

23 Hour Pathway for Breast Surgery

The fourth Independent Cancer Patients' Voice Study Day was held in the Houses of Parliament on Friday 4th March 2011.

The day started with a presentation on the 23hour pathway for breast surgery by Jo Marsden (Surgeon), Terri Baxter (CNS) and Dorte Frederiksen (senior day surgery nurse) from King's College Hospital.

King's have been operating a 23hr pathway for 5 years and Jo and Terri outlined its development from the start when feedback from patients told them that there was a need for a more streamlined system. It was realised that it was important for patients to know exactly when everything was to take place, thus ensuring a smooth progression from decision to surgery. At all times the patient must be at the centre of all decisions and must feel assured that support readily available at all times.

The type of surgery planned for the day unit was all non-reconstructive breast cancer surgery plus axillary dissection and crucial to the model was stopping the routine use of drains. KCH have not routinely used drains since April 2005 and an audit of the system has not shown any increase in related problems. The take-up rates for the service are high and now account for 93.1% of procedures compared with 57.4% at the start of the scheme.

The system depends greatly on having a good team in place and giving the patient all the information required to prepare her for surgery. Each patient is assessed early on in the pathway to ensure that she is suitable for the process and has support at home for aftercare. No patient should go through the system if she is not considered able to cope or does not have suitable support at home. In the King's model age is not considered as a reason not to offer day surgery, all women are assessed for their individual needs.

The start of the pathway is critical and it is at this point that discharge is discussed. The patient is given all the information needed for going home at a nurse-led pre-admission clinic where the decision to go for the 23hr pathway is made based on assessments done at the earlier appointment. The crucial aspect of this pathway is that all dates are pre-set and the patient can plan for her surgery and if needed arrange home care with confidence that the surgery date will not be changed.

The current King's model shows that the day after discharge the CNS will call the patient to check all is well and carry out a short questionnaire. When the model was in its early days it was felt that it would be the community/district nurse who would be the main contact for this, but it was made very clear by patients that they did not feel confident that the community nurses would have the relevant experience to answer their questions, so this was dropped in favour of the CNS.

The team have worked with Breast Cancer Care to hold focus group of patients to gauge patient feelings. The finding showed that -

- Patient support for day surgery was unanimous
- All same day discharge patients said they would have it again
- The unit provided an early psychological boost
- Early discharge implies that surgery is 'minor' but at odds with the 'serious' diagnosis of breast cancer
- Patient support for day surgery was unanimous

Both Jo and Terri emphasise that at all times the patient has to be at the centre of the process.

Following on from this Beth Jackson (CNS) at the Royal Marsden summarised the implementation of the pathway into the Royal Marsden at Fulham and Sutton.

Last summer the NHS Improvement programme outlined the 23hour pathway and the Royal Marsden was selected to be one of the 13 national pilot units. With 6 surgical teams over 2 sites implementing the system would be a challenge, so the Marsden decided on 2 surgeons at first, rolling out to the others when the system is in place. Over the summer they worked on getting teams in place, producing patient literature and physiotherapy DVD. They are now on target to start in March 2011 with patient evaluations to be assessed at the end of the year.

Following on the presentations we had a lively discussion where a variety of opinions were expressed.

There was agreement with the issue of concern which came out of the focus groups about day surgery implying that this is 'minor surgery' whereas it is actually very serious for individual patients and difficult to assimilate at the time. There was also agreement that this is difficult to address other than in acknowledging and addressing prior to surgery and ensuring adequate support is available. This is an issue that needs to be carefully monitored as it was felt not many other day case surgical treatments have such emotional/psychological impact.

The group were also concerned that patients would be put forward to this the day unit that were not suitable for day surgery. KCH are continuing to monitor the service and are now using a variety of assessment tools to ensure that the correct patients are chosen. This has to be an individualised service and patients have to be prepared well, feel comfortable and not in any way lessen the importance of the disease.

It was felt that some patients may seem ok, but the impact of what has happened will hit much later. KCH are addressing this by assessing patients throughout their treatment, so that any psychological issues can be picked up as they occur.

We also had some very positive responses to the model:

“good experience against all expectations”

Before surgery felt in *“invalid mode”* – after being told I could go home felt
“they think I’m OK – I’m not at invalid!”

“I went to listen to Wagner two days later”

We had a few in the audience who had undergone this system for surgery and in all cases they felt positive about being at home and *“being normal”* after surgery. They felt that this was a much better way of recovering and retaining their independence. One very recent patient in the audience expressed her very positive feeling about going through the 23hr pathway.

Also taking part in the discussion were a GP and a district nurse who in general were for this model, but had the same reservations as some patients.

There was unanimous approval for a DVD to help with post-op exercises and it would be good if all sites were able to supply this. Physiotherapy provision is something that in recent years has been very inconsistent between various health authorities and a standard model should be in place.

There were of course some doubts and this was generally aimed at how the implementation will take place in other hospitals. KCH has very much the ‘gold standard’, but we need to be assured that this can be transferred to other sites without any loss of service.

As this service is expanded throughout the country more work and research is required. There needs to be more evidence/trials on the difference between drains /no drains and if the results are positive more use of this evidence to reduce use of drains. Patients find these uncomfortable and nuisance whilst in-place and extremely painful during removal. Another area of concern is the need to reduce number of axillary clearance operations and promote conservation. There was also a feeling in the group that good pro-active lymphoedema treatment and information was often not emphasised enough at an early stage. Improvements in these areas could go a long way in improving recovery rates and well being.

It may be that the hospital managers will see this as a cost saving and try to push it through as such. Jo Marsden stated that she in no way considers this a cost saving device, although there is some cost savings as a by product. Her advice to surgical units would be to be proactive and start the model before the accountants step in. Patients must not be pushed into the system if they do not feel comfortable about it. It may be that if a patient has a long distance to travel to have her treatment as is rural areas it is not suitable for her to travel the following day. Some women may feel that they need longer time away from the home environment if they have for example small children or an elderly parent to care for. An extra day away from home may be just what some patient need! There is also the fear of being alone and not being able to contact someone they know for reassurance. If they go home on a Friday the nursing staff they saw at the hospital will not be on duty. It would be better if surgery is kept to the early part of the week, so women can contact their own breast care nurse if they feel any worried.

To summarise the 23 hour pathway is here to stay and we should ensure that all stakeholders are involved at all points of its implementation and that quality of care is maintained at all times.

The patient IS the centre of this and must remain so.

Mairead MacKenzie, Independent Cancer Patients' Voice

For further information please see the presentations and patient experience video on our website.
<http://www.independentcancerpatientsvoice.org.uk/27.html>