Enhanced Recovery in Obstetric surgery (EROS)

A "trial of delivery" of a new protocol in a district general hospital

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Introduction

- Enhanced recovery in obstetrics established in recent years[1]
- NICE endorse swift discharge in uncomplicated caesarean section (LSCS)[2]
- Improved efficiency, patient satisfaction, reduced patient morbidity
- Audit of introduction of EROS protocol in elective LSCS in a district general
- Audit over eight month period
  - Are 24 h discharges achieved? Is analgesia optimal? Are we readmitting?
- Small follow up audit six months later to review protocol compliance

Method

- Between Oct 2017-June 2018, questionnaire for patients selected for EROS in elective LSCS. Delivered 5-7 days post LSCS over the telephone by anaesthetist.
- Small follow up audit in Jan 2019 to assess ongoing protocol compliance, audit of electronic patient records.

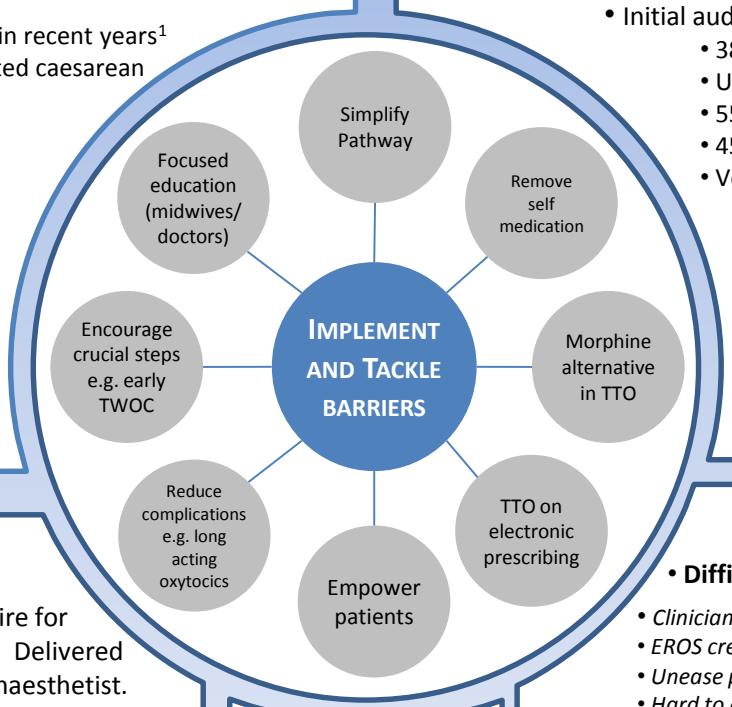

Figure 1 (above)
Consideration of how to improve EROS compliance/implement change

Results

- Initial audit
  - 38 patients, 74% discharged in 24 hours
  - Up to 42% had severe pain day 1 and 2 post-op
  - 55% no opiate on discharge, 28% required it
  - 45% had opiate on discharge, 82% required it
  - Very few readmissions
- Short follow up audit six months later- outcomes worse.
  - 15 patients, 46% discharged in 24 hours
  - Few prescriptions for opiates
  - Delay in removing catheters

Conclusions

- **Difficult to encourage compliance with EROS – why?**
  - *Clinicians unaware*
  - *EROS creates more work on ward*
  - *Unease prescribing morphine TTO → suboptimal analgesia.*
  - *Hard to engage multidisciplinary working*
- **How do we tackle the barriers to change – application of NICE "How to change practice"[3] (Figure 1)**

References 1. Abell D, Long O, Skelton V, Penna L, Dasan J, Sharafudeen S. Enhanced recovery in obstetrics. IJOA. 2013 22(4):349-50, 2. NICE clinical guideline CG132: Caesarean Section, 3 NICE guideline: How to change practice. 2007.