

Dr Papa Yaw Opoku-Ansah<sup>1</sup>, Dr Candice Cheung<sup>2</sup>, Mr Cheng Lee<sup>3</sup>

*1.Department of Obstetrics and Gynaecology, Lister Hospital, Stevenage, 2,3 Department of Obstetrics and Gynaecology, Southend University Hospital, Southend*

## Background

COVID-19 pandemic has led to increased pressures on hospital resources across the country, with Southend Hospital being no exception. To help reduce waiting times for uro-gynaecological operations and effectively manage hospital bed space, part of our service had to evolve while maintaining patient safety and ensuring patient satisfaction. Both anterior and posterior colporrhaphy were done as day cases and patients were sent home with urinary catheters, which were removed day 1 (D1) postoperatively by nurses at home. However, with the rise in COVID-19 cases and high rate of cancellations of elective surgeries due to pressure on hospital beds, we embarked on a Quality improvement project to assess the effectiveness of patients to remove their own urinary catheters after day case anterior / posterior colporrhaphy.

### **Aims and Objectives:**

- ❖ assess the effectiveness of patients to remove urinary catheter by themselves after pelvic floor repairs
- ❖ promote efficient use of hospital beds and staff
- ❖ reduce the risk of patients contracting COVID-19

## Methodology

- This was a prospective study where patients who have had anterior/ posterior colporrhaphy as day cases between November 2020 and December 2021 were taught how to remove their urinary catheters post operatively on D1.
- Patients who meet our inclusion criteria were counselled in outpatients clinic about the study and consent was obtained. All patients were given a choice of day case or as an inpatient.
- Patients were shown in clinics on how to deflate their catheter balloon and a repeat demonstration was done on the morning of their operation.
- Three telephone calls were made at 0800, 1400 and 1800 by the either the research doctor or the consultant to ensure there are no issues with the removal of catheter and patients did not go into urinary retention.
- Safety net advice were given to the participants together with an emergency contact number if they needed advice.
- Feedback questionnaires were given to the patients and was to completed a week after the procedure.

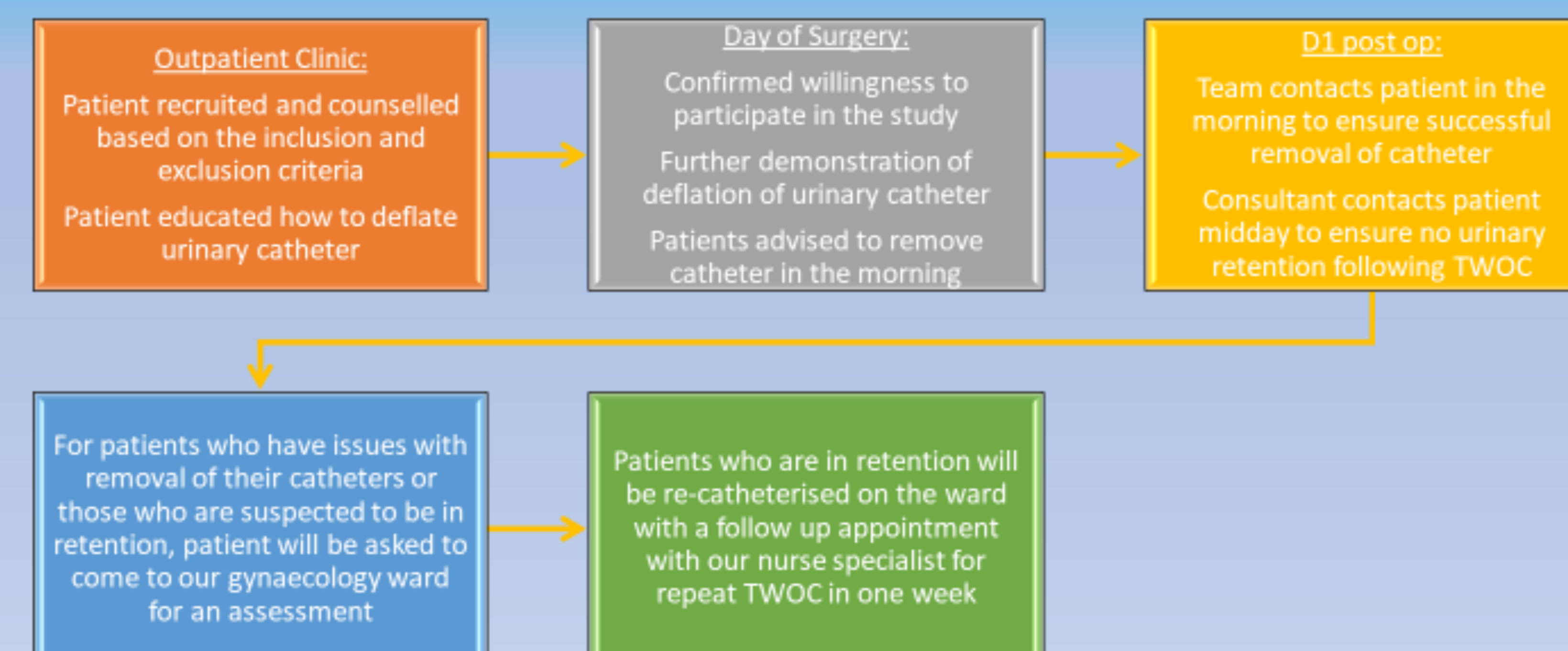
### **Inclusion Criteria:**

- Fit and well with no significant comorbidities
- Willing to take part in the study
- Availability of someone to care for them at home D1 post operatively

### **Exclusion Criteria**

- Significant visual impairment
- Cognitive disorders and learning disabilities
- Significant medical problems
- Do not want to have day surgery
- Living on their own or no support at home

## Day Case Pelvic Floor Repair Pathway



## Patient Feedback

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  - ...easy to remove catheter by myself
  - ...recovered better at home than in hospital...
  - ...felt better that hospital contacted me the next day, because if I had a problem, it could be solved
  - ...less risk of COVID
  - ...consultant and his team were efficient...
  - ...very good care and well looked after...
  - ...quick and no time wasted in the hospital
  - ...easier than I expected
- 
  - ...nervous about taking my own catheter
  - ...did not know how to correctly remove catheter
  - ...long wait from pharmacy to get discharge medications
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## Results

- A total of 51 repairs were carried out with all of them meeting our criteria for recruitment.
- 40 questionnaires were returned giving us a response rate of 78%.
- 1/51 (1.9%) patient went into urinary retention and had to be re-catheterised.
- 1/51 (1.9%) patient had a defective catheter and had to brought to the hospital to have it removed.
- In terms of patient feedback, we have achieved high patient satisfaction:
  - 98%** would not prefer to wait for another admission date where a bed will be available
  - 98%** reported no concerns in removal of their own catheters
  - 88%** would not prefer to come to the hospital or have a nurse sent to their homes to remove the catheter
  - 90 %** of our patients would recommend this service to a friend.
- In terms of cost effectiveness, the estimated monetary savings by the trust was £20,400 at £400 bed cost per inpatient

## Conclusion

Majority of our patients undergoing elective vaginal wall repairs reported high satisfaction with having their surgery done as day cases and subsequently remove their own catheter. This project allowed improvement in capacity to provide elective surgeries with better efficiency and high patient satisfaction without compromising patient safety.

With over 1250 NHS hospitals, this could lead to a potential saving of 22 million pounds which equates to over 50000 repairs being performed during the COVID pandemic. Furthermore, additional cost savings will be made by re-deploying of nursing staff who were initially assigned to care for these patients.

There were also additional benefits from reducing the risk of patients contracting COVID by minimizing inpatient stay.

We conclude that this is a sustainable service that can be continued even after the pandemic and we aim to extend this to other elective gynaecological procedures.