Enhancing Patient Care: The Foregut Surgery Committee's Role in Maximizing Perioperative Outcomes for Patients Diagnosed with Upper Gastrointestinal Cancer

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Introduction

Upper gastrointestinal (UGI) cancers present a formidable challenge to the medical community, often requiring complex surgical interventions to achieve favorable outcomes.

These surgical interventions have up to a 50% postoperative morbidity and mortality, which significantly impacts recovery and patient experience.[1]

The Foregut Surgery Committee (FSC) represents a multidisciplinary team of experts in the field of foregut surgery, including surgeons, oncologists, nutritionists, physical and occupational therapists, case managers, and allied health professionals whose goal is to improve the overall perioperative experience for the patient.

Objective

By following the guidelines of the inaugural Foregut Surgery Committee (FSC) at a 250-bed hospital, this poster underscores the critical role of the committee in all hospitals performing complex foregut surgery. Ultimately, this will revolutionize the management of upper GI cancer, thus benefiting patients and healthcare systems.

Goals

1. **Improve Preoperative Preparation for Surgery**
2. **Minimize Morbidity and Mortality**
3. **Optimize Survivorship Care**
4. **Provide Cost-Effective Care**

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

Methods: "How We do it"

Step 1: Nursing Education:

-Quarterly Live in-service Lectures
-On-demand Video Presentation
-Focus on Identifying 'red flag' changes in status
-Surgical drain and NG tube management
-Early identification of

Step 2: Preoperative Education and Nutritional Optimization

-Preoperative Educational booklet: diet and overview of postoperative surgical course
-Nutritional supplementation: 5 day supply of immunonutrition supplemental shakes

Step 3: Preoperative meeting and hospital tour

-Initial encounter with anesthesia and nursing team
-Decreases anxiety, enhances relationships with providers
-Helps patients understand and visualize postoperative course

Step 4: Postoperative Course (ERAS Protocol[2]):

-Immediate NG tube removal
-Fluid intake not exceeding 2.5L/24h
-Paracetamol and NSAIDs for postoperative pain control
-Early feeding & ambulation
–Early Case management involvement

Discussion

The FSC was established to enhance the perioperative experience for patients with foregut cancers undergoing complex UGI surgeries, such as Whipple, gastrectomy and esophagogastrectomy procedures, by reducing preventable postoperative complications in a multidisciplinary approach. One of the aims of the committee is to optimize preoperative nutrition as the consequences of malnutrition include decreased quality of life, decrease oncologic treatment tolerance, increased physical impairment and mortality.[3] Immunonutrition therapy including arginine, n-3 Omega fatty acids and glutamine have been shown to reduce infectious complications and postoperative length of stay, therefore given to patients preoperatively.[4] So far, outcomes since the development of the FSC have shown promising results. There still future developments in process in order to quantify the actual benefits of this committee.

Future Endeavors

Implementation of Prehabilitation - Combine preoperative nutrition and physical therapy to improve physical performance, strength, and overall quality of life[3]

Preoperative Dietitian Evaluation - Markers of malnutrition and low physical fitness have been correlated with impairment of postoperative surgical outcomes[3]

Pre and Post-operative Immunonutrition - Optimization can reduce total postoperative complications and length of stay (LOS)[4]

Postoperative patient surveys - assess overall patient satisfaction

Analysis of Pre-FSC vs Post-FSC outcomes - LOS, re-admissions, complications and morbidity

Conclusion

This poster highlights the pivotal role of the Foregut Surgery Committee in elevating the care of patients with upper gastrointestinal cancer. The impact of the FSC extends far beyond the surgical suite, ultimately enhancing patient outcomes, quality of life, and the sustainability of healthcare systems worldwide.

References

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