by our stakeholders, we are printing the protocols so ERAS will become routine practice for these patients.

Patient no	Length of stay	Flatus	BO	Full diet	Full mobility	Stoma	Fragmin
1	7	4	5	4	5		
2	7	3	7	3	4	7	7
3	6	2	3	3	4	4	4
4	6	4	5	5	5	6	6
5	14	2	2	8			
6	13						
7	11	5	5	9	5	9	4

References
Dutton TJ et al. Implementation of the Exeter enhanced recovery programme for patients undergoing radical cystectomy. BJU Int. 2014; 113: 719-25
Smith J et al. Evolution of the Southampton enhanced recover programme for radical cystectomy and the aggregation of marginal gains. BJU Int. 2014; 114: 375-383