

## AB093. 114. Implementation of day of surgery admission for rectal cancer surgery in Ireland following a national centralisation programme

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**Background:** Centralisation of rectal cancer surgery has altered the delivery of colorectal cancer care in Ireland. This has resulted in an increased demand for high dependency elective surgical beds in designated centres. The aim of this study was to assess if day of surgery admission, in conjunction with implementation of a coordinated enhanced recovery (DOSA/ERAS) pathway can reduce length of stay following elective rectal cancer resection.

**Methods:** This is a retrospective review from a single institution. Our prospectively maintained Dendrite® Database was interrogated. Three time points were analysed across a 7-year period [2011, 2012, 2016]. The first predates the introduction of a dedicated DOSA/ERAS

pathway, the next was directly thereafter, and the final was 5-year post implementation. These dates coincide with the centralisation of rectal cancer surgery in this centre. Outcomes included unadjusted length of stay and rates of DOSA pre- and post-implementation of the program.

**Results:** The introduction of a DOSA/ERAS pathway resulted in a 5-fold increase in day of surgery admissions and a related 3-day reduction in average length of stay within a single year of implementation. This further improved in 2016, showing an almost 83% increase (15.9–98.5%) in day of surgery admission and a reduction in average length of stay from 16.4 to 12.4 days when compared to 2011.

**Conclusions:** Despite an increase in caseload of 54%, an estimated 272 bed days were saved. This demonstrated that DOSA is sustainable and highly effective in tackling the increased inpatient bed demands associated with the growing requirement for elective surgery.

**Keywords:** Day-of-surgery; admission; rectal; surgery; national; implementation

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