

EVALUATION OF PATIENT SATISFACTION WITH AN ENHANCED RECOVERY PROTOCOL (ERP) FOR ESOPHAGEAL RESECTIONS

A CONCURRENT QUANTITATIVE AND QUALITATIVE ANALYSIS.

Background

Esophagectomy is the mainstay of treatment with curative option for patients with resectable esophageal cancer, and is acknowledged as one of the most complex surgeries. Enhanced Recovery After Surgery (ERAS) is based on evidence-base principles, aiming for a faster return to normal activity and reducing postoperative morbidity. In our department, an ERP for esophagectomy was multidisciplinary developed and introduced in 2017. Main adaptations were: better patient information, active patient involvement, early active mobilization, early removal of drainages and enteral feeding support. For this ERP, we were able to demonstrate a significant reduction of postoperative complications, resulting in a shortening of median length of hospital stay (LOS) with 4 days [1].

However, patients' satisfaction with ERP has rarely been evaluated for enhanced recovery protocols [2].

Aim(s)

The aim of this study was to evaluate patients' satisfaction with the ERP for esophagectomy and to identify which elements of the ERP could be improved..

Methods

A quantitative descriptive survey design was used to explore issues of patient satisfaction in following domains: information and communication, multidisciplinary care, LOS and specific adjustments of care in the ERP. One open question about experiences during the stay and suggestions for improvements to the ERP. was analyzed using a thematic content analysis.

Results

Out of 525 patients admitted for esophagectomy, 331 patients (63%) completed the voluntary questionnaire at discharge. Overall satisfaction rates were high: for information/communication (84.9%), multidisciplinary care (86.8%) and ERP specific adjustments (82.2%). LOS was rated as 'optimal' by 80% of the respondents. Older patients (>70 yrs.) found LOS more often 'too short' compared to younger patients (9% vs. 2%; $p=0.005$).

Subgroup analysis also revealed significantly lower satisfaction scores in patients with major postoperative complications ($p < 0.0001$). The timeframe where COVID-19 measures were in place had significantly higher satisfaction scores for information compared to the timeframe prior to COVID-19 ($p=0.041$). In the qualitative analysis, most negative sentiments were found regarding postoperative alimentation and for contradictory communication. However, patients expressed positive sentiments for the multidisciplinary care, interpersonal relations and some ERP-specific changes in care.

Discussion

Because only few studies have evaluated subjective patient-reported outcomes with the use of ERPs, the aim of this study was to evaluate patients' satisfaction with a recently introduced ERP for esophagectomy in our institution. Overall, patients are satisfied with the changes in care after introduction of an ERP for esophagectomy. An ERP highly streamlines several aspects of care, yet a patient tailored approach must always have the upper hand over an 'one-size-fits-all' approach. This delicate balance is a challenge for every health care worker.

Implications and future perspectives

These results reflect the patient satisfaction during hospitalization only. The big challenge is to consolidate this after the discharge. For many patients, the return to the home situation is a very large step, with specific

issues – such as nutritional and lifestyle adjustments. This will be part of future research, where we want to examine the effects of esophageal resection on quality of life after discharge, in the medium and long term.

References

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2. Wang, D., Hu, Y., Liu, K., Liu, Z., Chen, X., Cao, L., ... Hu, J. (2023). Issues in patients' experiences of enhanced recovery after surgery (ERAS): a systematic review of qualitative evidence. *BMJ Open*, 13(2). <https://doi.org/10.1136/bmjopen-2022-068910>.