

Rapid Recovery Program UCLH experience

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Why

- ✓ Shorter length of stay → 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

PACU II

Admission

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

- ✓ **Duty anaesthetic consultant to improve flow**

PACU III

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

PACU IIII

Protocols

Upon admission

Haemodynamic Optimisation

Enhanced recovery

Bariatric

Wake warm extubate

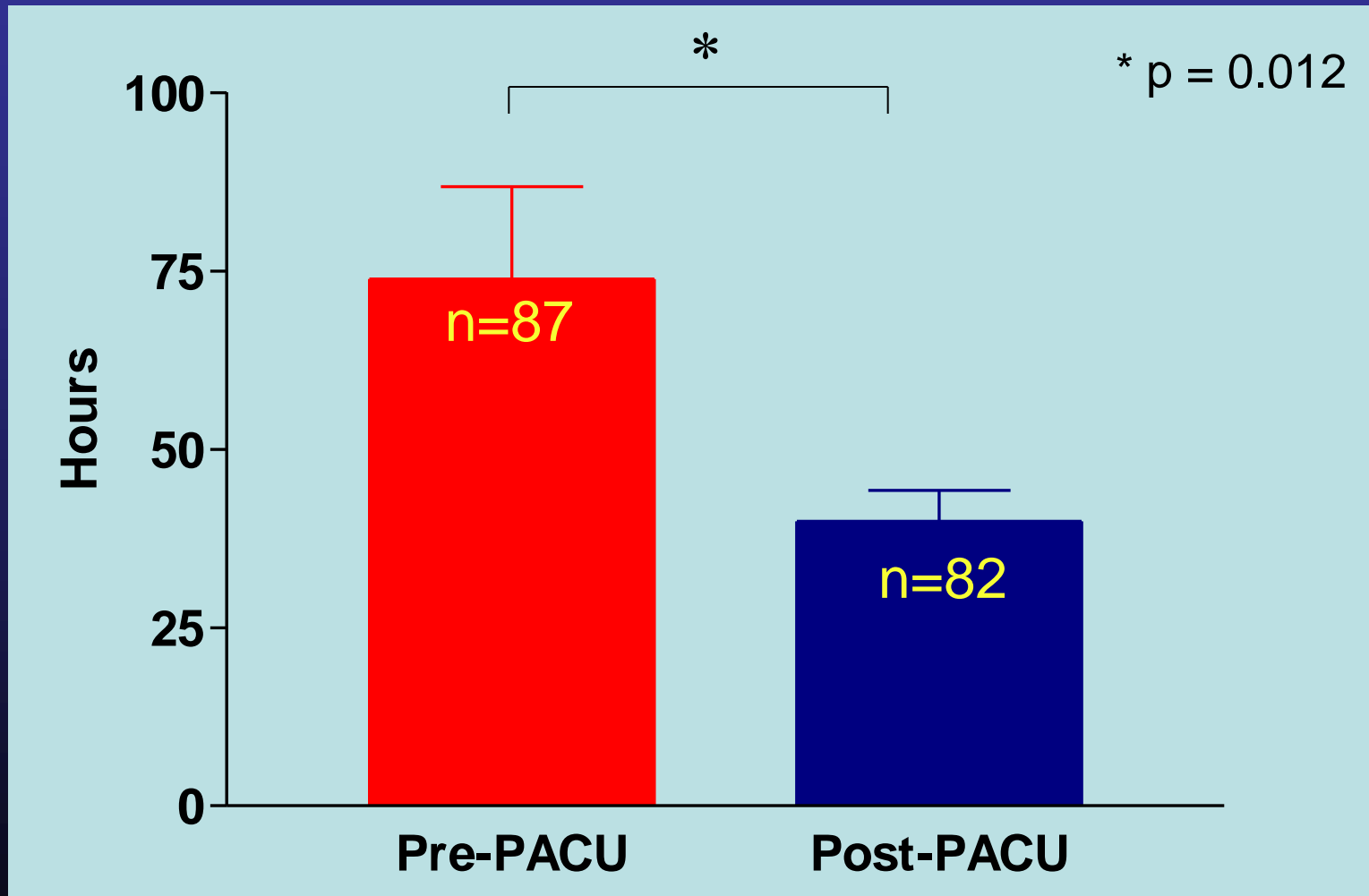
Pain

DVT prophylaxis

Discharge

- ✓ **Protocolised criteria**
- ✓ **Nurse led / medical consultation**
- ✓ **23hrs: surgical review prior to 9 am**

Mean ITU Length of Staying



Analgesia

PACU Analgesia	Pre-PACU	%	Post-PACU	%
<i>On admission:</i>				
Epidural	21	26	33	38
PCA	20	24	34	39
Paracetamol	81	99	70	80
Top-up IV opiate	34	41	9	0.03
<i>On discharge:</i>				
Epidural	13	16	22	25
PCA	23	28	33	38

Day Surgery I

Currently

65% of all surgical procedures

Target 75%

- ✓ **Same day discharge**
- ✓ **Higher number of procedures performed**
- ✓ **Higher patient's satisfaction**

Day Surgery II

Pain Management

- ✓ Regional anaesthesia
- ✓ Avoid long lasting opiates
(ie Alfentanyl, Sufentanyl and Fentanyl preop
and just fentanyl postop)
- ✓ IV NSAIDs:
Paracetamol
Diclonenac

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**



