

Pre-operative and Post-operative care of Gynaecology Patients in Prince Charles Hospital, Merthyr

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INTRODUCTION

1. To evaluate the pre-operative, intra-operative and post-operative care of patients who underwent elective gynaecology surgery
2. To check if VTE risk assessment was completed
3. To check if patients received appropriate care on re-admission
4. Develop standards for provision of Elective Gynaecology Services pathway

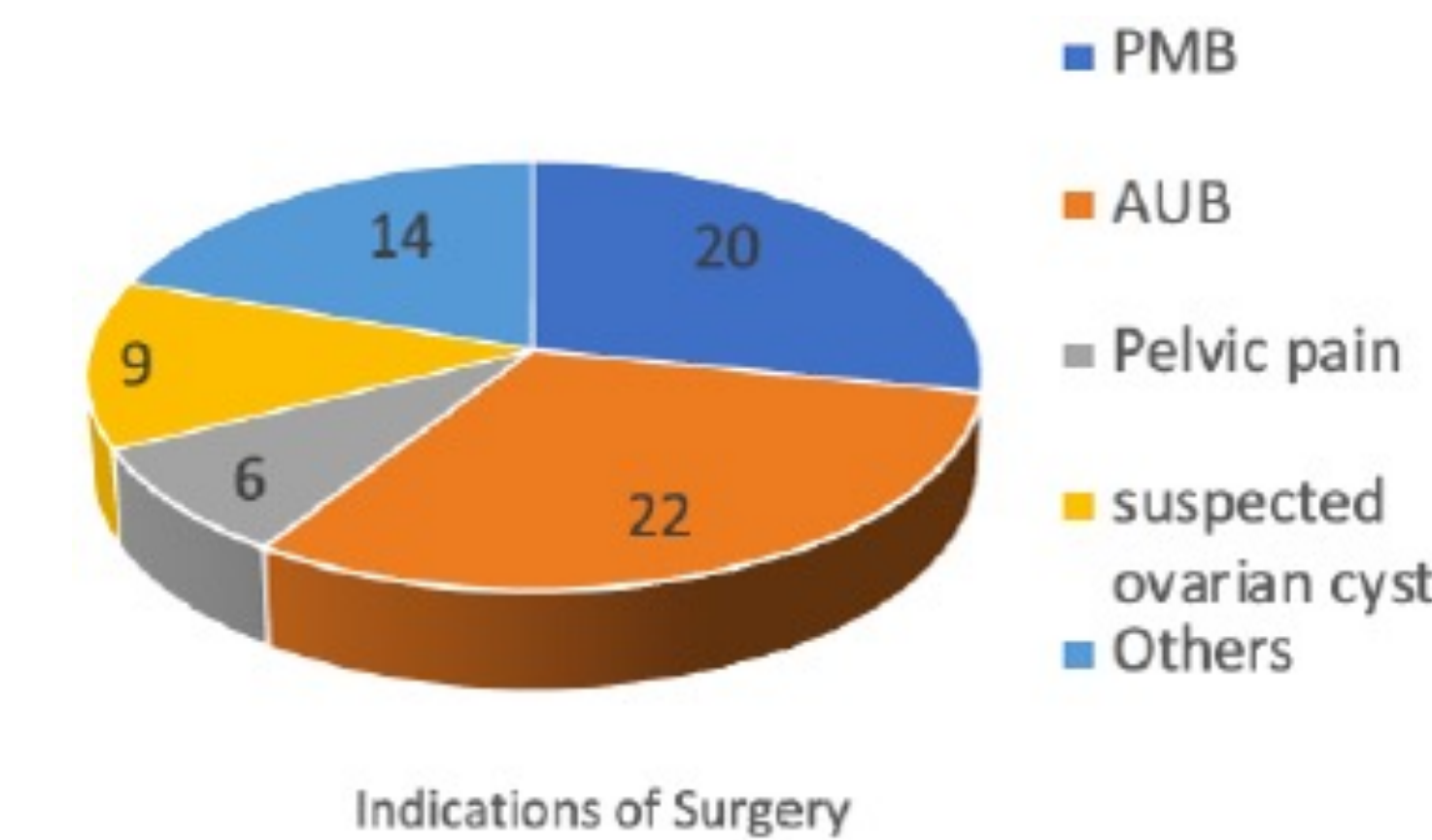
METHODOLOGY

Retrospective study that involved all patients who underwent elective Gynaecology surgeries from April, 2021 to June, 2021.

76 case notes were reviewed and then compared to the following auditable standards-

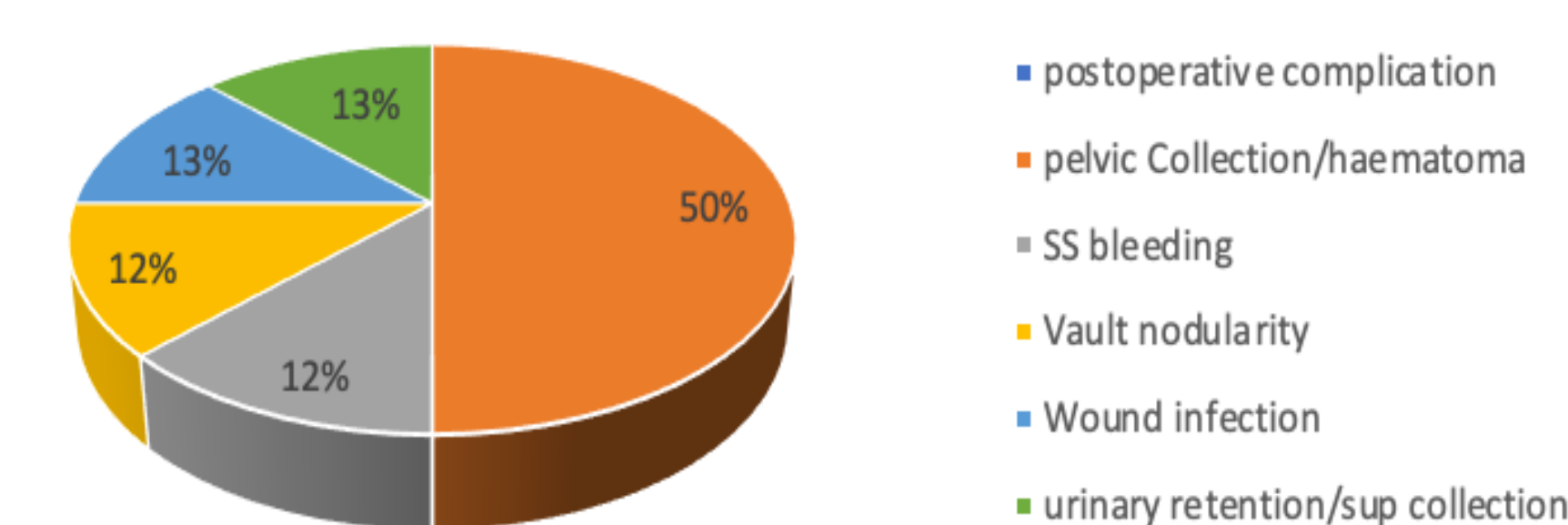
- *Treatment options must be discussed with relevant patient information leaflets*
- *MDT discussion and approach must be considered wherever necessary*
- *Consent to be taken by the operating professional.*
- *VTE risk assessment and need for antibiotics must be discussed*
- *Post-operatively, the patient must be reviewed before discharge and information provided regarding the treatment/intervention with a plan regarding the next stage of care with follow-up*

RESULTS



- Decision to operate was made by a consultant in 86.8% and 8.6% was consented by consultants.
- Other management options were discussed only with 67.1%
- VTE risk assessment was completed or 61.8%
- Surgery was complicated by adhesions/bleeding in 10.5% patients and 3 Laparoscopic procedures were converted to Laparotomy

POSTOPERATIVE COMPLICATIONS



- Postoperatively, 32.8% of the patients was discharged the following day. 5 of the 8 with complications were readmitted and only one was taken back to theatre for drainage

CONCLUSION

- VTE risk assessment is not satisfactory
- Inadequate documentation on consent forms with illegible handwriting
- Consultant review was not done on readmission. Most of the decisions for surgery made by consultants
- Most of the patients were nurse-led discharges the same or following day

RECOMMENDATIONS

- Aim for 100% VTE risk assessments for elective surgeries by training and education of staff
- Training of SHOs and Registrars for improving consenting and legible documentation
- Consultant review within 24-hours of readmission