



# Fast Track Colorectal Surgery – A Regional Base Hospital Experience

Make smart choices about the costs and benefits of health services

Prepared by Moya Anderson & Tracey Moore  
Fast Track Colorectal Surgery – A Rural Base Hospital Experience  
North Coast Area Health Service

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# Aim

- To implement evidence based clinical practices at Coffs Harbour Health Campus to:
  - Enhance post-operative recovery for patients undergoing colorectal resections
  - Achieve a 50% reduction in length of stay
  - Provide a better patient experience

# Issues with Current Practice

- Limited pre-operative education
- Bowel prep
- NBM 12 hours preoperative
- Midline incision
- Use of drains and NGT
- Remain NBM 3-4 days post op
- Discharge day 8-10



# Strategic importance

- Rising health care costs
- Growing pressure to reduce surgical waiting lists
- Increasing need to look at alternate evidence based models of care which demonstrate:
  - Improved patient flows
  - Improved utilisation of resources
  - Improved patient outcomes
  - Better patient experience's

# Fast Track Protocol

## – Pre Operative

- Extensive patient education
- Carbohydrate loading (PreOp drinks)
- Probiotics
- Clear fluids up until 2 hours prior to anaesthetic
- No bowel prep in most cases

# Fast Track Protocol - Intra Operative

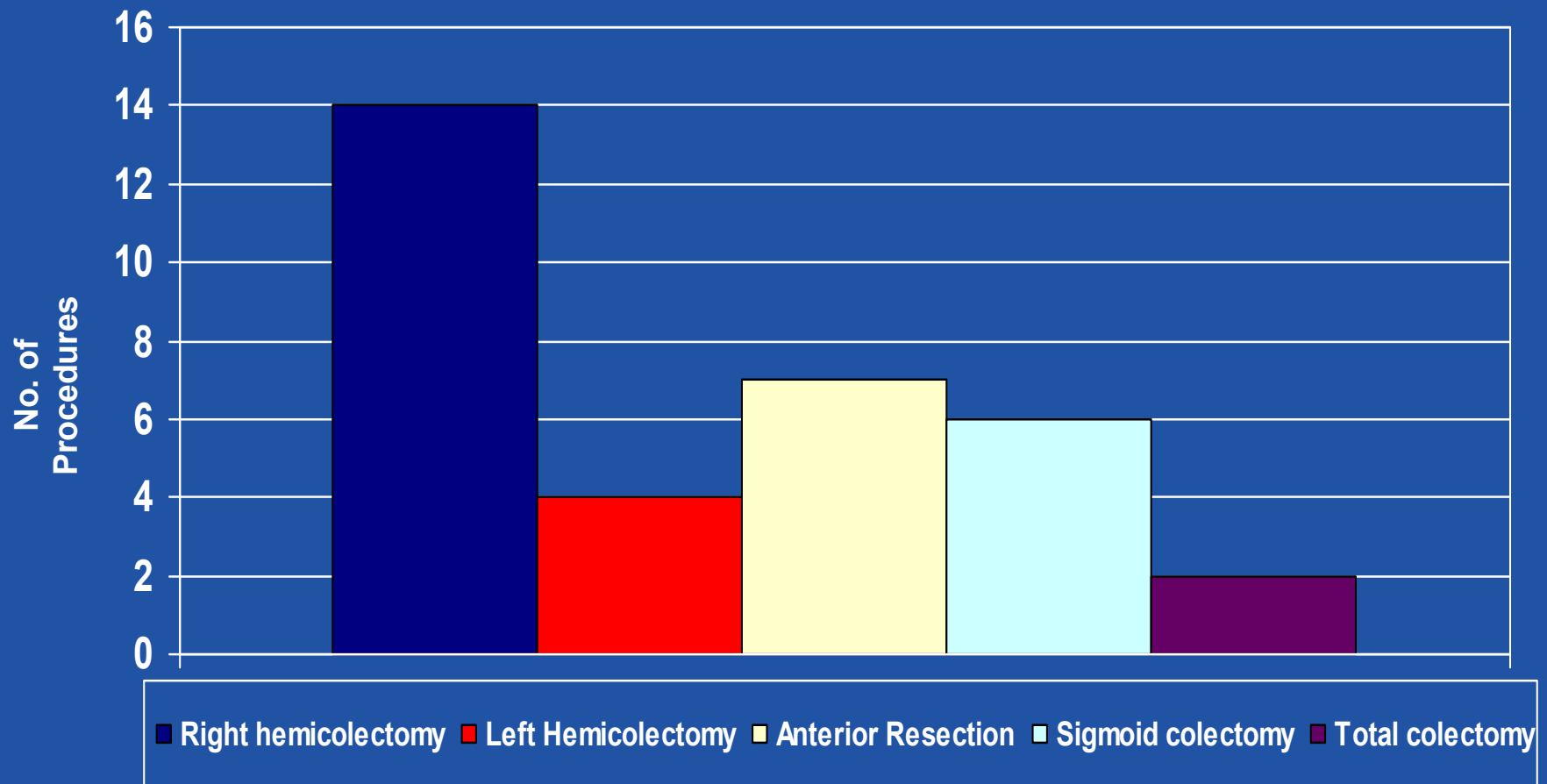
- Thoracic epidural
- Transverse incision
- No drains or NGT
- Maintain normothermia
- Supplemental oxygen in recovery (80%)

# Fast Track Protocol

## – Post Operative

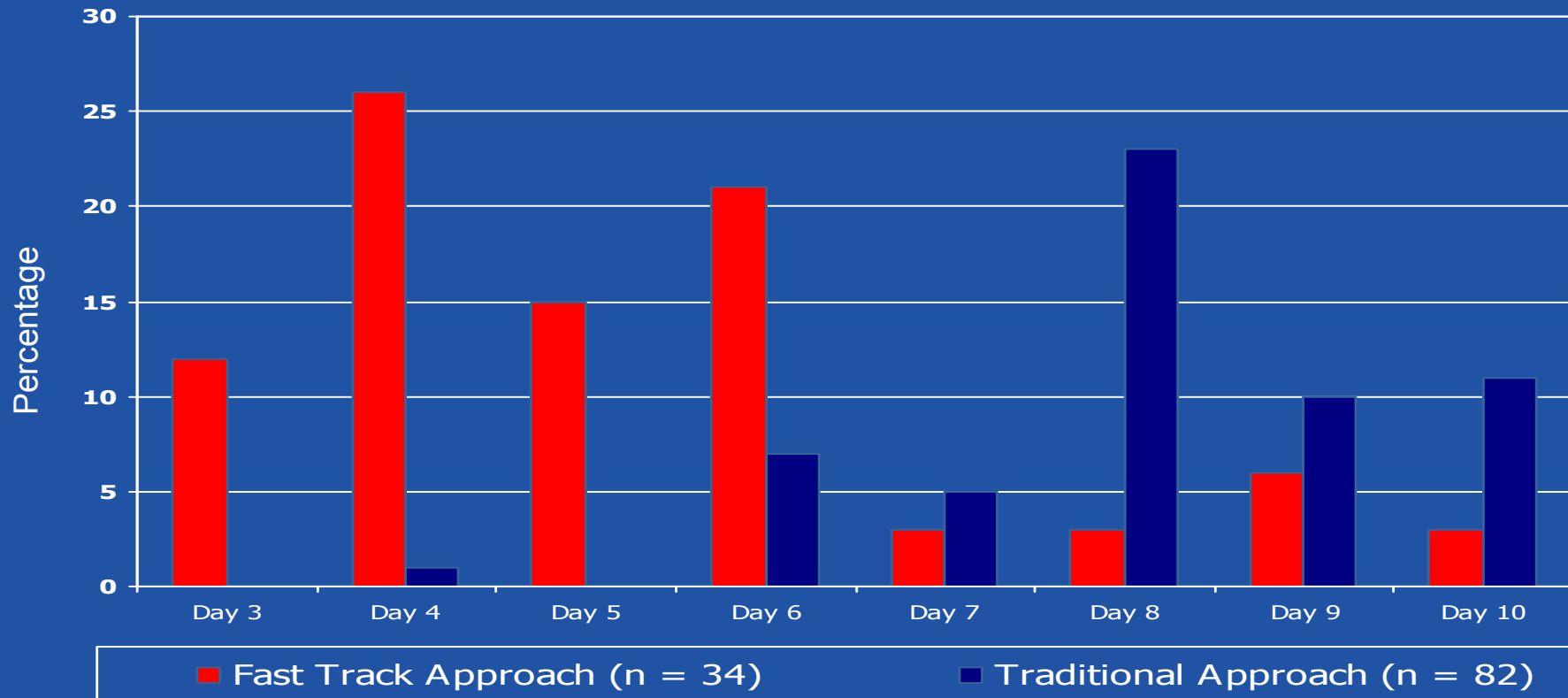
- Patient Controlled Epidural Analgesia
- Early mobilisation
- Early resumption of oral diet

# Profile of Fast Track Protocol Colorectal Resections



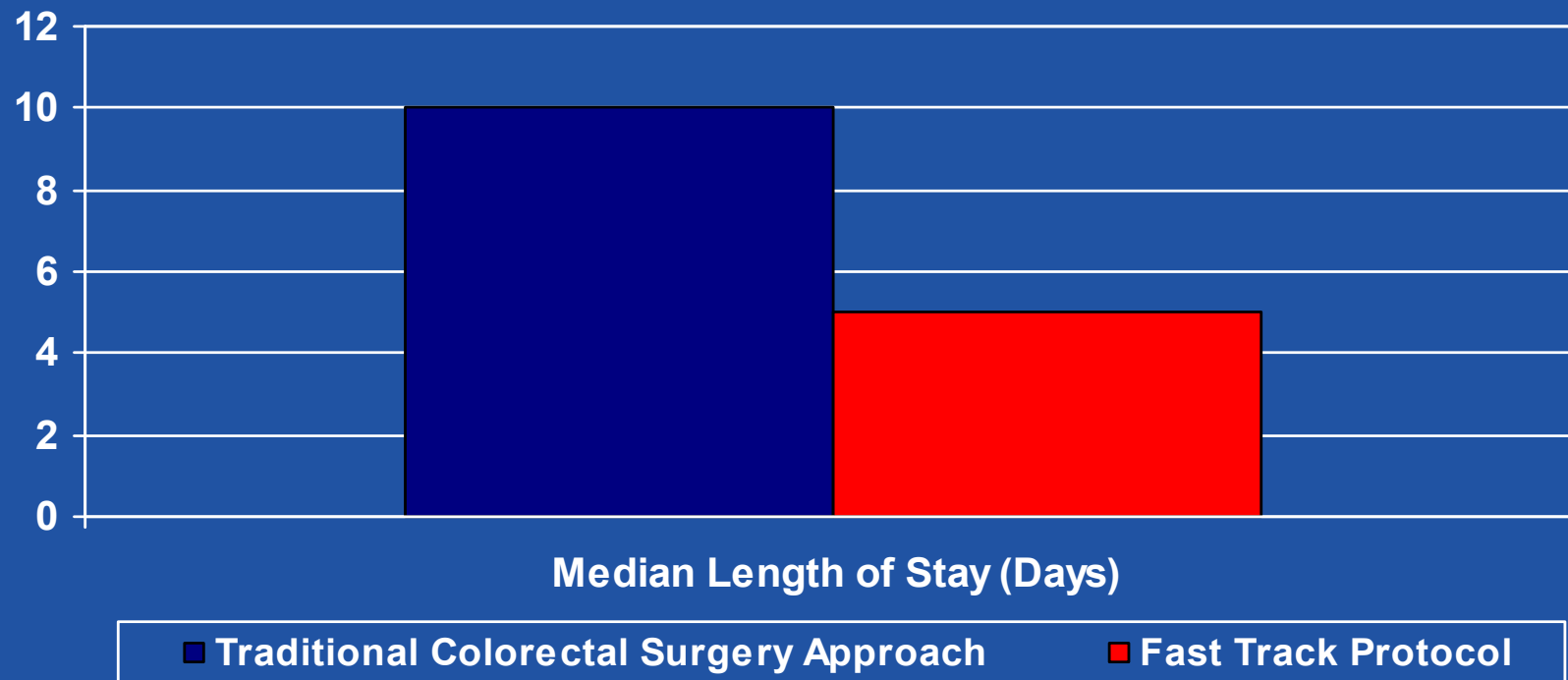
# Day of Discharge

## Fast Track vs. Traditional Results



- 38% of Fast Track patients are discharged within 4 days
- 1% of Traditional Colorectal Surgery patients are discharged within 4 days

# Median Length of Stay



Notional savings to date of 170 bed days (\$102,000)

# Patient Satisfaction Survey

- High levels of satisfaction with:
  - Pre operative education
  - Pain management
  - Minimal post-operative fatigue
  - Return to pre-operative mobility level



# Sustaining Change

- Evidence based clinical pathway
  - Ongoing auditing of pathway and feedback to clinicians
- Patient Education Brochure
- Pre-Admission staff educated on Fast Track
- Remaining General Surgeons now using Fast Track Protocol for Colorectal Surgery

# Lessons Learned

- Importance of engaging key stakeholders
- Need to have a key driver for implementation
- Regular feedback to clinicians on project outcomes

# Future Scope

