

SAFETY FIRST



Alan Horgan, consultant colorectal surgeon at the Freeman Hospital, Newcastle Hospitals NHS Trust spoke to *Health Director* about an enhanced recovery programme that is reducing patient's length of stay in hospital without undermining their safety.

In 2006 health secretary Patricia Hewitt said, "If a shorter stay in hospital gives the patient as good, or better outcomes, and it costs less, let's do it". The Freeman Hospital in Newcastle has done that with their enhanced surgical recovery programme (ESRP). Coupled with proven technology, colorectal surgery patients at the Freeman Hospital recover twice as fast as NHS averages.

Alan Horgan, consultant colorectal surgeon at the Freeman Hospital said, "Bowel cancer is one of the most common forms of cancer in the UK. It takes up a large proportion of NHS working time – in my particular practice it is a major part of my day and therefore any wins have a massive impact."

Surgery is the only real form of treatment for colorectal cancer, although chemotherapy and other treatments can enhance recovery. The surgery itself is invasive, as Horgan explained, "The operation is particularly stressful for the patient as a large proportion of their intestine has to be removed. The main challenge then becomes getting them healthy again. The cost of extending a patient's stay is enormous to the NHS - it varies around the country but in my practice it is £300 per day for a hospital bed plus £750 an hour for theatre time."

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Clearly, there are better uses for this money within the NHS. To respond to this challenge the Freeman Hospital created the ESRP. One of the main aspects of this programme is use of oesophageal Doppler monitoring (ODM), a study of which was published in the *British Journal of Surgery* in September 2006. The study of 108 patients used the Deltex CardioQ blood monitor during surgery to help maintain fluid balance and blood circulation in the patients undergoing colorectal surgery.

Patients using the CardioQ monitor were fit for discharge after six days, and actually discharged after seven. The study also found that patients using the CardioQ did not require unplanned admission into the hospital's critical care unit following surgery, in comparison with 11% of patients not using the monitor. Horgan added, "Since the introduction of ODM and enhanced recovery we have met our NHS bed targets."

The ESRP programme also includes:

- A pre-operative co-morbidity assessment which helps to improve estimation of pre and post operative needs.
- Basic education to prepare patients how they may feel after surgery.
- Pre-operative carbohydrates are administered to reduce surgical stress in patients.
- Greater use of laparoscopic surgery – 80% of patients undergoing colorectal surgery at Freeman Hospital compared to the national average of 5-8%.

Despite clear benefits, take up of oesophageal Doppler monitoring has been slow across the NHS. Horgan explained, "NICE have said ODM is 'standard clinical practice' but I am not sure how far they have gone in pushing it across the whole of the NHS. Ultimately, it makes the whole process less stressful for the patient." And a lot cheaper for the NHS. ■