

# Improving surgical outcomes, reducing length of stay

Al Windsor leads a multidisciplinary team which is transforming the way surgery is delivered, improving productivity and outcomes for patients

## AL WINDSOR



**A** consultant in colorectal surgery at University College London Hospitals NHS Foundation Trust, he is a pioneer in a surgical approach known as ESTReP – Enhanced Surgical Treatment and Recovery Programme.

The programme was developed as a cross-trust collaboration between Al's team at UCLH and the colorectal unit at Guy's and St Thomas' NHS Foundation Trust, led by consultant Andrew Williams. "Andy and I devised the system together", says Al, "and we're keen to involve as many trusts as possible – we're already talking to a number who are interested".

The ESTReP programme builds on the fast track surgery work pioneered by Danish surgeon Henrik Kehlet by bringing together a raft of measures which improve surgery. "Components of the programme have already been proved successful in independent trials. There were lots of things we know about – the possibility that surgical drains and NG feeding tubes might not assist recovery, reducing the starvation before surgery by using a high carbohydrate drink and so on - that were not being used by the general surgical population. Our idea was to combine all the pre and post-operative aspects of other programmes with the addition of key hole surgery and specialist monitoring and care during the operation"

Both teams started implementing the programme at the beginning of 2007 and the early results are looking good. "There

are improved outcomes for patients, with reduced morbidity rates, fewer complications and rapid recovery. Length of stay has been reduced from approximately 9-10 days per patient to just 6 days. The number of extra bed days generated means that we can treat more patients. Under payment by results, this can generate more income for the trust and help us meet our 18-week targets."

"And patients should be assured that we're not trying to discharge them prematurely. The discharge criteria are the same as before, but we're getting patients to that point more quickly. We're not passing the burden to GPs and community staff." Al is particularly pleased with results from the patient questionnaire that is routinely collected as part of the project, with around 70% of patients positive about the experience.

Al is hoping that the ESTReP approach will be picked up by other surgical units at UCLH and beyond. "Our hepatic surgery colleagues are interested, and the vascular team is looking at how it might apply to their patients. There's no reason why it can't be rolled out across the board." The UCLH and Guy's and St Thomas' data is held in a web-based database which can be replicated for any trusts wanting to join the project.

Al adds: "The UCLH management team can see their investment reaping rewards and are supporting us in driving this forward". The ESTReP projects at UCLH and Guy's and St Thomas' look set to be of interest to managers, patients and clinicians alike. ●

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[www.reducinglengthofstay.org.uk](http://www.reducinglengthofstay.org.uk)  
 or email [aknight@hanovercomms.com](mailto:aknight@hanovercomms.com)

## Key elements of the Enhanced Surgical Treatment and Recovery Programme

### Pre-operative assessment

Comprehensive preparation of the patient prior to admission including a package of education to better inform them about their surgery and an assessment of their fitness using cardio-pulmonary exercise testing.

### During the operation

The use of minimally invasive surgical techniques and precise anaesthetic care with specialist cardiac and fluid monitoring - oesophageal Doppler monitoring (ODM) - during and immediately after the operation.

### Post-operative systems

A defined programme including rapid mobilisation and early return to eating and drinking that minimises surgical complications while encouraging patient recovery and discharge.

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