AB113. Experience of the peri-operative pathway in breast surgery at a tertiary referral cancer centre: is it time to protocolise an enhanced recovery after surgery pathway for breast?

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Background: Widely adopted in colorectal and urology programs, the use of enhanced recovery after surgery (ERAS) has been shown to confer a myriad of benefits with increased efficiencies and improved patient outcomes. Its adoption in breast surgery has not been standardised. As such we aimed to assess the current peri-operative pathway of breast patients in University Hospital Limerick (UHL) and identify potential areas for improvement in an ensuing case controlled prospective cohort study of an ERAS program due to commence in January 2020.

Methods: A prospective audit of all patients undergoing breast surgery in UHL is under conduction between 01/09/19 and 31/01/2020 (recruitment aim of 150 patients for this arm of the study) with data including demographic details, operation and anaesthesia, complications, length of stay, carbohydrate loading, drain outputs and relation to haemodynamic status at closure, analgesic requirements and pain control (opioid, blocks, and other multi-modal agents); fasting duration, nausea and vomiting correlating to anaesthetic type or antiemetic prophylaxis; and degree of patient satisfaction with a number of parameters are being assessed.

Results: To date 52 patients have been enrolled. Eight patients were not satisfied with the degree of information provided, while 10% (n=5) patients experienced post-operative nausea or vomiting. Total morphine equivalent milligram dosage of opioids varied widely among patients with a mean of 123 mg; and a range of minimum: 2 mg, and maximum: 274 mg.

Conclusions: The benefits of a standardised ERAS pathway would lead to a reduction in the prescription of total morphine equivalent opioid dosage and subsequent risk of misuse while also improving patient satisfaction with the peri-operative experience.

Keywords: Enhanced recovery after surgery (ERAS); breast surgery

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