

PERIOPERATIVE CARE

The key to reducing waiting lists

The Centre for Perioperative Care (CPOC) aims to optimise the surgical pathway from the moment surgery is contemplated until full recovery. Good perioperative care is better for patients, staff and costs.

45%



of operations requiring an anaesthetist are in people age 65+^{REF}

67%



of over-65s have multiple co-morbidities^{REF}

41%



of admissions to intensive care units are following surgery^{REF}

2.5x



variation in patients admitted as in-patient rather than being day case^{REF}

14.8%

of patients decide against surgery after discussion with a geriatrician-led service^{REF}



12% of operations have a complication^{REF}

At least 4x more complications if physically inactive^{REF}



50% reduction in complications with smoking cessation^{REF}



At least 4x more complications if frail^{REF}



14% of patients express regret after surgery^{REF}



UP TO 50% reduction in complications with pre-op prep (especially exercise)^{REF}



£400 MILLION

lost operating theatre time costs due to cancellations on-the-day of surgery per year^{REF}

3%



of high risk patients are responsible for 45% of hospital costs^{REF}

10%



of ops are cancelled (many due to bed shortages)^{REF}

11.5+%



of re-admissions are preventable^{REF}



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How to get good perioperative care

1 Preoperative preparation

A [perioperative approach](#) reduces complications by 50 per cent and bed stay by one to two days. Seven interventions are effective before surgery – these also reduce long-term ill-health and health inequalities. Provision of prehabilitation facilities or even advice is patchy.

See [Moving Medicine](#) and [CPOC](#). Preparation includes discharge planning to minimise delayed discharge. [Assessment should be used to optimise](#).

The key interventions are:

- 1 smoking cessation
- 2 exercise
- 3 nutrition
- 4 alcohol moderation
- 5 medication review/senior review
- 6 psychological preparation and mental health optimisation
- 7 practical preparation

2 Team-working, using the [whole workforce](#) and pathways of care

Departments currently work in silos. There are inefficiencies and late cancellations. Pathways should be standardised with clear triggers for intervention or senior discussion with patient. Teams need to identify tasks, share skills and work with patients. The team consists of:

- 1 Surgeons, geriatricians, anaesthetists, specialists and other senior clinicians – for complex patients and for Shared Decision Making (SDM) discussing risks and alternatives
- 2 Nurses and other professionals to be pro-active optimising health with patients
- 3 [Doctors' Assistants](#), care coordinators and administrators to work to agreed pathways
- 4 Links with primary care and the community.

3 Shared Decision Making/Senior Review

SDM means discussing with the patient about benefits, risks, alternatives and 'doing nothing options, or 'BRAN'. Many will decide against surgery. Optimisation (smoking cessation, exercise, etc) can also be agreed individually.

Comprehensive Geriatric Assessment is of proven benefit and can reduce unwarranted surgery. For emergency presentations, 'hot clinics' with a senior decision-maker can reduce admissions by 20 per cent.

4 Day surgery

Day surgery is far more efficient for beds, staff, lists and has better outcomes for patients. There is a two-to-three fold variation across the UK in rates of people admitted overnight who could have had care as a day case. Preparation and optimisation for each patient and standardisation of pathways increases day case rates. Many Trusts are using outdated criteria – CPOC/GIRFT/BADS new [Delivery Pack](#) needs embedding.

5 Patient involvement

Patients have an important role to play in their own healthcare. They need to understand how they can maximise their physical and mental health prior to a potential operation. To do this, they need to be supported and encouraged in being active partners in their decision making and preparation for treatment. In this way, outcomes will be improved and quality of life optimised.

CPOC is a partnership between



We have an [advisory group](#) of 34 health charities, associations and other organisations.