WELSH OBSTETRIC AND GYNAECOLOGY SOCIETY SPRING MEETING
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Post Operative Return to Theatre in Gynae-Oncology Surgery

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AIM

- To review the management and escalation of care of patients who returned to theatre (RTT) following major gynae-oncological procedures in University Hospital of Wales (UHW)

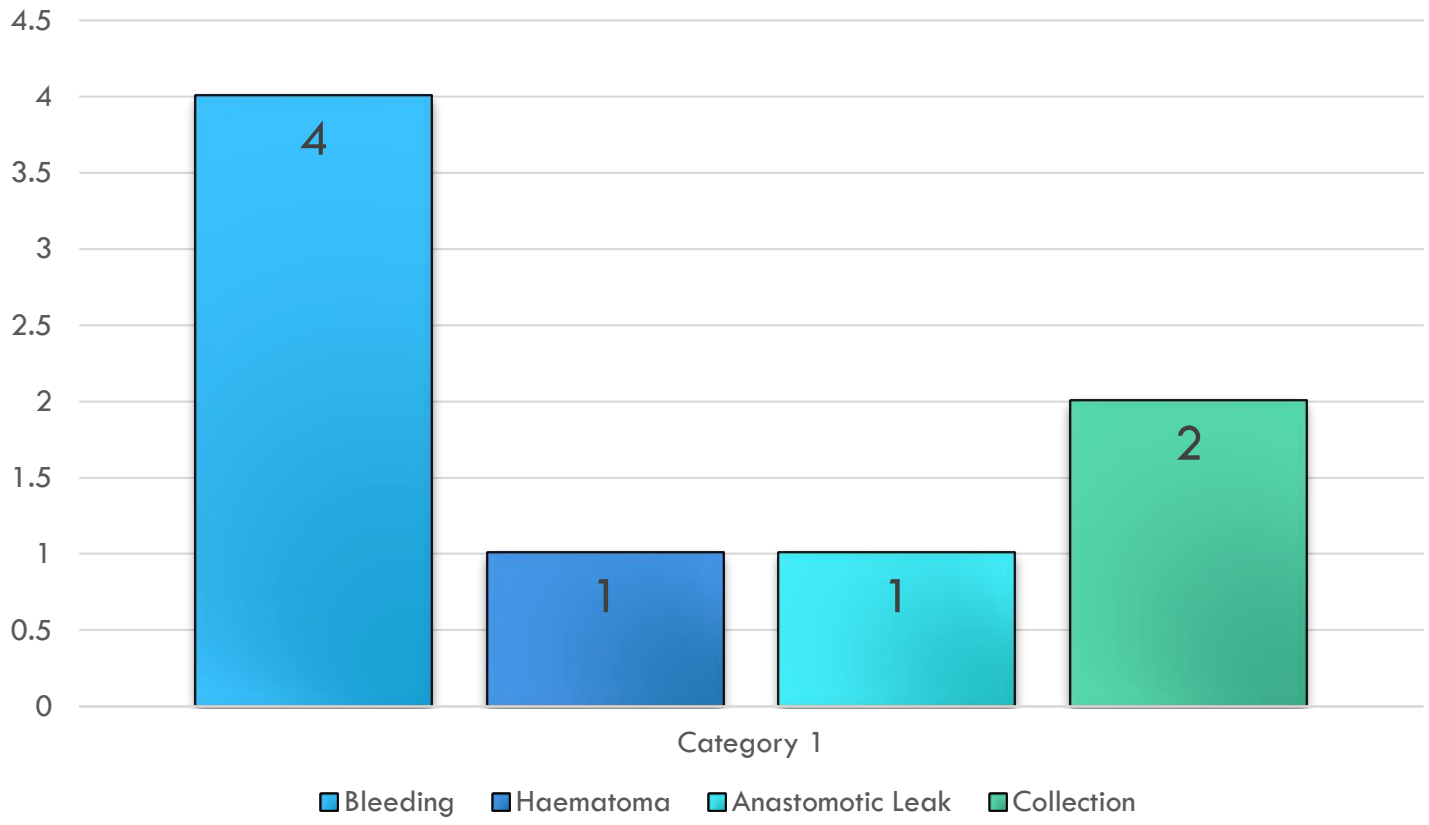
METHOD AND SAMPLE

- Women who had a major gynaeoncology surgery in 2017 were identified
- Patients who returned to theatre due to post-operative complications were included
- Data were collected through case notes review

RESULTS

- 335 major gynaeoncology operations were performed in 2017 in UHW
- 8 patients returned to theatre due to post operative complications
- RTT rate : 2.4%

RESULTS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Category 1
Bleeding
Haematoma
Anastomotic Leak
Collection

PATIENT 1 – 83 YEARS OLD

- TLH BSO BPLND
- Indication : Endometriod adenocarcinoma
- RTT : Post op day 1 due to post op bleeding

POD 1 00:00 – 04:40

SHO bleeped to r/v drop in BP from 150/84 to 74/48, HR 83. Verbal order given for 2x 1L Hartmanns over 2 hours as SHO busy with emergency and when bleeped again re persistently low BP, nursing staff instructed to continue with IVI. No actual review took place

06:40

Bleeped SHO. Vasovagal episode. BP 61/37, HR 72. Verbal order to give 4 hourly Hartmanns plus do a set of bloods

07:00

SHO review. Impression of dehydration/AKI/ureteric injury causing low U.O./reaction to tramadol. Plan to continue IVI, hourly input output, 30 mins obs, hold nephrotoxics, review on morning WR

09:15

Consultant WR. BP 75/52. HR 86. Looks unwell.

Impression : post op bleeding.

Plan : CAT 1 laparoscopic assessment, transfuse 2 units.

ISSUES

1. SHO did not review patient on until 7 hours after first point of call and only gave verbal order to nurses
2. Bloods were only checked 6 hours 40 mins after first point of call despite persistently low BP and tailing urine output
3. No escalation to senior and review were left for morning ward round
4. Blood test done was not documented

PATIENT 2 – 85 YEARS OLD

- TAH, BSO, supracolic omentectomy, appendicectomy
- Indication : Malignant neoplasm of ovary FIGO stage 3 c
- RTT : Post op day 1 due to post op bleeding

POD 1 02:30

SHO r/v drop in BP from 88/60 to 66/46. HR 90.
Abdo SNT. Dry dressing. Plan : NACl 1L over 4 hour,
recheck BP in 1 hour, inform if worsens

08:10

Consultant WR. BP 81/55, HR 97, low U.O. Tense abdo.
Plan : Urgent bloods, IVI, CT AP

12:30

Consultant r/v. CT : large right sided haematoma,
collapsed IVC suggestive of ongoing hypovolaemia. Plan :
CAT 1 exploratory laparotomy

ISSUES

1. SHO did not return to review patient after intervention of IVI to assess for responsiveness. Next review was during consultant morning ward round
2. No escalation to senior

PATIENT 3 – 75 YEARS OLD

- TAH, BSO, Hartmanns, supracolic omentectomy
- Indication : Pelvic Mass
- RTT : Post op day 5 due to wound dehiscence and collection

POD 5 22:45

SHO r/v re temp 38.9, HR 106. Increased abdo pain, pale, nausea, vomiting O/E distended abdo, tender, stoma not working, serous ooze from wound. Plan : swab, bloods + cultures, IV abx, ?CT/USS tmr

POD 6 09:30

Consultant WR. Abdo pain, nausea, vomiting. Plan : Urgent CT AP, NBM

11:30

Consultant R/V. CT : rectus sheath dehiscence and collection. Plan : CAT 2A CEPOD theatre

ISSUES

1. SHO did not return to review patient after first review. Next review was during consultant morning ward round
2. Bloods results were not documented
3. No escalation to senior

PATIENT 4 – 57 YEARS OLD

- Laparotomy enblock TAH BSO, anterior resection, infra and supracolic omentectomy, appendicectomy, posterior pelvic exenteration
- Indication : low grade serous carcinoma of primary peritoneum
- RTT : Post op day 1 due to post op bleeding

POD 0 21:30 (PACU)

ITU consultant r/v re drop in BP 102/52 HR 99 to BP 86/45. Plan : Transfuse 2 units, inform oncall gynae consultant.

22:15

Gynae cons r/v. Bleeding from stoma. Plan : Gen surg to r/v urgently, low threshold for RTT

22:45-05:30

Gen Surg registrar and ITU consultant reviewed. Plan from Gen Surg was to inform consultant on call during morning ward round and not for surgical intervention despite spiked in temperature and patient more unwell

07:35

Gynae Onc Consultant WR. Imp: pelvic or intrabdominal collection. Plan : liase with colorectal surgeon re RTT

09:20

Colorectal consultant r/v. Imp : post of bleeding. Plan : CAT1 relook laparotomy

ISSUES

1. Colorectal SPR did not discuss with oncall Surgical consultant overnight but to await for morning post take round

REMAINING 4 PATIENTS

- The remaining 4 patients deteriorated during in hours service and was reviewed immediately by a senior registrar or consultant with a detailed plan of action
- No issues were identified in terms of escalation of care

DISCUSSION

1. Lack of escalation to senior staff during out of hours (OOH) service
2. Senior reviews were left for morning consultant ward rounds
3. After the initial review and implementation of treatments, patients were not reassessed for responsiveness to interventions. Responsibility left to nurses to bleep if deteriorates
4. Blood tests that have been done were not reviewed

CONCLUSION

- More emphasis on educating junior trainees in recognising serious post op complications are needed to enable them to escalate appropriately