

PATIENT INVOLVEMENT

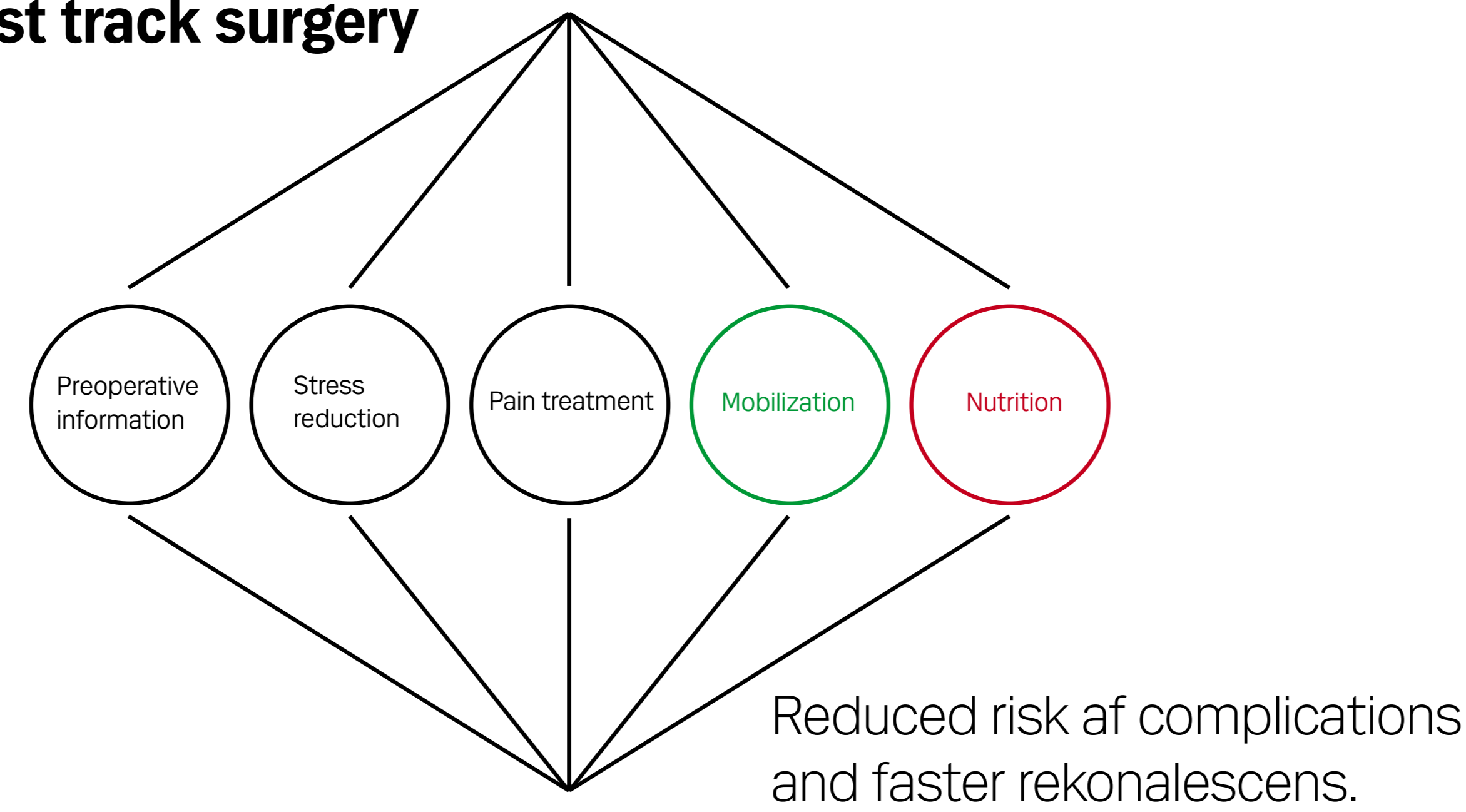
- To ensure optimal mobilization and nutrition after cystectomy

Liselotte Vitoft, Kathrine Strømvig, Mie Mindedahl Pedersen, Anne Marie Loff, Andres Jæger Nielsen, Birgit Bonfils, Gitte w. Lam, Department of Urology, Herlev Hospital, Copenhagen University Hospital, Denmark

INTRODUCTION:

Robot assisted fast-track cystectomy requires that both the patient and nursing staff have a clear understanding of the goals for the immediate postoperative course. The postoperative pathways must be manageable to secure optimal patient care and make it possible to document the postoperative follow-up. The patient is no longer a passive recipient of care and the nursing staff is expected to engage their patients in their own care and treatment. An audit performed in April 2013 showed incomplete documentation and there were no clear targets in the pathways for the patient or nursing staff. Therefore we have developed new nursing pathways including clear targets in the five key areas. In this project we decided to focus on mobilization and nutrition.

Key areas in fast track surgery



OBJECTIVE

The aim of the study was two assess whether the key area targets for the postoperative course had been reached before and after implementation of new procedures based on evidence from nursing intervention. Furthermore we decided to increase patient involvement, improve documentation and ensure the best possible postoperative care to our fast track cystectomy patients.



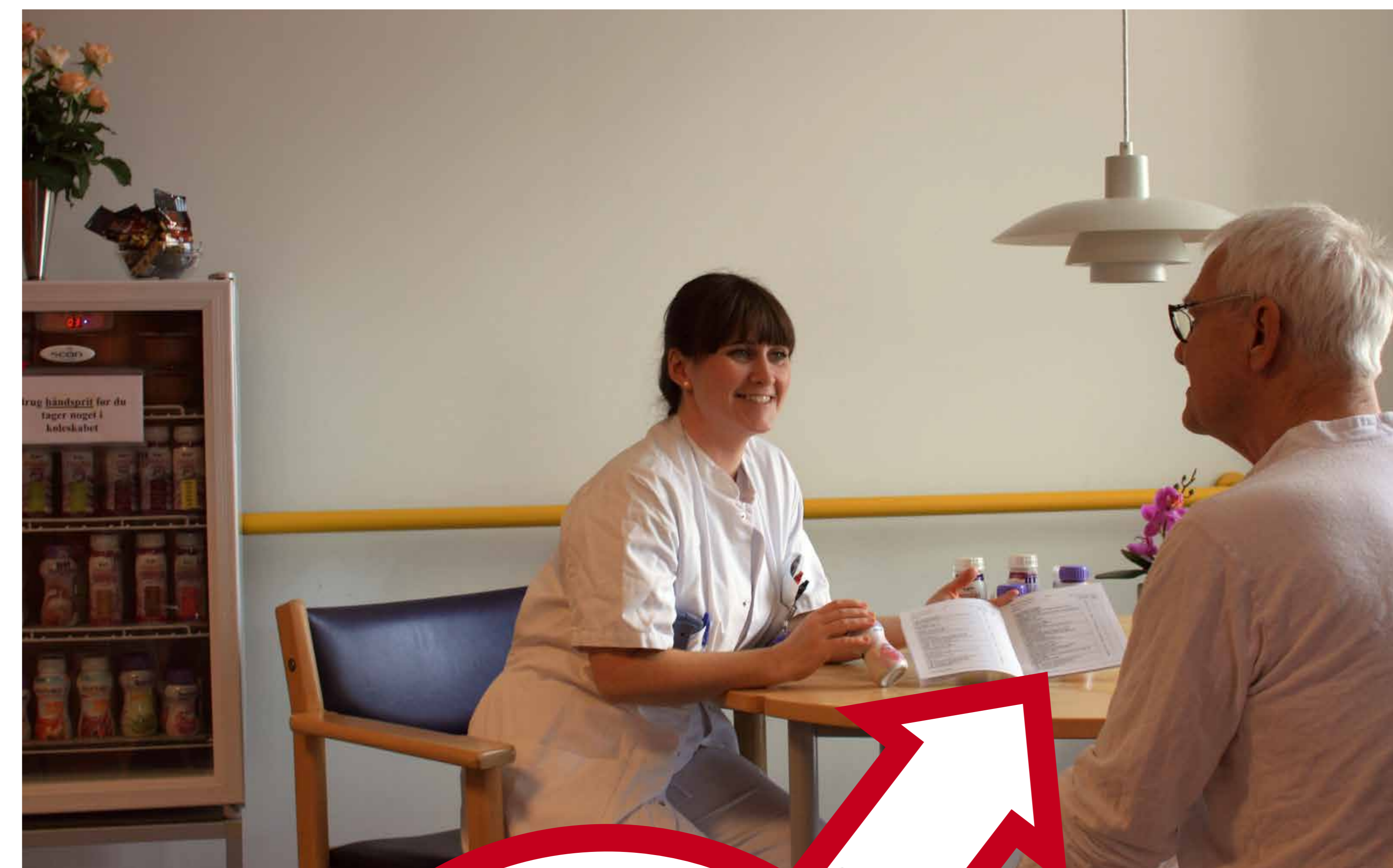
Department of Urology, Herlev Hospital is Northern Europe's largest and conducts 11.500 operations annually. The department is a part of the Robotic Center in the Capital region of Denmark and operates approximately 50 cystectomies a year.

METHODS AND MATERIAL:

In collaboration with the dietician and physical therapist we developed a

- Plan for mobilization
- Plan for nutrition

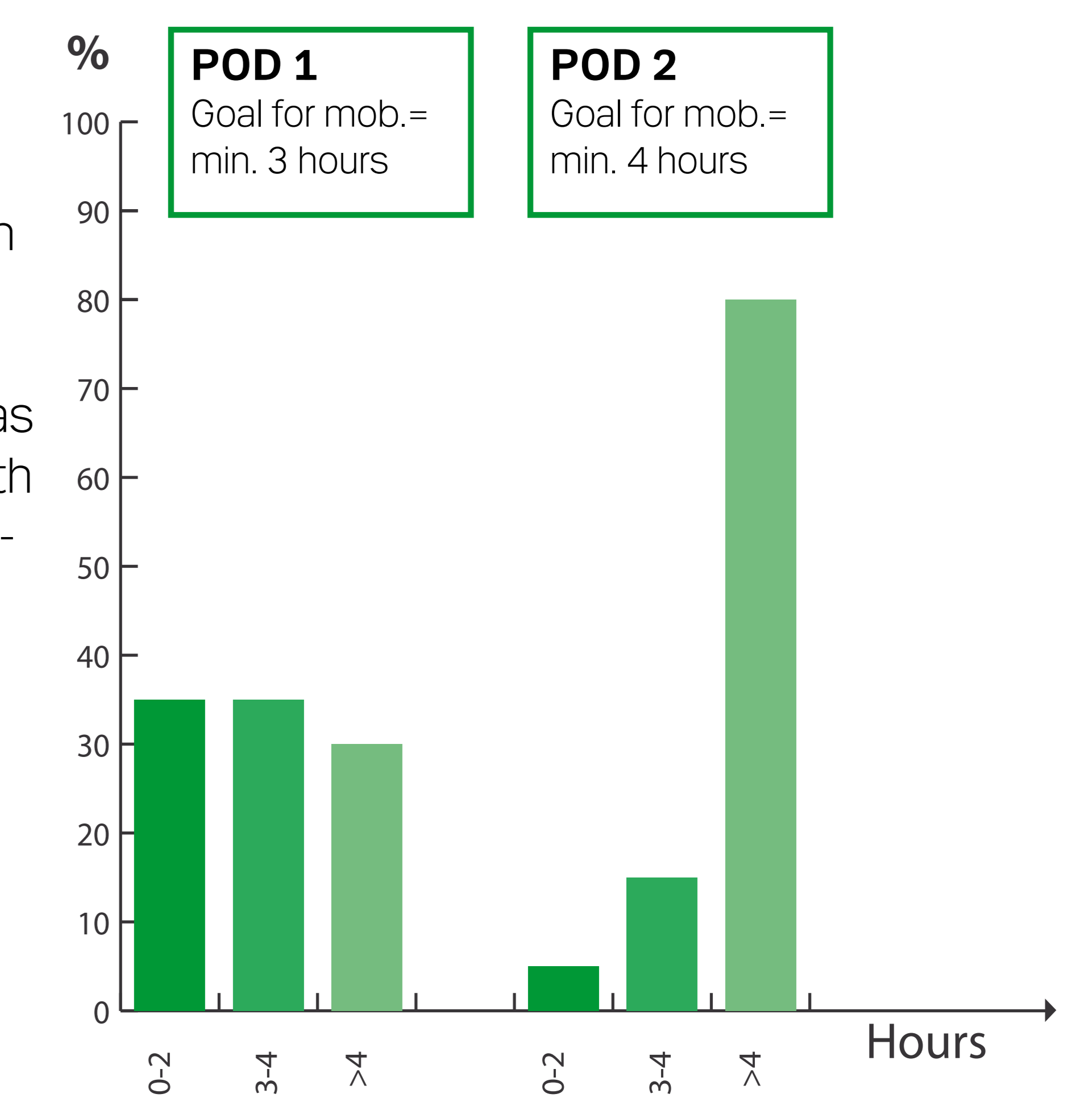
The patient were taught and obtained knowledge about mobilization and nutrition. The patients were partly responsible for following the plans and to document in a prefilled diary. The intervention was completed with a new audit in October 2013.



RESULTS:

Mobilization:

This figure shows a distribution (percent) of patients mobilization of POD 1 and POD 2



The objectives of mobilization has been prepared in accordance with standards from The Unit of Perioperative Nursing¹

Nutrition:

The goal of nutrition is prepared by dieticians for each patient based on weight. The goal was 100% protein intake from POD 1.

20% of the patients reached the full goal for protein intake. Some patient almost reached the target and some had postoperative nausea and had a low intake of nutrition on the first days.

CONCLUSION:

Patient's activity level was high with 80% reaching the daily 4 hour goal for mobilization. In POD 2 we will consider increasing this target.

The recommendations for nutritional intake were too ambitious. The patients fully understood the importance of good nutrition and were unhappy about not being able to reach the goal. A multidisciplinary approach to determine the cause and reduce postoperative nausea will take place.

Engaging the patient in the postoperative care with clear goals for each day and manageable tools to document, showed that patients take more responsibility and increase their efforts in achieving these goals.

¹Reference: Unit of Perioperative Nursing.