

Enhanced Recovery after Elective Caesarean Section: Now standard practice for all

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Introduction

- Remarkable changes in elective perioperative care
- Kehlet's unit (Denmark)
- UK embraced ER principles

Enhanced Recovery in obstetrics

- Very limited published data in obstetrics

Recent National UK survey (2013)

- 196 lead clinicians, 81% response rate
- 96% lead clinicians supported the concept of ER
- 3 units have implemented, 5 in the process
- 4% discharged Day 1
- 62% discharged Day 2
- 27% discharged Day 3

Times Change...



ERP at St Mary's Hospital

- Pre- ERP (2011)
 - Long fasting times
 - Catheter duration
 - Immobility
 - Median length of stay 4.4 day
- Phase 1 (Aug' 13-Nov' 13)
 - 52 woman (restricted recruitment)
- Phase 2 (Nov' 13- Jan' 14)
 - 54 woman (unrestricted recruitment)

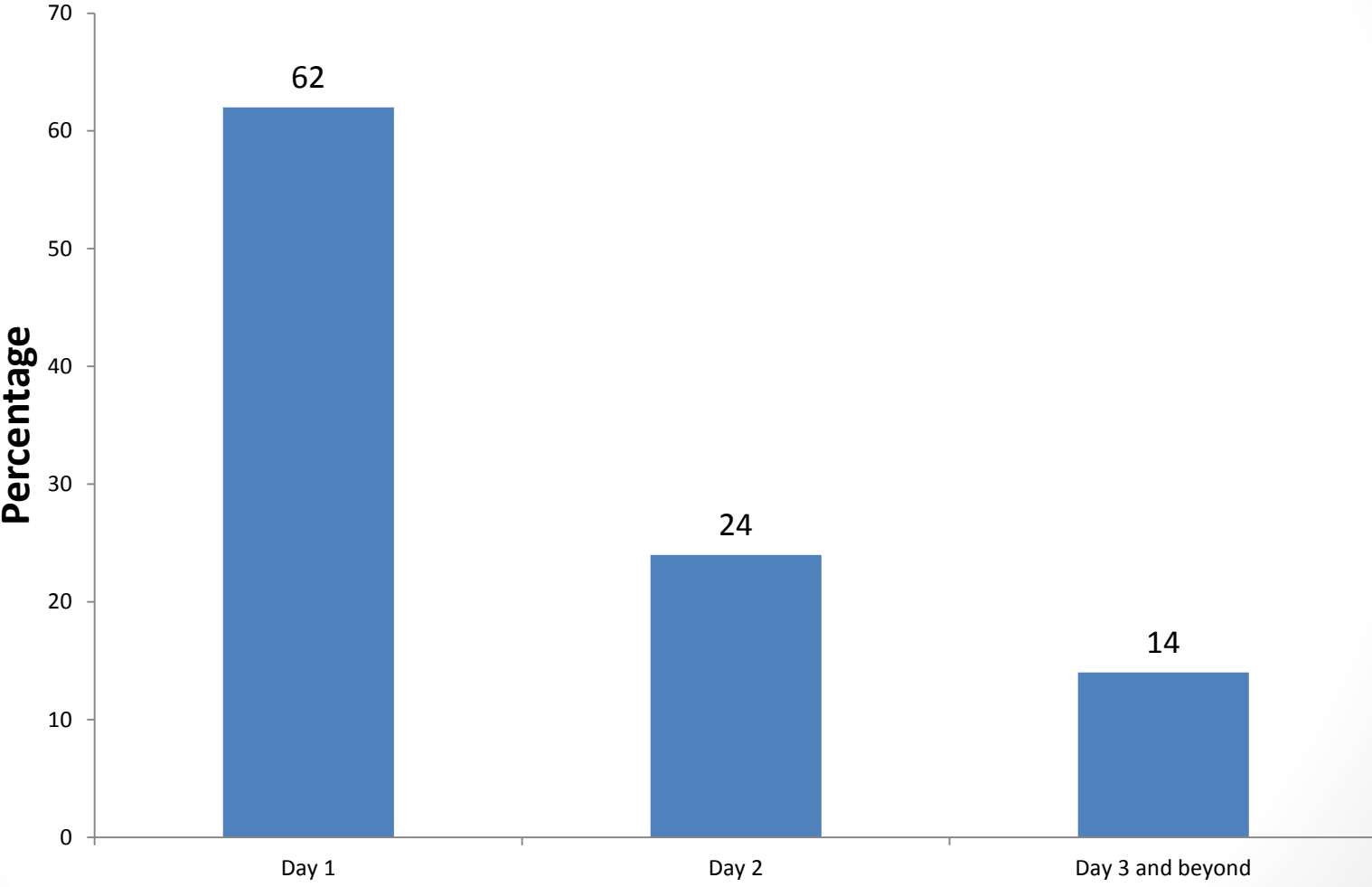
ER pathway standard practice since Jan' 14

- Phase 3 (Sep' 14-Nov' 14)
 - 50 woman (1st audit of established ER programme)

Audit Standards

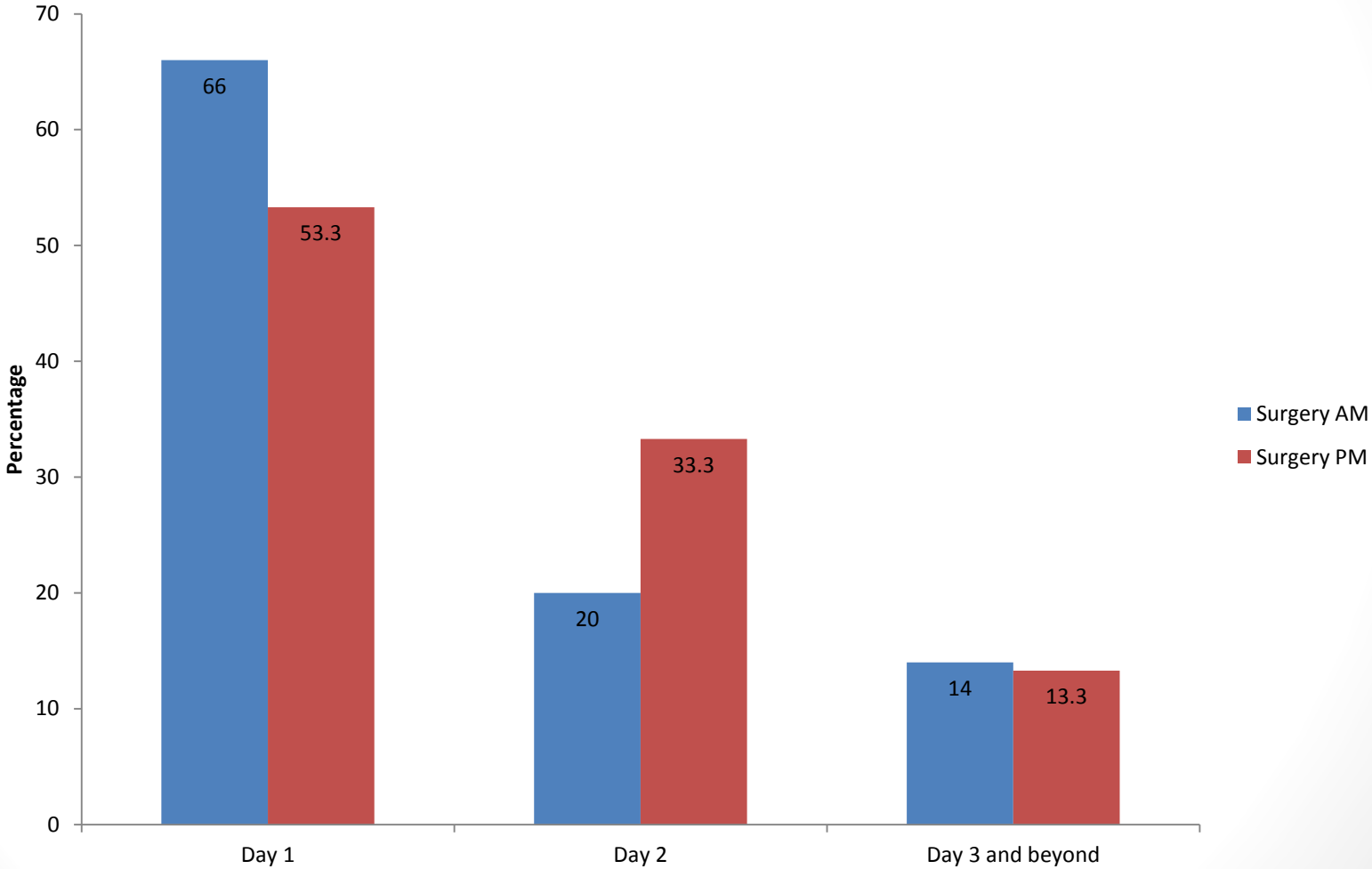
- 50% discharged home on the day following surgery
- 50% indwelling urinary catheters removed by 12 hours
- 100% consume pre-operative carbohydrate drinks pre surgery
- Less than 10% postoperative re-catheterization

Length of Stay Phase 3

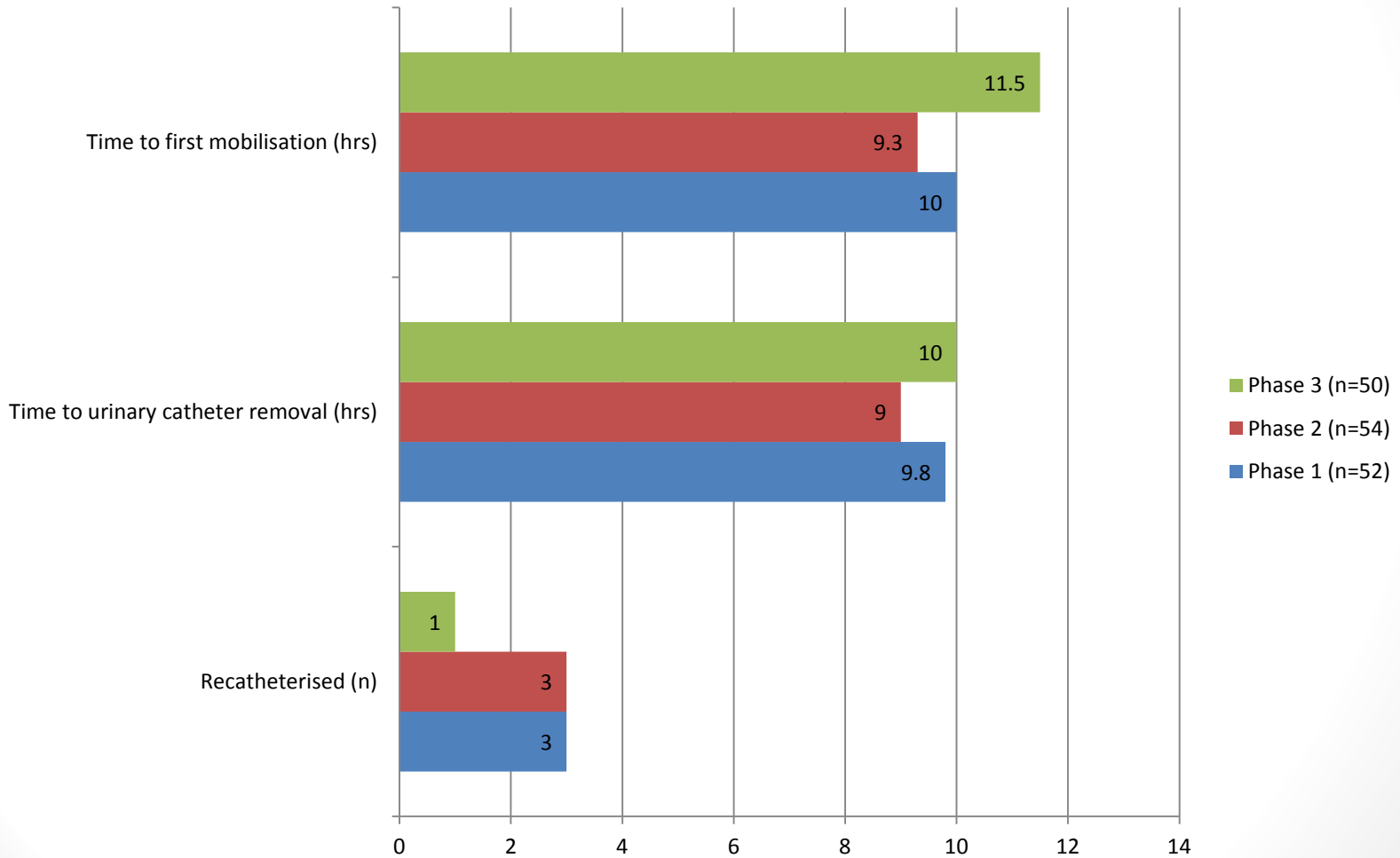


Length of Stay am/pm Surgery

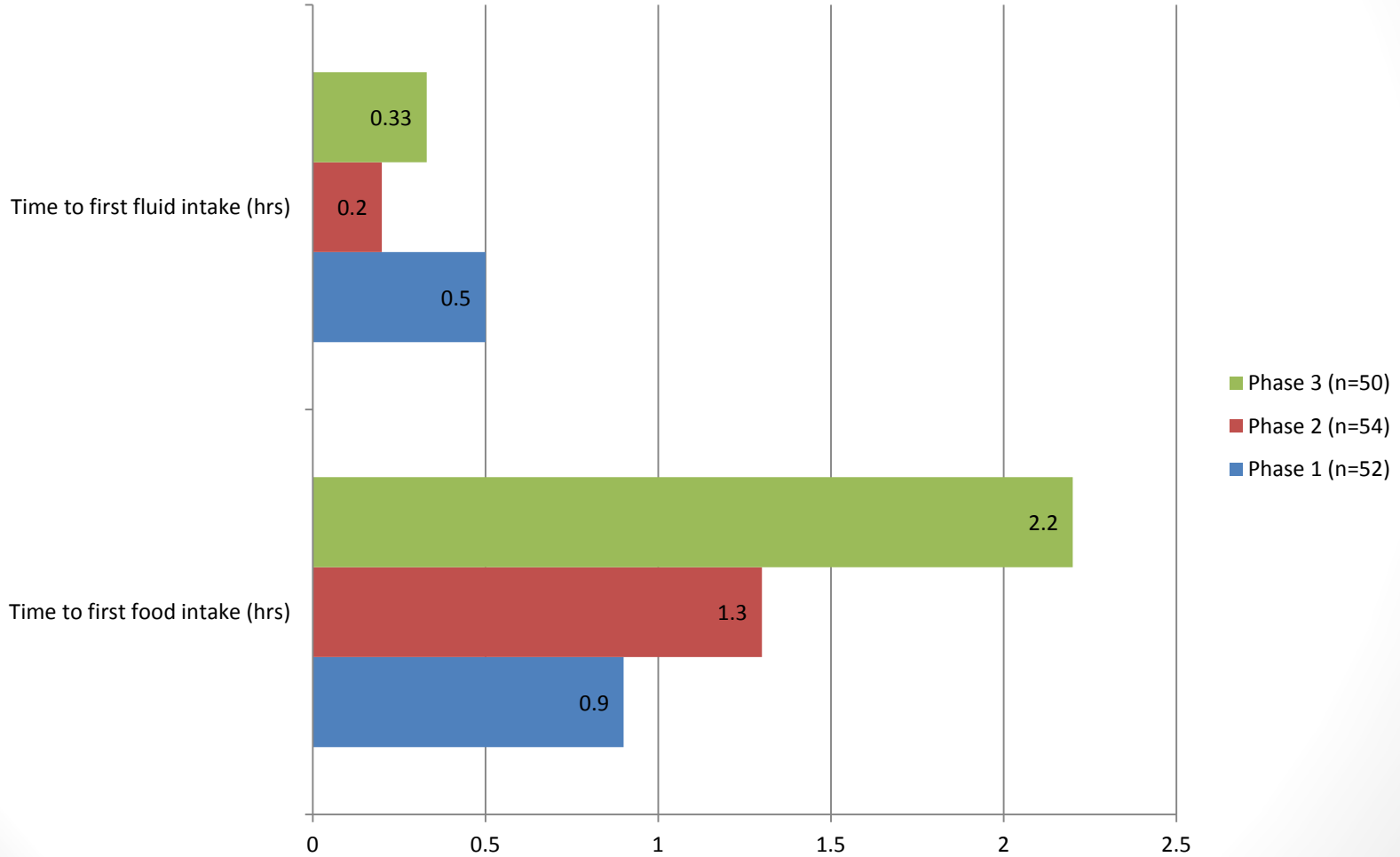
Phase 3



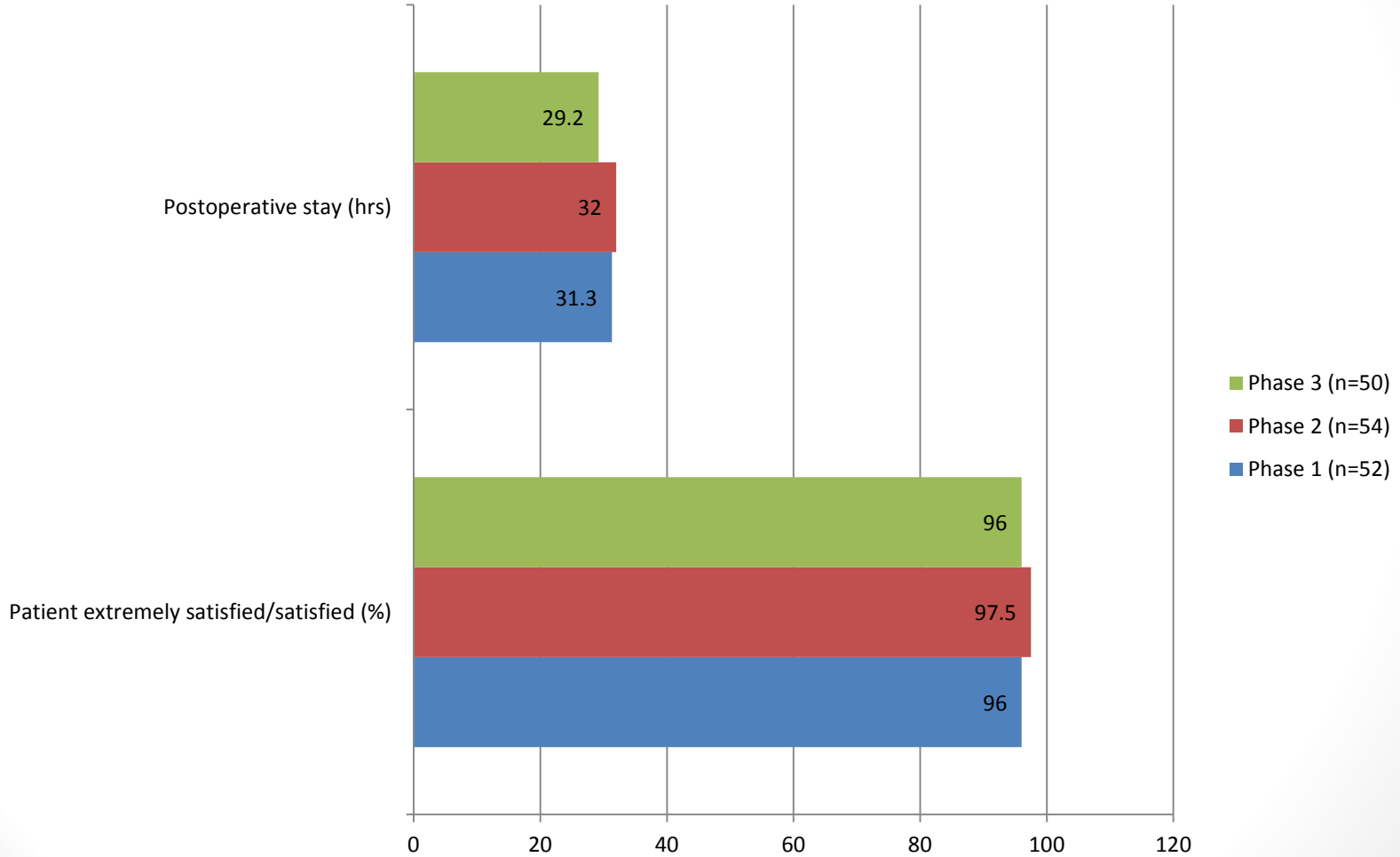
Time of urinary catheter removal and first mobilisation



Time to first fluid and food intake



Post-op length of stay and patient satisfaction



Delayed discharges and readmissions

Causes of delayed discharges

- Medical reasons (7)
- Pain (3)
- Surgical (1)
- Patient (1)
- Logistics (1)
- Neonatal (1)

Readmissions:

- None related to ER pathway (4 readmissions within 1 week due to medical reasons)

Summary (Phase 3)

- ✓ 62% discharged on 1st postoperative day
 - ✓ 68% catheter removed by 12 hours post-op (median 10hrs)
 - ✓ 1 woman (2%) required re-catheterisation
 - ✓ 96% woman satisfied/extremely satisfied with their care
 - ✓ No readmissions related to ER pathway
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- 91% received (41/45 eligible women) pre-op drinks

 - Time to first food intake postop has increased

Key components of our success

Central Manchester University Hospitals NHS Foundation Trust

Enhanced Recovery for Elective Caesarean Sections

Attach to front of notes

Morning List

EROS Elective LSCS Theatre Pathway

EROS Elective LSCS Theatre Pathway

Afternoon List

EROS Elective LSCS Theatre Pathway

Recovery

EROS LSCS Oral Intake Recovery Pathway

EROS LSCS Post-natal Ward Pathway

Ward

In diabetic patients substitute pre-operative drink with plain water



Conclusions

- Enhanced recovery now standard practice for Elective LSCS
- Ongoing staff and patient education is crucial
- Dedicated Elective LSCS list, clear protocols, separate ER postnatal bay, community midwifery support integral to success and sustainability
- The future
 - Staff ER e-learning module
 - Patient diary
 - Patient information DVD for website

References

- 1) Enhanced recovery from obstetric surgery: a UK survey of practice. S Aluri et al, IJOA 2014; 23 157-160
- 2) Enhanced recovery in elective CS: experience suggests reduced length of stay. N Aldamluji, K MacLennan et al; IJOA S23

Thank You

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