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Recommended Citation

McGuire, Brenna; Tasha Serna Gallegos; and Kate Meriwether. "Implementation of an Enhanced Recovery After Surgery (ERAS) Pathway for Benign Gynecologic Surgery." (2020). https://digitalrepository.unm.edu/hsc_qips/41

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Implementation of an Enhanced Recovery After Surgery (ERAS) Pathway for Benign Gynecologic Surgery

Brenna McGuire, MD. Tasha Serna Gallegos, MD. Kate Meriwether, MD.

Introduction to ERAS Protocols

- Enhanced Recovery after Surgery (ERAS) protocols are evidence based interventions designed to speed functional recovery for post operative patients
- Goals of ERAS Interventions
 - Improve postoperative outcomes
 - Minimize physiologic changes and stress associated with surgery
 - Decrease cost of care for the patient and institutions
- ERAS application in Gynecologic Oncology and Colorectal Surgery has resulted in:
 - Reduction in post operative opiate use
 - Decreased length of hospitalization
- Protocols adopted in general gynecology in other institutions and endorsed by the American College of Obstetricians and Gynecologists (ACOG)
- Opportunity to utilize and assess ERAS protocols in benign Gynecologic surgery at UNMH and assess the outcomes associated with implementation
- Hypothesis: ERAS protocols will be easily instituted and have positive outcomes on patient care in benign Gynecologic surgery if all stakeholders are included in planning

Goals of Intervention

1. Successfully standardize Preoperative and Postoperative care with an ERAS protocol for the benign Gynecology population
2. Implement ERAS protocol in the Department of General Gynecology, FP and FPMRS

Materials and Methods

- Systematic review of established ERAS protocols was performed
 - Degree of evidence supporting each aspect of the protocol was reviewed (ex. VTE prophylaxis) to ensure highest level of literature used in protocol design
- New ERAS protocol was designed for our benign gynecologic surgical patients and formally transitioned into new power chart order sets

Post Operative Order Set

- Pain management
- Vital Signs
- Postoperative Labs as indicated
- Activity and Precautions (fall, seizure, etc.)
- Diet and IV Fluid Management
- VTE prophylaxis
- Obstructive sleep apnea monitoring and respiratory care
- Urinary Catheter Care
- Tobacco cessation
- Diabetic management

Measured Outcomes

- Following initiation of protocols the following will be evaluated and compared to historic controls
 - Postoperative patient oxygen requirement
 - Timing to patient ambulation
 - Time to return of bowel function
 - Length of hospital stay
 - Post operative opiate use

The Complex Surgical Environment

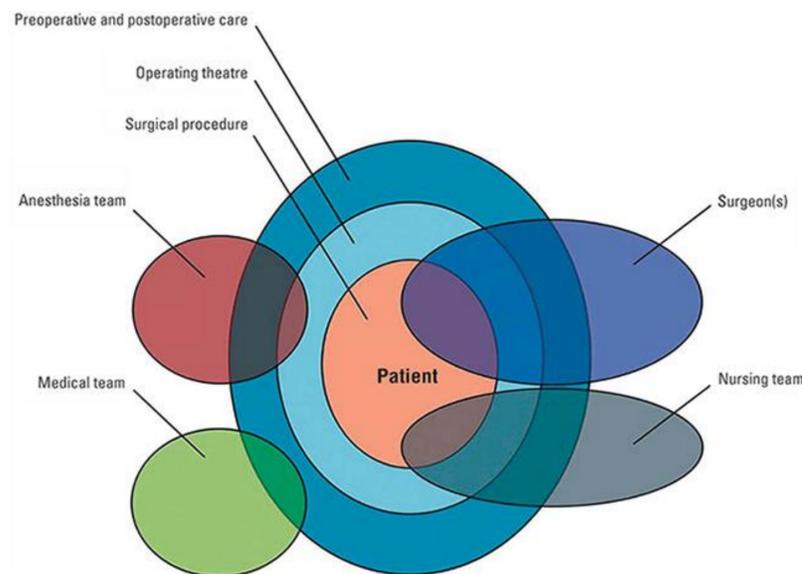


Figure 1. The complex surgical environment. (Modified from Ergina PL, Cook JA, Blazeby JM, Boutron I, Clavien PA, Reeves BC, et al. Challenges in evaluating surgical innovation. Lancet 2009;374:1097-104.)

Stakeholders

- Anesthesia department: ERAS protocol has been reviewed and commentary integrated
- Preoperative, intraoperative postoperative and Women's Special Care nursing staff: Identifying champions and leaders to get input
- Once approved by all stakeholders, the ERAS protocol will be added to the electronic medical record (EMR) for daily use

Preoperative Order Set

- Fluid management
- Cessation of PO intake
- Pain control
- Prevention of surgical site infection
- Venous thromboembolism (VTE) prophylaxis

Resident Quality Improvement Projects

- Respiratory Care
 - Track IS use and nursing O2 Titration
- Wound and Perineal Care
 - Evaluate timing and frequency of perineal and wound care
- Foley Catheter care and discontinuation orders
 - Standardize practice for active versus passive voiding trials
- VTE Prophylaxis order set
 - Standard assessment of Caprini risk score for Post Op patients