NOVEMBER 2016

Newsletter

Surgery
UNIVERSITY OF TORONTO

UPCOMING EVENTS & COURSES

I | **INSTITUTE FOR HEALTH CARE IMPROVEMENT**

ANNUAL NATIONAL FORUM ON QUALITY IMPROVEMENT IN HEALTH CARE

DECEMBER 4TH-7TH, 2016
ORLANDO, FLORIDA, USA

Link:
http://www.ihi.org/education/Conferences/Forum2016/Pages/default.aspx

WHAT'S NEXT?

• The final University of Toronto Patient Engagement workshop was held on October 21st. Based on this work, the Patient Engagement committee led by Dr. Erin Kennedy has started to work on a toolkit focusing on patients' preferences for communication with healthcare professionals and discharge planning.

CHECK OUT OUR **WEBSITE:**

bestpracticeinsurgery.ca

For more on Best Practice in Surgery

Information

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WELCOME! *In this months newsletter we want to highlight the importance of multidisciplinary care as improving patient management and perioperative care is the goal of anesthesiologists, nurses and surgeons. The objective of Best Practice in Surgery is to provide standardized, evidence-based care for shared patients not only in our individual units, but across the University of Toronto associated hospitals. The Best Practice in Surgery Committee has representatives from nursing, anesthesia, and surgery from all U of T hospitals. The success of Best Practice in Surgery will depend on the continued collaboration between Anesthesiology, Surgery, and the allied health professions to be able to improve the quality of care of our patients.*

Thus, this month's guest writer is Dr. Stuart McCluskey who is an Anesthesiologist at UHN and an Associate Professor in the Department of Anesthesia at U of T. Dr. McCluskey has been a valuable member of the Best Practice in General Surgery and is now a member of the Best Practice in Surgery committee. He has been instrumental in the development and implementation of several of our guidelines, most notably his work on guidelines for goal-directed fluid management and perioperative pain management.

QI @ UofT

By Stuart McCluskey

Perioperative fluid management is one of many topics of concern to anesthesiologists and surgeons. Thankfully, there has been a move away from protocolized fluid management based on assumptions of fluid physiology. Indeed, our patients need us to pay more attention to fluid therapy rather than simply writing standing orders of 125 ml/h of fluid for days at a time. It is now recognized that excessive fluid administration leads to tissue edema which leads to poor outcomes such as an increased risk of anastomotic leaks in colorectal procedures. On the other hand, too little fluid may lead to end-organ ischemia. Thus, a balance must be struck. Many names have been given to this more novel type of patient specific management, but guided or goal directed fluid therapy are the two more descriptive names. While philosophically this makes good sense, choosing the goal or even the tools to monitor fluid management are not obvious.

The type of fluid given is another important consideration in the perioperative period. More practitioners are moving from normal saline to balanced salt solutions, but when and should colloids be considered? Albumin is an expensive blood product, but what alternative do we have and when should vasoactive agents be considered? These questions and many others need our concerted attention.

The Enhanced Recovery after Surgery (iERAS) guideline developed by the Best Practice in General Surgery group included recommendations for preoperative hydration. This ensures that patients come to the operating room in a euvolemic state and understanding this is essential in providing optimal intraoperative fluid management. These guidelines are currently being modified to be relevant across all specialties and will be circulated shortly. The next step will be to develop consensus guidelines for intra-operative fluid management e.g. The British Consensus Guidelines on Intravenous Fluid Therapy for Adult Surgical Patients. This work will be led by myself and individuals who would like to be a part of a working group should contact Emily Pearsall by email at: bestpracticeinsurgery@utoronto.ca

CURRENT WORK

ERAS for ALL

On November 4th, at the Ontario Surgical Quality Improvement Network Conference hosted by Health Quality Ontario (HQO), Dr. Robin McLeod presented Enhanced Recovery after Surgery recommendations that may be applied across the surgical spectrum. As you may know, HQO has been actively involved in helping hospitals across Ontario implement the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP). As part of their program, HQO has partnered with Best Practice in Surgery to assist hospitals implementing NSQIP also implement Best Practice in Surgery clinical practice guidelines.

Based on the success of the ERAS program for elective colorectal surgical patients, many centres wanted 'ERAS' recommendations that can be applied for all surgical specialities. The recommendations are fairly generic and most are applicable to all surgical procedures. The recommendations and the full guideline with supporting evidence will be made available in the new year. As well, we will also have a guidance document and other implementation tools to assist centres wanting to implementing ERAS on our website in the new year.