What effect does pre-operative Enhanced Recovery Protocol counselling have on post-operative length of stay after colorectal resections?

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Introduction: The Enhanced Recovery Protocol (ERP) was implemented in 2009. The primary aim of this is to reduce post-operative length of stay for these patients by reaching discharge from hospital by day two to four after the operation. This protocol encompasses the pre-operative, intra-operative, and post-operative phases of the patient journey. During their preoperative work up, patients are advised to attend a pre-operative assessment clinic session where a designated Enhanced Recovery Specialist Nurse provides counselling to the patient and their relatives. This involves an in-depth discussion surrounding the patient’s expectations including length of stay, and ensuring that they are in line with the recommendations outlined in the ERP.

Methods: A prospectively maintained database of patients undergoing colorectal cancer resections between 2011 and 2014 in the fourth largest colorectal unit in the UK was analysed. Patients were grouped according to whether they had or had not received preoperative counselling. The mean length of stay for each group was calculated from the date of the operation to their discharge date and a statistical analysis was performed to assess its significance.

Results: A total of 896 patients undergoing elective colorectal surgery were analysed, with the mean post-operative length of stay calculated at 6.32 days. Of these patients, 92.2% (826) had received preoperative counselling. The mean post-operative length of stay for this group was 6.36 days, compared to a mean of 5.89 days for the group who did not receive counselling. After statistical analysis using the two-sample t-test, a calculated t-statistic of 0.293 was generated and this was compared to the critical t-value at the 0.05% confidence interval. The results demonstrated no statistical significance between the two groups.

Conclusion: Our study demonstrates that there is no statistically significant difference in the post-operative length of stay between patients that receive pre-operative counselling and those that do not. At this unit, preoperative counselling is provided immediately after the preoperative assessment and therefore a separate clinic is not required. This may not be the case for all Trusts within the NHS. Those Trusts that provide counselling as a separate clinic may need to consider the financial implications of this, as there is no effect on length of stay, and therefore no financial benefit to be gained. Despite this, the benefits accrued from the counselling with regards to patient satisfaction on discharge, support provided by the specialist nurse and the holistic approach to patient care is invaluable.