Enhanced Recovery for Elective Caesarian Section

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Enhanced Recovery: a bundle of best evidence based practices delivered by a multidisciplinary team with the intention of helping patients to recover faster after surgery.
Evidence from other specialties

• Enhanced recovery was first described in 1997 by Wilmore and Kehlet
• Although initially associated with major general surgery, the key principles of enhanced recovery are being applied to other surgical specialties
• Mounting evidence of improved outcomes in Colorectal, Urology, Orthopaedics, Gynaecology, Hepatobiliary…
• www.nhsiq.nhs.uk (Enhanced recovery care pathway, a better journey for patients seven days a week and a better deal for the NHS) Progress review 2012-13 and level of ambition 2014-15
Principles of Enhanced Recovery for Elective LSCS

NICE: “…Women who are recovering well, are apyrexial and do not have complications following CS should be offered early discharge (after 24 hours) from hospital and follow up at home because this is not associated with more infant or maternal readmissions.”
Enhanced recovery outcomes

By ensuring that the empowered and motivated patient receives timely evidence based care the enhanced recovery programme aims to:

– Ensure better patient outcomes
– Speed up recovery and reduce length of stay
– Increase the number of patients being treated
– Reduce readmission rates
– Improve clinical effectiveness
– Create a better staffing environment
Kings-EROS

• In 2012 Kings College London initiated and established an ERP for women undergoing elective caesarean sections

• The protocol driven evidence based pathway has been shown to:
  • Positively impact surgical outcome
  • Positively improve patient satisfaction
  • Reduce duration of hospital stay
Potential benefits driving change

- Enhancing obstetric experience & quality
- Improved Satisfaction
- Earlier discharge to home environment
- Reduced nosocomial infections & morbidity associated with hospital stay
- Efficient use of healthcare resources

Potential Barriers to overcome

- Lack of dedicated elective list
- Fear over risk of re-admission
- Resistance to change of practice
- Concern over the safety of new models
- Increased reliance on community services
- Early client & neonate discharge before medically / psychologically ready
Enhanced Recovery Champions

- Pre-assessment staff
- Obstetricians
- Postnatal & Community Midwives
- Recovery Staff
- Anaesthetists
Preparation for implementation of EROS at Kings

• MDT consensus reaching
• Preparatory Audit work (priorities & attitudes, patient satisfaction)
• Care pathway design/ modification
  • Publicity
  • Re-Audit
Kings-EROS

Length of Stay

Day of Discharge

BTHFT n=24  Jan-Dec 12
Kings Pre-EROS n=41  Feb 11-Apr 12
Kings EROS n=43  Aug 12-June 13
Kings EROS n=159  Feb 13-June 13
The King’s experience

Non-EROS

Very satisfied
Satisfied
Neutral

n = 45

EROS

Very Satisfied
Satisfied
Neutral

n = 100
### Survey of patient priorities for care during LSCS

<table>
<thead>
<tr>
<th>Priority</th>
<th>Extremely Important</th>
<th>Quite Important</th>
<th>Slightly Important</th>
<th>Neither</th>
<th>Slightly Unimportant</th>
<th>Unimportant</th>
<th>Extremely Unimportant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing the time period you are starved of food before and after your operation</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
<td>Extremely Unimportant</td>
</tr>
<tr>
<td>Reducing the time period you are unable to drink fluids before and after your operation</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
<td>Extremely Unimportant</td>
</tr>
<tr>
<td>Trying to reduce the time period between your operation and the first time you are mobile (out of bed)</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
<td>Extremely Unimportant</td>
</tr>
<tr>
<td>Bowel function returning to normal as early as is possible</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
<td>Extremely Unimportant</td>
</tr>
<tr>
<td>Bladder function returning to normal as early as is possible</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
<td>Extremely Unimportant</td>
</tr>
<tr>
<td>Being able to look after my baby independently as soon as I can</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
<td>Extremely Unimportant</td>
</tr>
<tr>
<td>Removing the urinary catheter (catheter in the bladder) as early as possible</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
<td>Extremely Unimportant</td>
</tr>
<tr>
<td>Being medically fit for to be discharged home on day 1 after your operation</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
<td>Extremely Unimportant</td>
</tr>
<tr>
<td>Keeping my hospital stay as short as is possible</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
<td>Extremely Unimportant</td>
</tr>
<tr>
<td>Avoiding any re-admissions to hospital</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
<td>Extremely Unimportant</td>
</tr>
<tr>
<td>Avoiding significant post operative pain which delays your discharge from hospital</td>
<td>Extremely Important</td>
<td>Quite Important</td>
<td>Slightly Unimportant</td>
<td>Neither</td>
<td>Slightly Unimportant</td>
<td>Unimportant</td>
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</table>
Results: patient priorities for care during LSCS
Summary: Survey of Patient Priorities

- Patients surveyed keen to minimise fasting times
- People are preoccupied with their bowel and bladder function
- The vast majority think it is important to get home as quickly as possible (even on day 1)
- People don’t want to be readmitted or suffer significant pain
- The same surveys in London and Bradford had very similar results - diverse populations of women want the same outcomes
ER pathways transferable between units…

• Despite socioeconomic and ethnic differences between the two groups, we observed...

• Obstetric ER pathways may be transferable between units despite disparate ethnic and socioeconomic status

• We have shared our findings with other units considering implementing ER protocols

• We are sharing learning on this topic in order to improve provision of enhanced recovery for women undergoing elective caesarian section in our region