Rapid Recovery Program
UCLH experience

Dr Elisa Bertoja
Why

- Shorter length of stay \rightarrow cheaper
- Decreased morbidity and mortality
- Improve efficiency
- Improve patient’s experience
Where

- PACU
- Day surgery
- On the ward
Post Anaesthesia Care Unit (PACU) I

- Major surgery
- ASA III-IV patients
- Generally increased level of care
Admission

- Direct from theatre
- Direct anaesthetic handover
- Surgical review within 1 hr

- Duty anaesthetic consultant to improve flow
Management in PACU

✓ Nurse led with full medical assessment consultation

✓ Under Anaesthetic ITU cons during day

✓ ITU consultant at night

✓ Ward round by night anaesthetic SpR
Protocols

Upon admission

Haemodynamic Optimisation
Enhanced recovery
Bariatric
Wake warm extubate
Pain
DVT prophylaxis
Discharge

- Protocolised criteria
- Nurse led / medical consultation
- 23hrs: surgical review prior to 9 am
Mean ITU Length of Staying

Pre-PACU: 87
Post-PACU: 82

* p = 0.012
## Analgesia

<table>
<thead>
<tr>
<th>PACU Analgesia</th>
<th>Pre-PACU</th>
<th>%</th>
<th>Post-PACU</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>On admission:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidural</td>
<td>21</td>
<td>26</td>
<td>33</td>
<td>38</td>
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<tr>
<td>PCA</td>
<td>20</td>
<td>24</td>
<td>34</td>
<td>39</td>
</tr>
<tr>
<td>Paracetamol</td>
<td>81</td>
<td>99</td>
<td>70</td>
<td>80</td>
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<tr>
<td>Top-up IV opiate</td>
<td>34</td>
<td>41</td>
<td>9</td>
<td>0.03</td>
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<tr>
<td><strong>On discharge:</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Epidural</td>
<td>13</td>
<td>16</td>
<td>22</td>
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</tr>
</tbody>
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Day Surgery I

Currently
65% of all surgical procedures
Target 75%

✓ Same day discharge
✓ Higher number of procedures performed
✓ Higher patient’s satisfaction
Pain Management

- Regional anaesthesia
- Avoid long lasting opiates
  (ie Alfentanly, Sufentanly and Fentanyl preop and just fentanyl postop)
- IV NSAIDs:
  - Paracetamol
  - Diclofenac
Day Surgery III

Post Operative Nausea & Vomiting

✓ Hydration

✓ Antiemetic drugs:
  Ondansetron 4-8 mg
  Dexamethasone 8mg

✓ Avoid pro-emetic opiates
Pain Outreach Team

☑ 5 acute pain consultants

☑ 5 pain nurses 9am to 5pm

☑ 2 pain fellows (Registrar level)
Pain Outreach Team

✓ Daily consultant led ward round

✓ Epidural and PCA referred to the team

✓ out of hour bleep to anaesthetic Jr
Pain Outreach Team

✓ Nurse led with full medical consultation

✓ Protocolised criteria:
  PCA      (1893 in 2009)
  Epidural (454 in 2009)

✓ Audit
Conclusion

✓ Fast track is not just cardiac!

✓ optimal pain management:
  - saves money
  - Improves outcomes
  - Improves patient’s satisfaction