

COMPREHENSIVE PERIOPERATIVE CARE PROGRAM TO IMPROVE SAME-DAY DISCHARGE AFTER MINIMALLY INVASIVE GYNECOLOGIC ONCOLOGY SURGERY

E-Poster Viewing

ORAL FEATURED POSTERS**Lecture Title:**

R.S. Kim¹, S. Laframboise¹, G. Nelson², S. McCluskey³, L. Avery⁴, N. Kujbid¹, A. Zia¹, M. Bernardini¹, S. Ferguson¹, T. May¹, L. Hogen¹, P. Cybulska¹, G. Bouchard-Fortier¹

¹Princess Margaret Cancer Centre/University of Health Network/Sinai Health Systems, Gynecologic Oncology, Toronto, Canada, ²Cumming School of Medicine, Obstetrics & Gynecology, Calgary, Canada, ³Toronto General Hospital, University Health Network, Anesthesia And Pain Management, Toronto, Canada, ⁴Princess Margaret Cancer Centre, Biostatistics, Toronto, Canada

Objectives: Same-day discharge (SDD) after minimally invasive hysterectomy for gynecologic conditions has been shown to be safe and feasible. We designed and implemented a quality improvement perioperative program to improve SDD rate from 30% to 75% over a 12-month period.

Methods: We included 102 consecutive patients undergoing minimally invasive hysterectomy at a single cancer centre during the 12-month implementation period. A pre-intervention cohort of 100 patients was identified for comparison of clinicodemographic variables and perioperative outcomes. We developed a comprehensive perioperative care program based on Early Recovery after Surgery (ERAS) principles and met bi-weekly for plan-do-study-act (PDSA) cycles. Patients were followed for 30 days after discharge. We used a run chart to monitor the effects of our interventions and conducted a multivariate analysis to determine patient factors or interventions associated with SDD.

Results: SDD rate increased from 29% to 75% after implementation ($p < 0.001$). The post implementation cohort was significantly younger (59 vs. 65yrs; $p = 0.025$) and had shorter operative times (180 vs. 211 minutes; $p < 0.001$) but the two groups were similar in BMI, comorbidity, stage, and intraoperative complications. There was no difference in 30-day perioperative complications, readmissions, reoperations, emergency department visits, or mortality. The most common reason for overnight admission post intervention was nausea and vomiting (16%). Overall, 89% of patients rated their experience as "very good" or "excellent", and 87% felt that their post-operative length of stay was adequate.

Conclusions: Following implementation of a perioperative quality improvement program, our interventions significantly improved SDD rates while maintaining low 30-day perioperative complications and excellent patient experience.