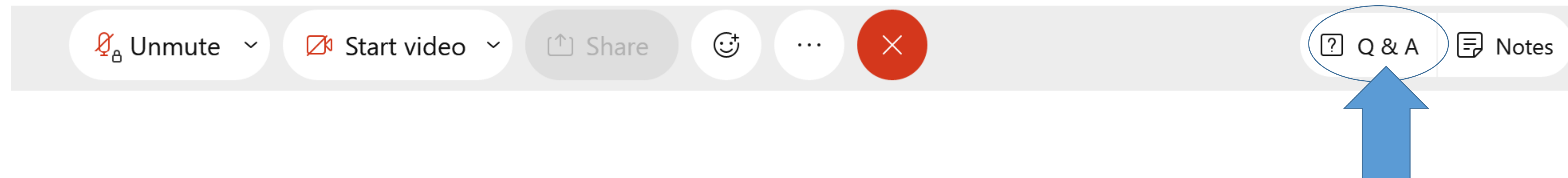


Employer Learning Collaborative (ELC)
Enhanced Recovery After Surgery (ERAS)
Enhanced Recovery After Delivery (ERAD)
Session #3
Women's Health Focus
October 18, 2022
12:00 pm – 1:30 pm Eastern

QUESTIONS?

For most devices, the **Q&A function** can be found by clicking on Q & A at the bottom of your screen on the far right.



- With the Q&A window open, type in your question and send to **HOST** or **Ashley Tait-Dinger**.
- There is a 512-character limit for questions.
- While we would like this to be interactive, we understand sometimes that is not possible. Maybe the lawn people are outside the window!

Rules of Engagement for the ELC



- ERAS/ERAD is a new topic for most people. We are going to level set during the first 3 sessions.
- Dialogue is meant to be bi-directional. Please ask questions! Comments are great, also!
- The sponsors are also thought partners and will be very engaged.
 - We all want to hear your thoughts, concerns, and reactions.

Thought Partners



- A BIG Thank you!
- These partners were purposefully invited.



Definition



- The ERAS® Society described it as: *ERAS is short for Enhanced Recovery After Surgery. ERAS represents a **new way of thinking** about how we look after patients undergoing major surgery. It helps patients recover from their operation sooner, so that life can return to normal as quickly as possible. ERAS is a treatment program made up of a number of different elements based on the best available medical science. **It also focuses on making sure you are actively involved** in your recovery.*
- The main aspects are **planning and preparation before admission** (including improving your nutrition and physical fitness before surgery); reducing the physical stress of the operation; a structured approach to the management during your hospital stay (including pain relief and early nutrition); and getting you moving as soon as possible. (<https://erassociety.org/patients/>)

Session #3

Women's Health Focus

Dr. Luke Elms – Orlando Health

Dr. Courtney Paradise – Orlando Health

Dr. Megan Gray – Orlando Health

Dr. Danielle Henry – Orlando Health

Brand Newland – Goldfinch Health

Amanda McKinley – Provider and Patient

ERAS AND GYN SURGERY

Courtney Paradise MD, FACOG

Gynecologic Surgeon

Center for Advanced Gynecological Surgery and Pelvic Medicine

Orlando Health

Winnie Palmer Hospital For Women & Babies

ORLANDO
HEALTH®



WINNIE PALMER
HOSPITAL
For Women & Babies

ERAS – ENHANCED RECOVERY AFTER SURGERY

- Why ERAS?
 - Robotics and MIS decrease surgical injury
 - ERAS protocols decrease body's stress response
 - Same day hospital discharge

ORLANDO
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HOSPITAL
For Women & Babies

IMPORTANCE OF ERAS



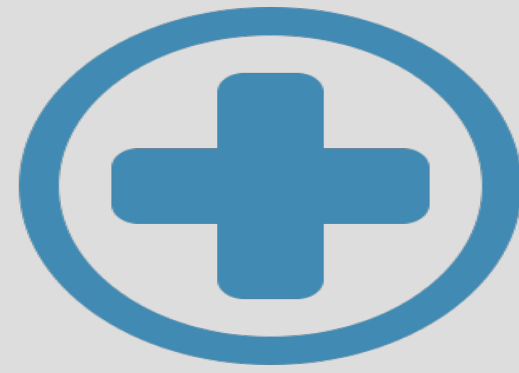
DECREASING SURGICAL
STRESS



OPTIMIZING PATIENTS WITH
DIMINISHING NARCOTICS



GETTING PATIENT HOME
SAFELY AND WITHOUT HARM



Hospital

Nursing staff must be included in discussion

- Pre-admission testing
- Pre-operative
- PACU
- Floor nursing



Anesthesia

Reduction of preoperative fasting

Perioperative normovolemia

PONV prevention

Reduction of opioid pain medications in PACU

PLAYERS IN THE ERAS SUCCESS STORY



BENEFITS OF MIGS/ROBOTICS

- Benefits of MIGS/Robotics
 - Shorter hospital stay
 - Improved peri-operative pain control
 - Decreased blood loss
 - Fewer infections
 - Faster recovery than abdominal surgery

FOUR STAGES OF ERAS



PREADMISSION



PREOPERATIVE



INTRAOPERATIVE



POSTOPERATIVE

“PRE-PREOPERATIVE” EXPERIENCE



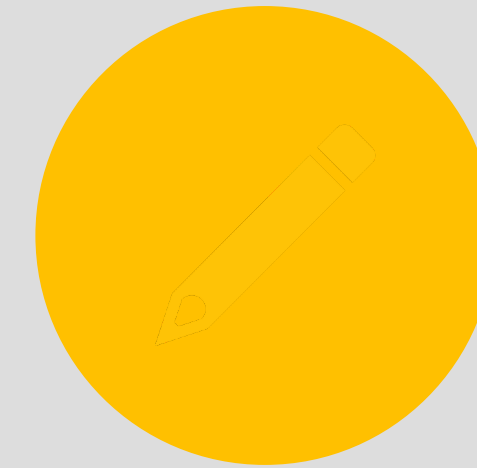
EDUCATION IN
MD OFFICE – FIRST
VISIT WHEN
SURGERY IS
DISCUSSED



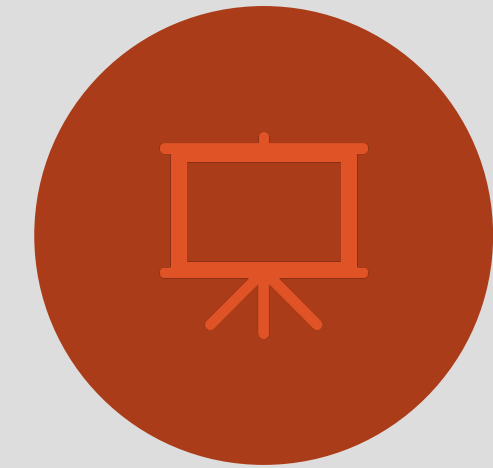
SURGICAL
SCHEDULER
PREPARES PATIENT
AGAIN



PREOPERATIVE
VISIT WITH NURSE,
CLEAR
INSTRUCTIONS,
PAIN
PRESCRIPTIONS
GIVEN



COMBINATION OF
EDUCATIONAL
STRATEGIES – IN
PERSON, WRITTEN,
VIDEO



PATIENT
EDUCATION
VIDEO



PREOPERATIVE/ DAY OF SURGERY

- **Patient completes pre-operative teaching**
- **Avoid bowel prep for GYN surgery**
- **Avoid excessive fasting**
 - Excessive fasting decreases liver glycogen, increased insulin resistance, impairs glucose metabolism
 - American Society of Anesthesiology recommendations:
 - Light meal fasting, 6 hours
 - Clear liquid fasting, 2 hours
 - Carbohydrate loading drink
- **Multimodal analgesia**
 - Associated with decreased opioid use and reduced pain postoperatively
 - Gas X, Gabapentin, Celebrex, Tylenol, Pyridium
 - Scopolamine patch to reduce PONV



INTRAOPERATIVE ERAS ADJUSTMENTS

- **Perioperative Euvolemia**
 - Mechanics of fluid overload on the body
 - Three pronged approach to euvolemia – preop, intraop, post op
- **Body Temperature**
 - Avoid hypothermia



INTRAOPERATIVE ERAS ADJUSTMENTS

- **Surgical changes to make in the OR**
 - Trendelenburg as needed – not always max
 - Reduced abdominal pressure to reduce peritoneal irritation
 - Reduce number of ports, but maintain surgery efficiency
 - Foley catheter removed at end of case
- **Local anesthetics**
 - Exparel



POST OPERATIVE ERAS

- Early Mobilization
- Early diet advancement
 - Switch from IV to PO intake
- Multi-modal analgesia
- Established discharge criteria
- Visit with surgeon in PACU prior to discharge
- Follow up phone call

ERAS PROTOCOL FOR SAME-DAY SURGERY

- Preoperative Medication

- Scopolamine patch
- Gas Ex
- Gabapentin 300 mg
- Celebrex 400 mg
- Acetaminophen 1000 mg
- Pyridium for Hysterectomy

- Anesthesia Considerations

- discuss optimizing PONV patients

- Intraoperative

- Perioperative Euvolemia
- Trendelenburg as needed – not always max
- Reduced abdominal pressure to reduce peritoneal irritation
- Reduce number of ports, but maintain surgery efficiency
- Use of Exparel
- Foley catheter removed at end of case
- Use of Toradol and Ofirmev

- Postoperatively

- Avoiding opioids if possible
- Surgeon and Anesthesia visit in recovery area
- Follow-up phone call next day

CONVINCING WITH EDUCATION AND DATA

Benefits to the hospital

- Revenue enhancement with outpatient surgery
- Freeing up hospital beds for more medically complex patients
- Decreasing chance of infection and VTE for patient
- Patient satisfaction if done properly

Benefits to patients

- Decreased chance for hospital acquired infection
- Decreased stress by recovering in home environment

SAME-DAY DISCHARGE VERSUS 23-HOUR OBSERVATION

Patients more likely to need overnight observation



- Older age
- Longer surgery
- Poorly controlled diabetics
- Significant pulmonary or cardiac disease
- Obstructive sleep apnea
- Late surgical start times
- Elderly patients
- Chronic opioid addiction



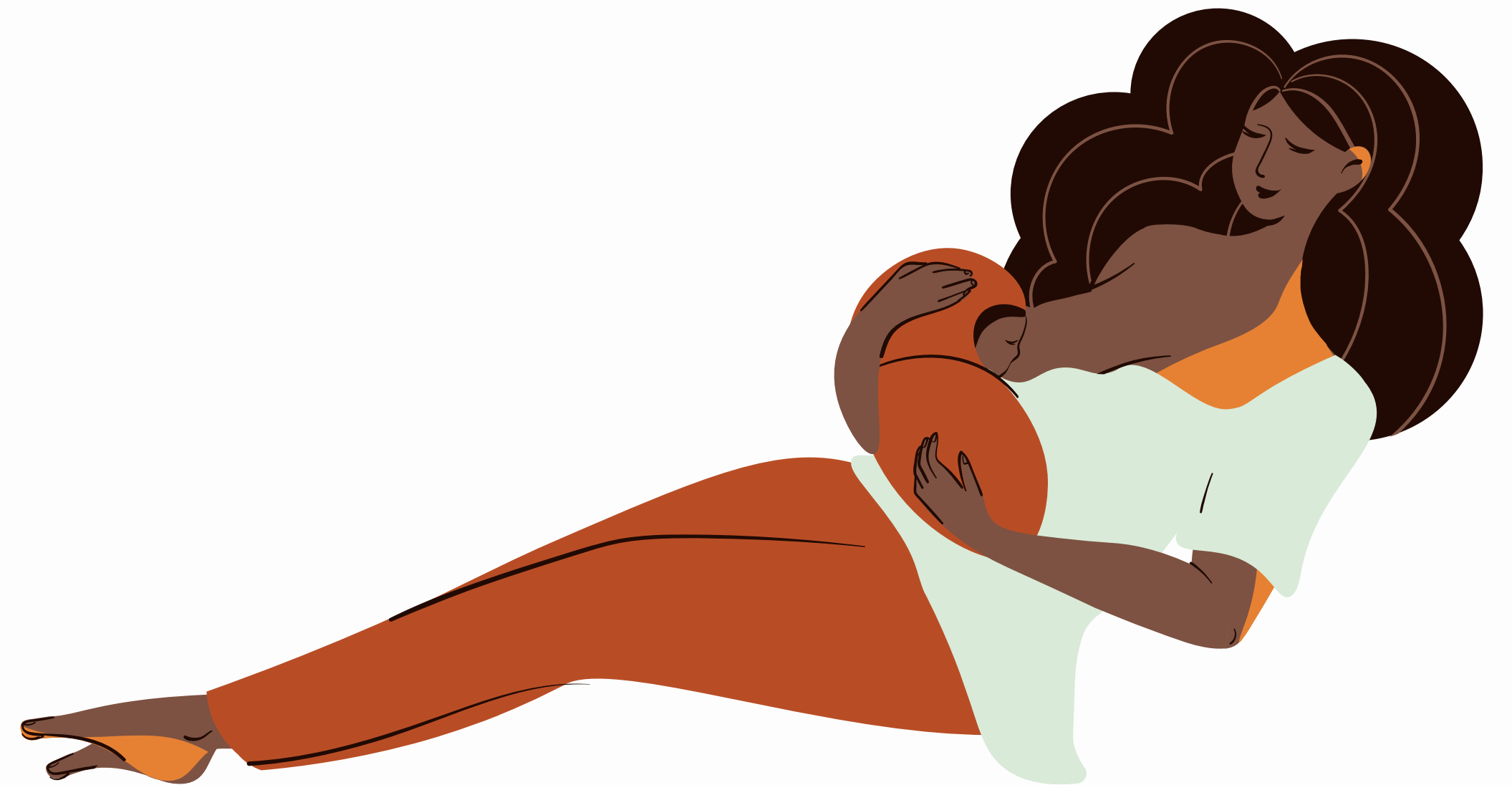
Can schedule these patients accordingly to fit in with 23-hour observation parameters



ENHANCED RECOVERY AFTER DELIVERY (ERAD)

Multimodal and Multidisciplinary

- Recovery from pregnancy
- Recovery from labor process
- Recovery from delivery



Postpartum care must address:

- Physical recovery
- Mental recovery
- Emotional recovery
- Social recovery



Physical Recovery

- Education about expectations
- Pain Management
- Physical therapy
- Personal trainer
- Massage
- Ice/heat



Physical Recovery: Vaginal Delivery

- Medical management
 - Tylenol (around the clock for the first 24 hours)
 - NSAIDs (around the clock for the first 24 hours)
 - Topicals (benzocaine spray)
- Perineal ice packs
- Warm sitz baths
- Liberal perineal bottle usage
- Physical therapy consult
- Massage therapy
- Personal trainer educated in postpartum care



Physical Recovery: Cesarean Section

- Medical management
 - Tylenol (around the clock for the first 48-72 hours)
 - NSAIDs (around the clock for the first 48-72 hours)
 - Neuroaxial anesthesia for the first 24 hours
 - Local anesthetic ??
 - Gabapentin
 - Narcotics as a third line (lowest effective dose for shortest necessary time)



Physical Recovery: Cesarean Section

- Early ambulation and movement
- Tight glucose control for diabetics
- Perineal ice packs/warm sitz baths/perineal bottle usage
- Physical therapy consult
- Massage therapy
- Personal trainer educated in postpartum care



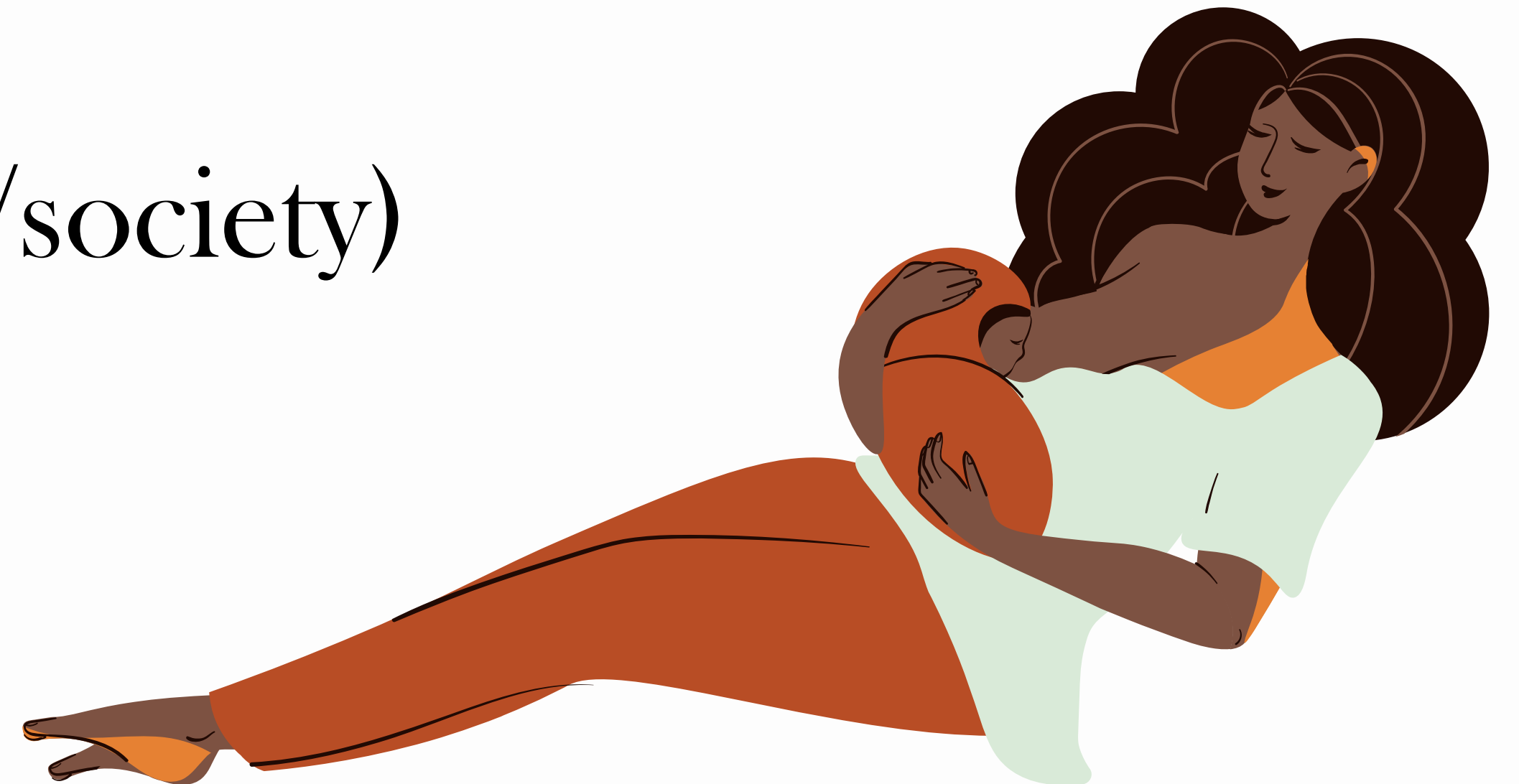
Mental/Emotional Recovery

- Trauma informed therapists
- Postpartum doula
- Story telling, journaling, support groups
- Education on expectations of matrescence



Social Recovery

- Integration of motherhood into life
- Expectations of society for mothers
- Work integration
- Social support (friends/family/society)



Breast Cancer and Breast Surgery

Danielle Henry, MD
Breast Surgical Oncologist
October 19 2022

ORLANDO
HEALTH[®] | Cancer Institute

Breast Cancer Facts



Most common cancer in American women
2nd most common cause of death from cancer

Breast Cancer Facts

- Florida
 - Second highest number of new cases and deaths in US

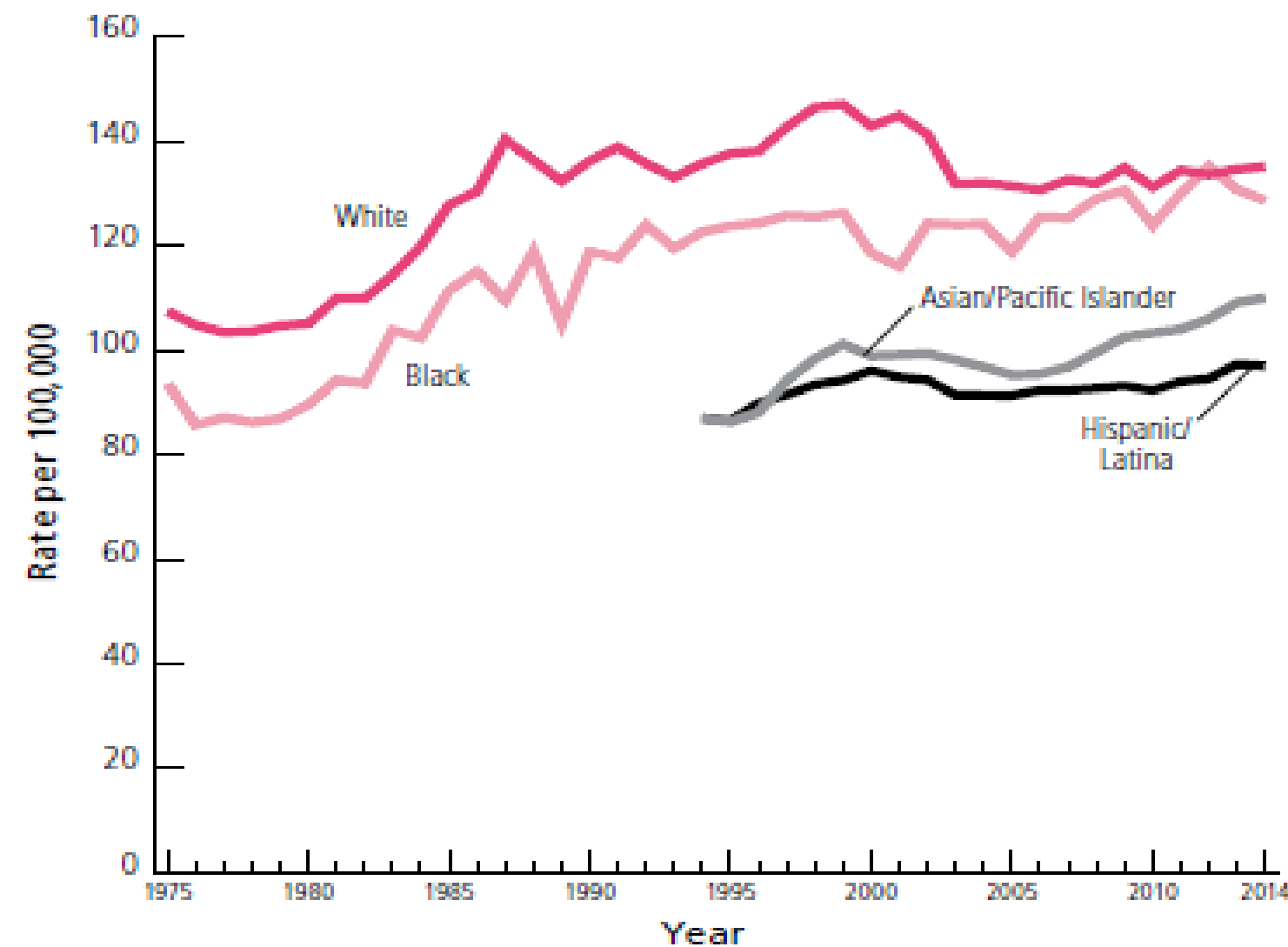


Breast Cancer Facts

Advances in Technology

- Better Imaging
- Better Surgeries
- Better Medications

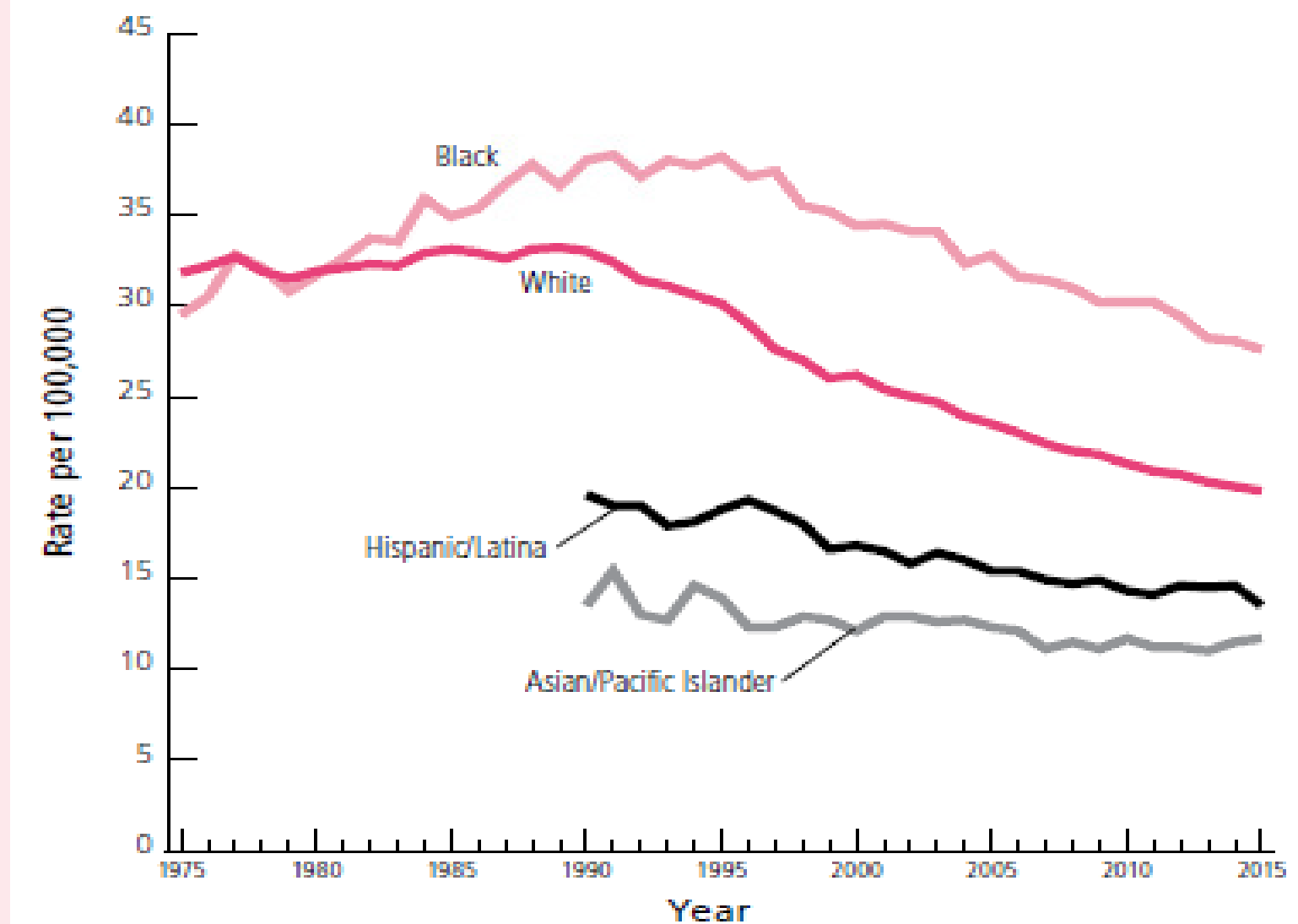
Figure 6a. Trends in Female Breast Cancer Incidence Rates by Race/Ethnicity, 1975-2014, US



Note: Rates are age adjusted to the 2000 US standard population and adjusted for reporting delays.

Source: SEER Program, National Cancer Institute, 2017. Data for whites and blacks are from the 9 SEER registries and data for other races/ethnicities are 3-year moving averages from the 13 SEER registries. For Hispanics, incidence data do not include cases from the Alaska Native Registry. Data for AI/AN not shown due to small counts and unstable rates.

Figure 6b. Trends in Female Breast Cancer Death Rates by Race/Ethnicity, 1975-2015, US

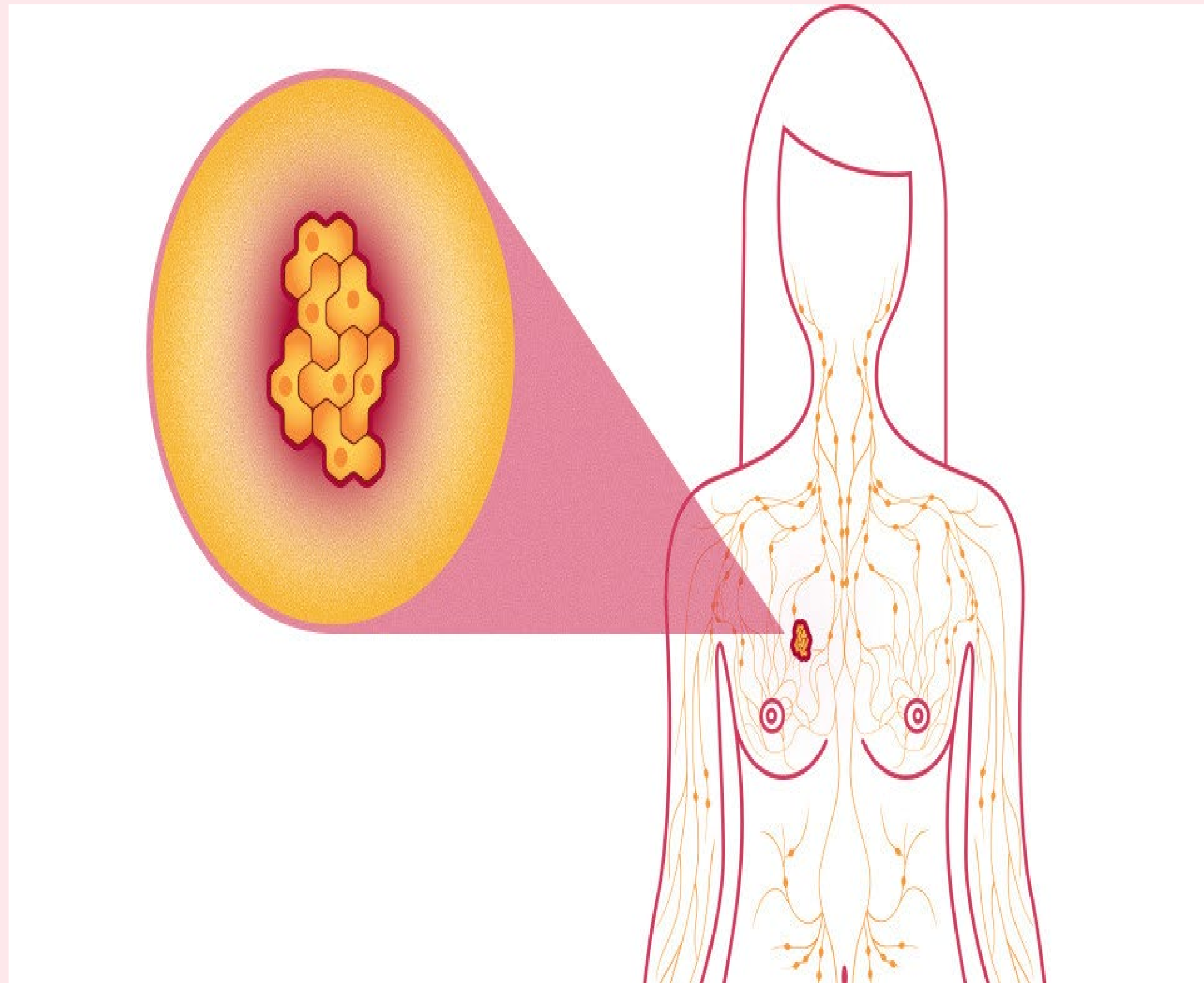


Note: Rates are age adjusted to the 2000 US standard population.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2017. Rates for Hispanics exclude deaths from Louisiana, New Hampshire, and Oklahoma. Data for AI/AN not shown due to small counts and unstable rates.

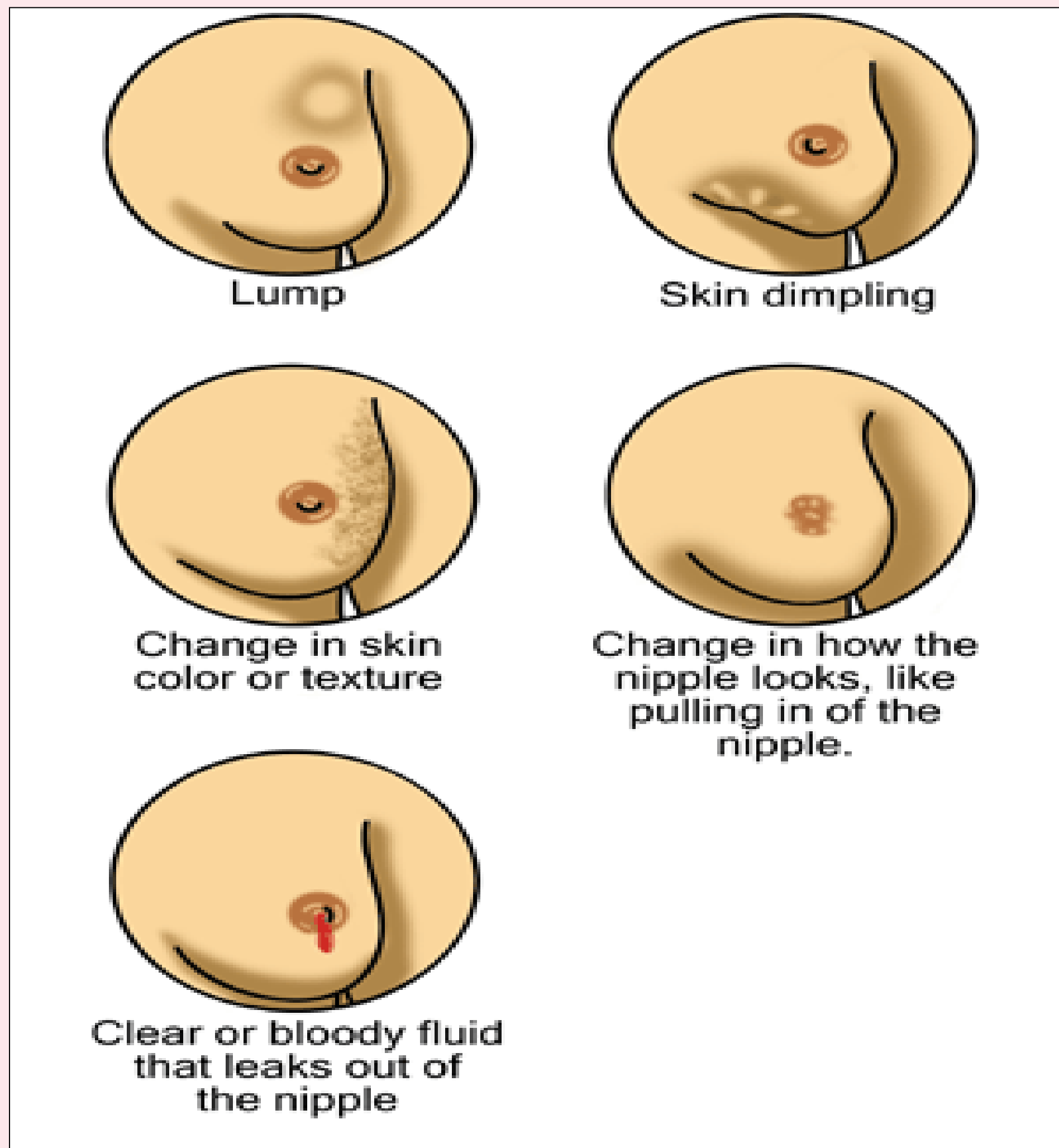
American Cancer Society, Inc., Surveillance Research, 2017

How does breast cancer begin?



- Cells in the breast start to grow out of control

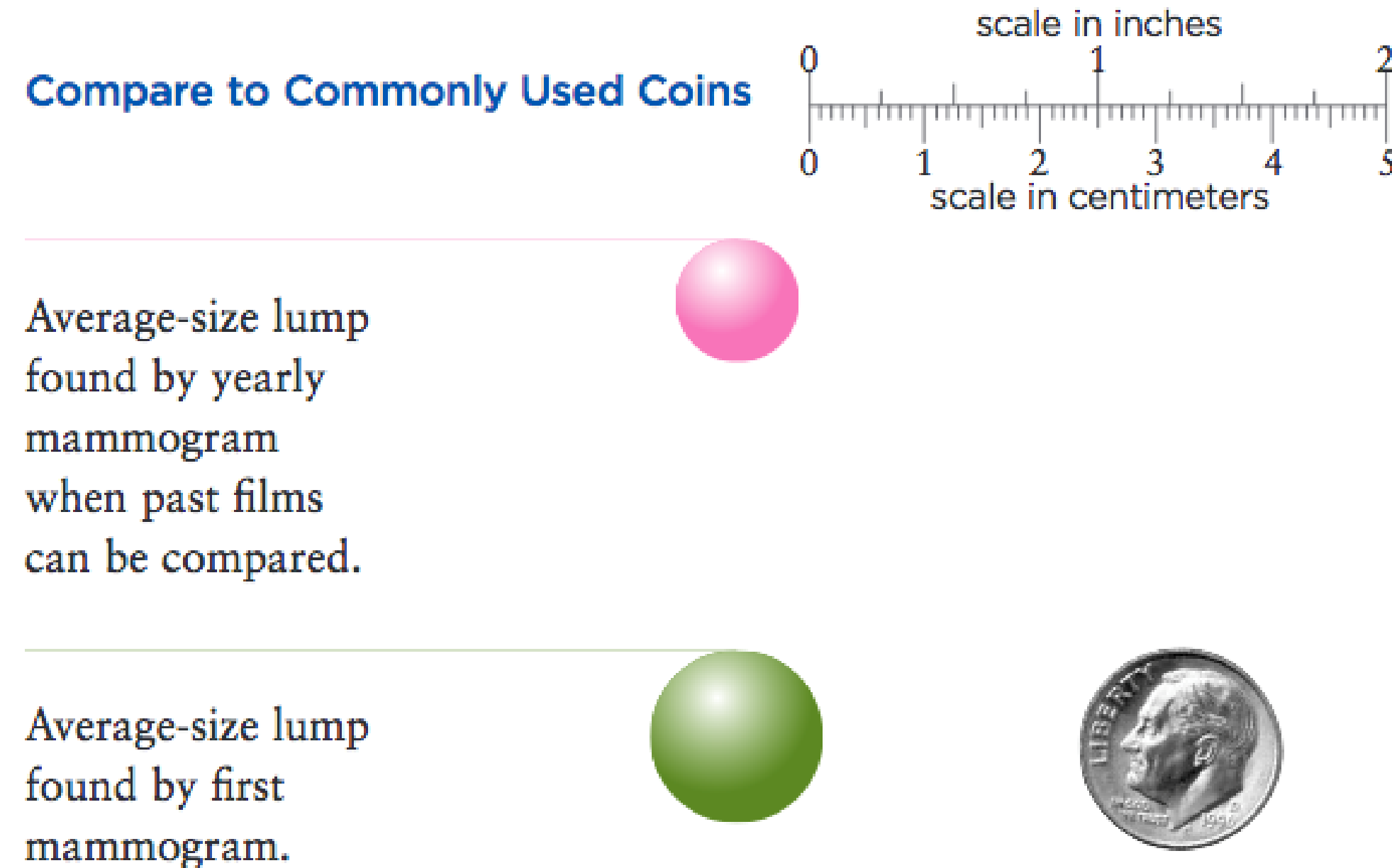
What are symptoms of breast cancer?



- None
- Most common: PAINLESS mass
- Mass in armpit area
- Skin changes
- Nipple discharge
 - Bloody
 - Clear
- Nipple Inversion

How is breast cancer detected?

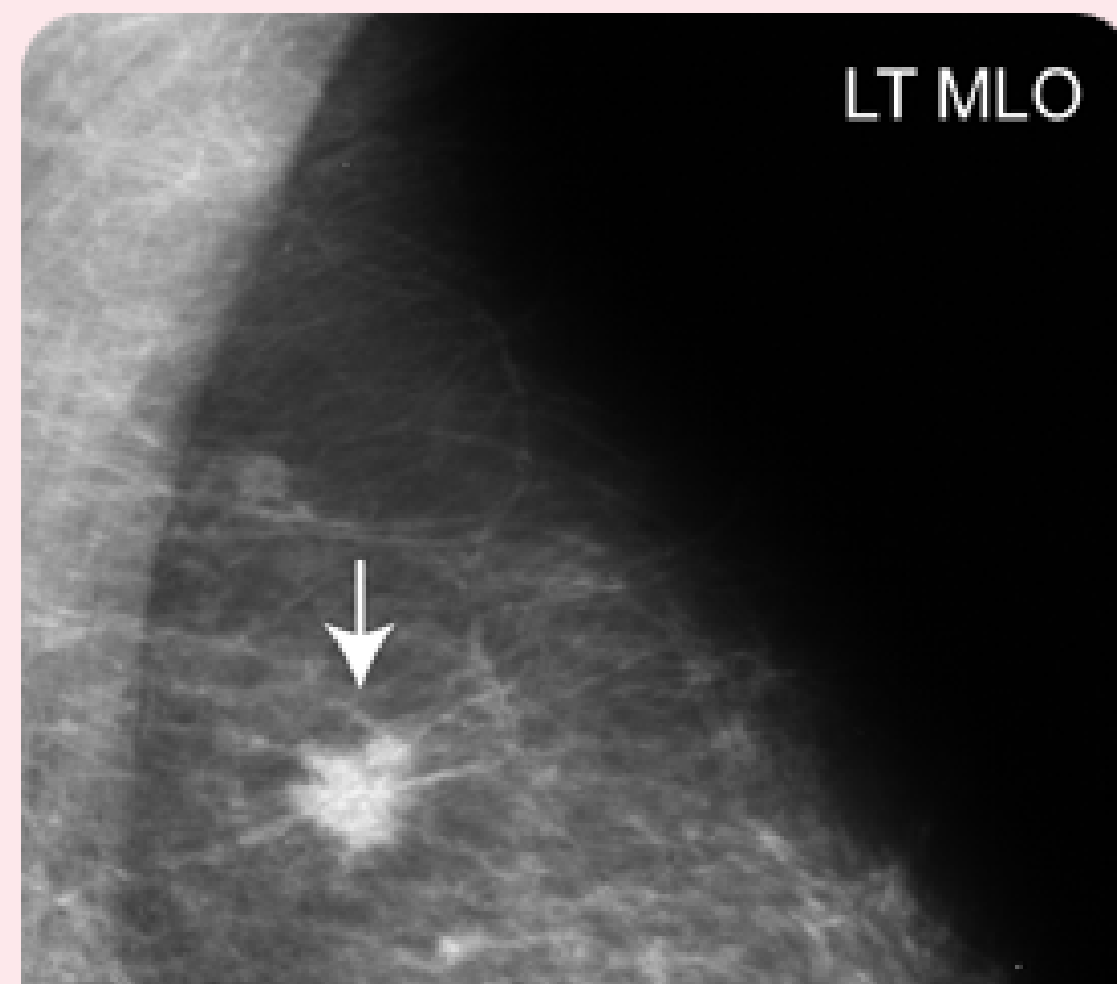
Size of Tumors Found by Mammography and Breast Self-Exam



- When the group of abnormal cells gets large enough, it can be seen on
 - Mammogram
 - Ultrasound

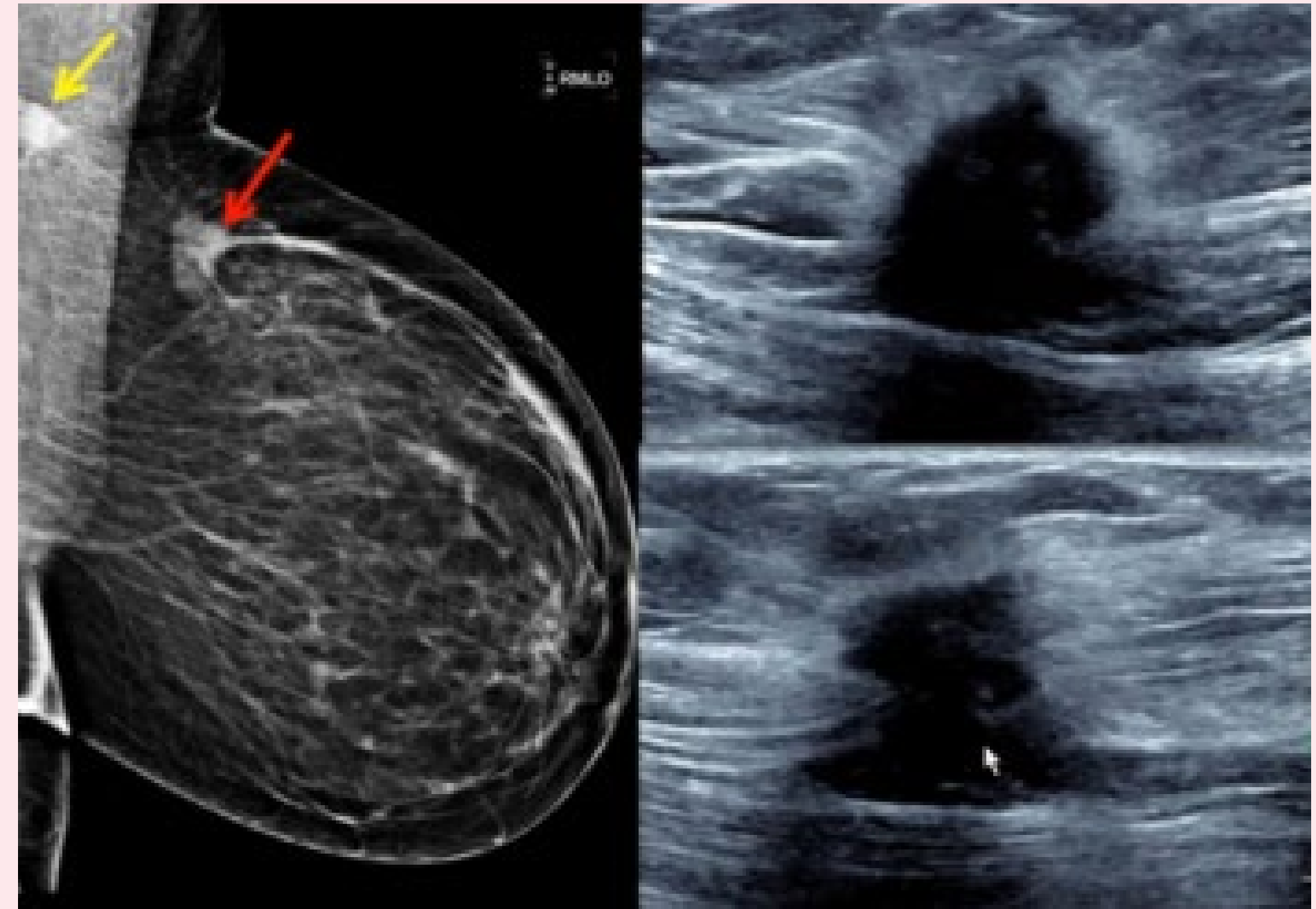
Mammogram

- X-RAY
- Calcifications

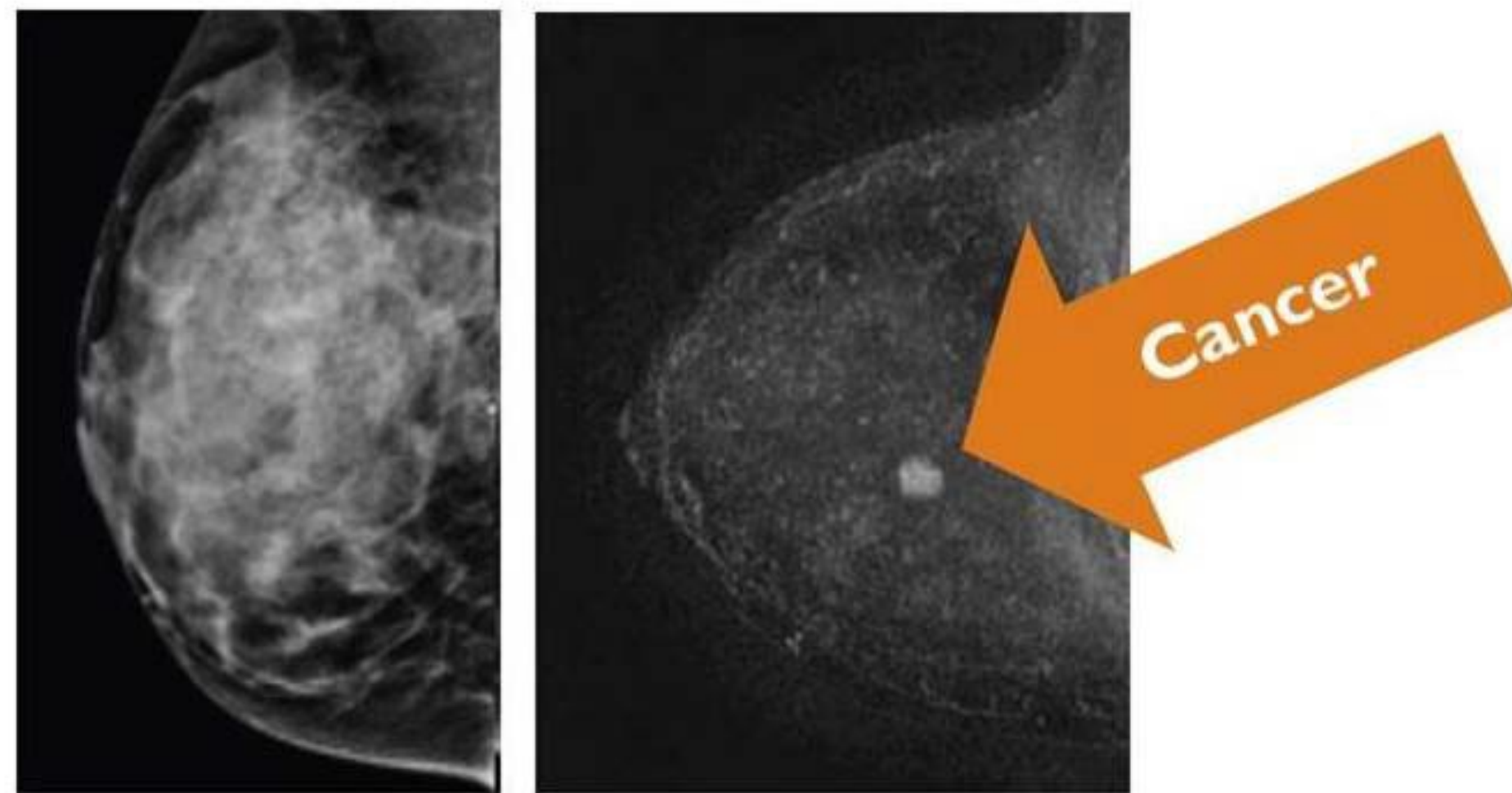


Ultrasound

- SONOGRAM
- Masses and Cysts
- Goes with mammogram, not instead



Breast MRI



**Dense Breast,
Mammogram**
(Same Patient)

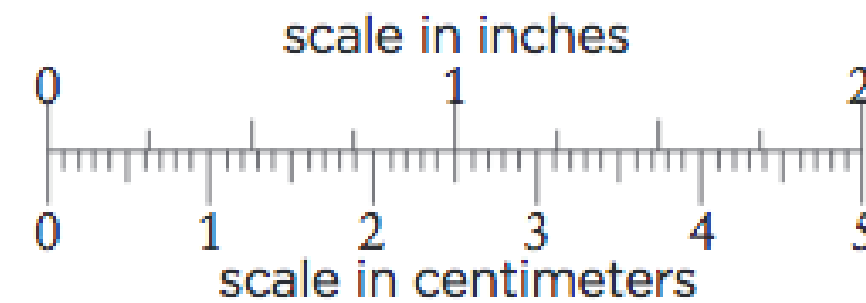
**Dense Breast,
MRI**
(Same Patient)

- Most Sensitive
- For high risk patients
- Used after Mammogram & Ultrasound

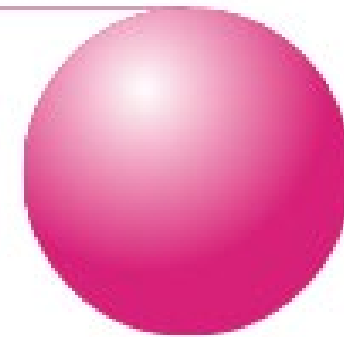
How is breast cancer detected?

Size of Tumors Found by Mammography and Breast Self-Exam

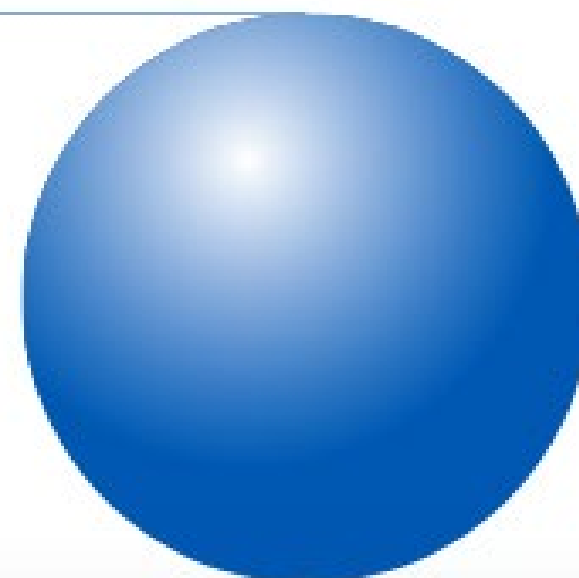
Compare to Commonly Used Coins



Average-size lump found by women doing regular BSE.



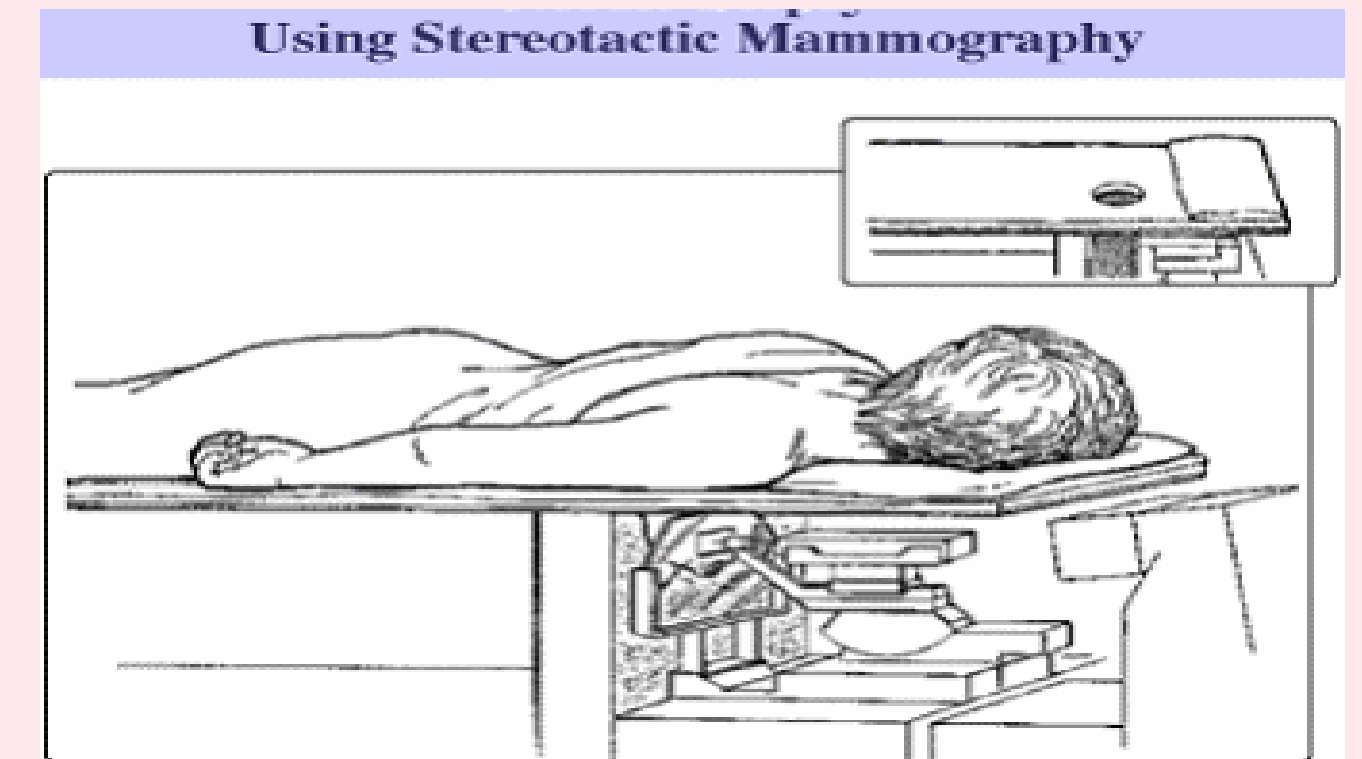
Average-size lump found by accident.



- It may become a mass or “lump” that can be felt

How is breast cancer diagnosed?

- Biopsy
 - Stereotactic (mammogram)
 - Ultrasound guided
 - MRI guided
- NOT SURGERY FIRST



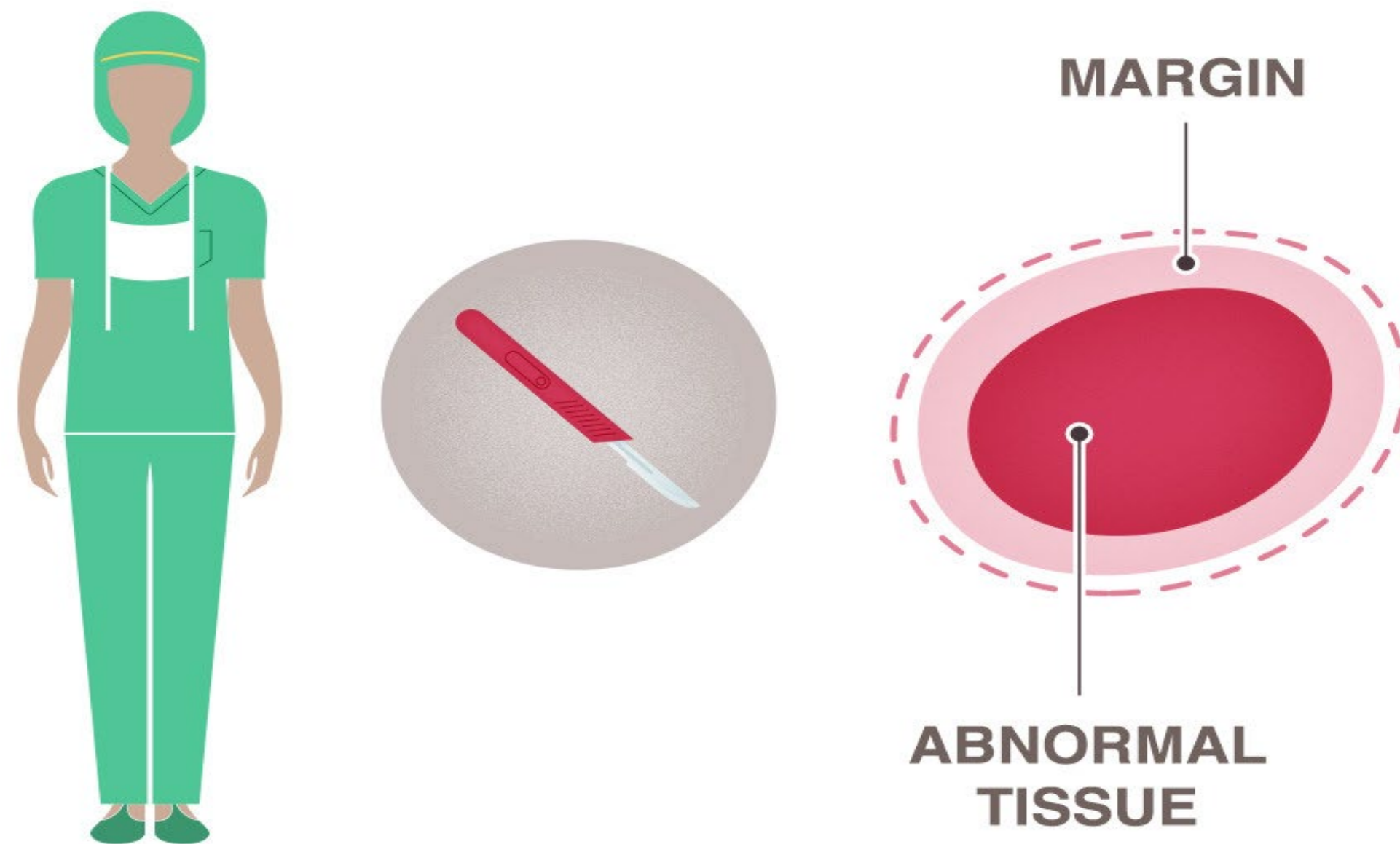
How is breast cancer treated?

Three main ways to treat breast cancer:

1. Surgery
2. Radiation
3. Medications
 - Chemotherapy
 - Anti-hormonal pills
 - Immunotherapy

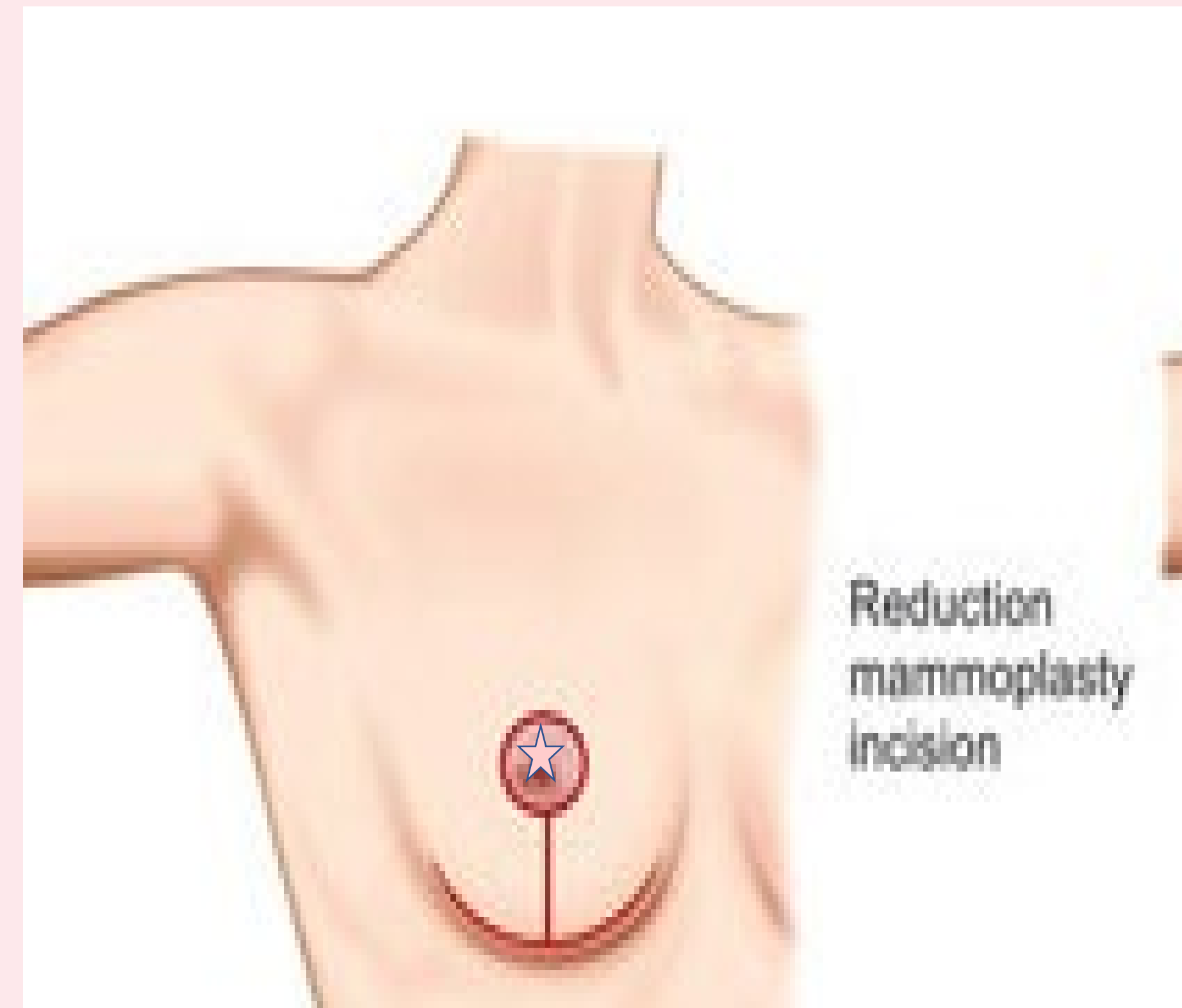
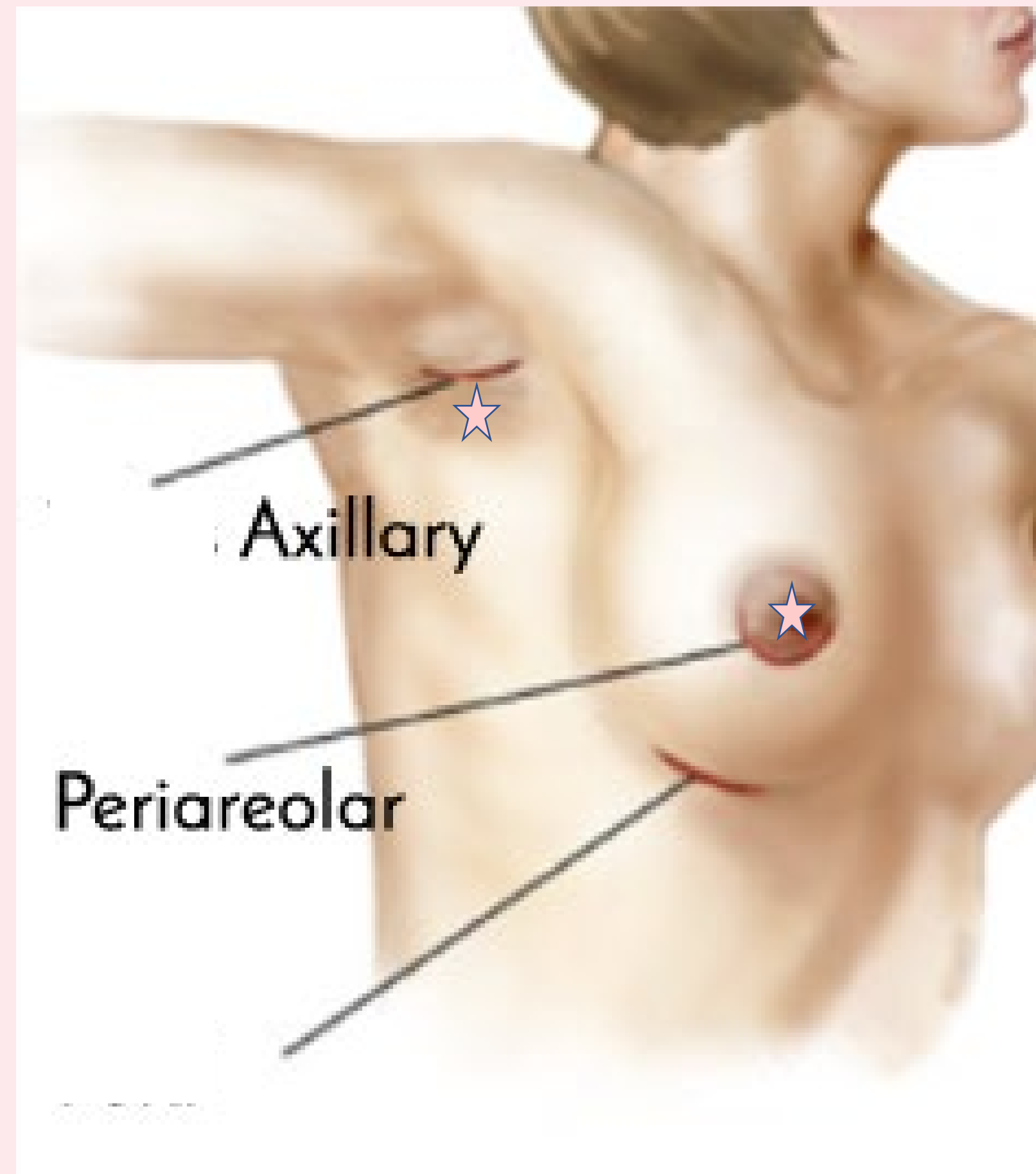
Breast Conserving Surgery

**SURGERY OFTEN INVOLVES
REMOVING THE TUMOR AND
NEARBY MARGINS.**

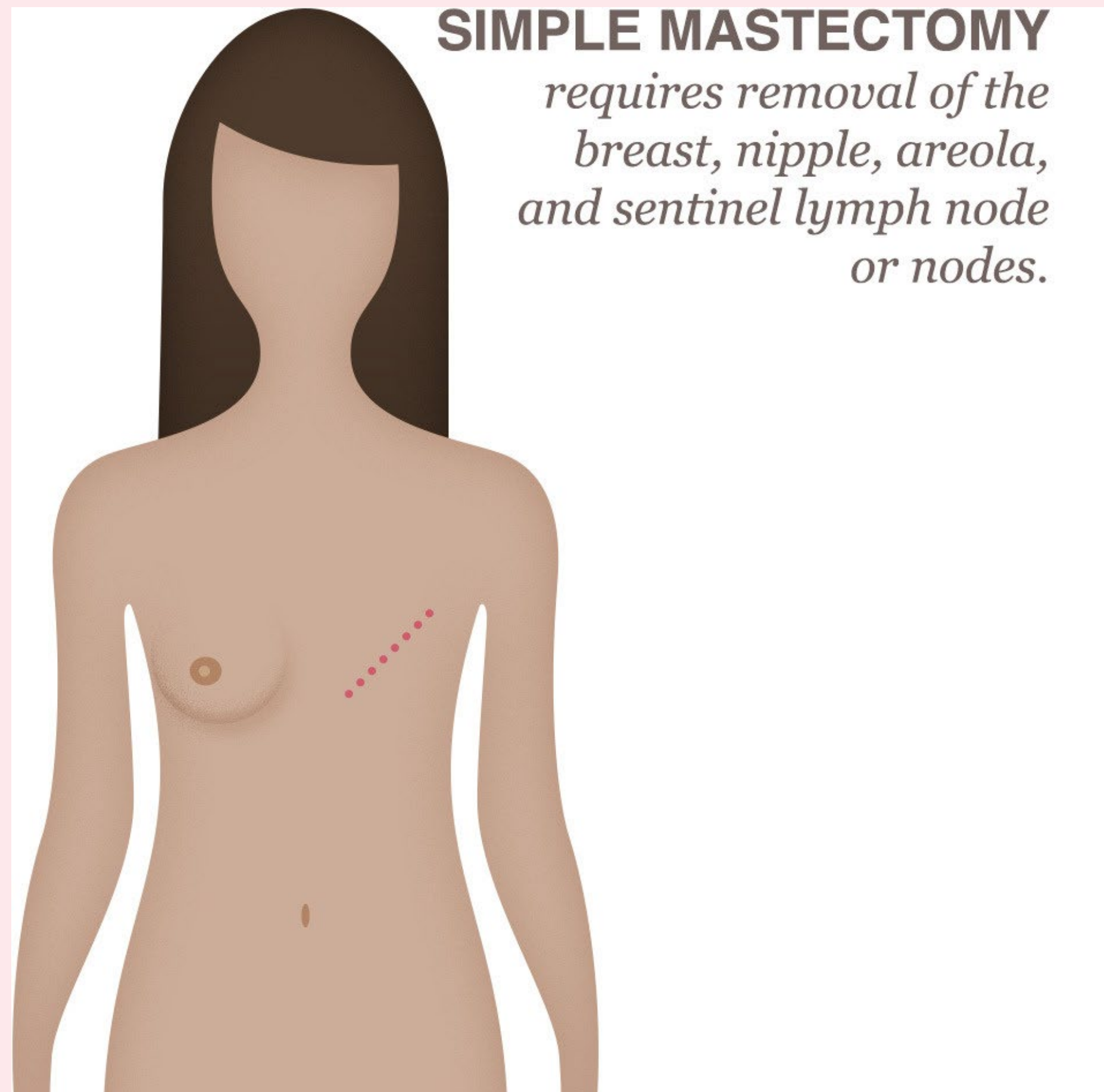


- AKA Lumpectomy
- Package deal with radiation for most patients
- Can also be done as a breast reduction

Breast Conserving Surgery



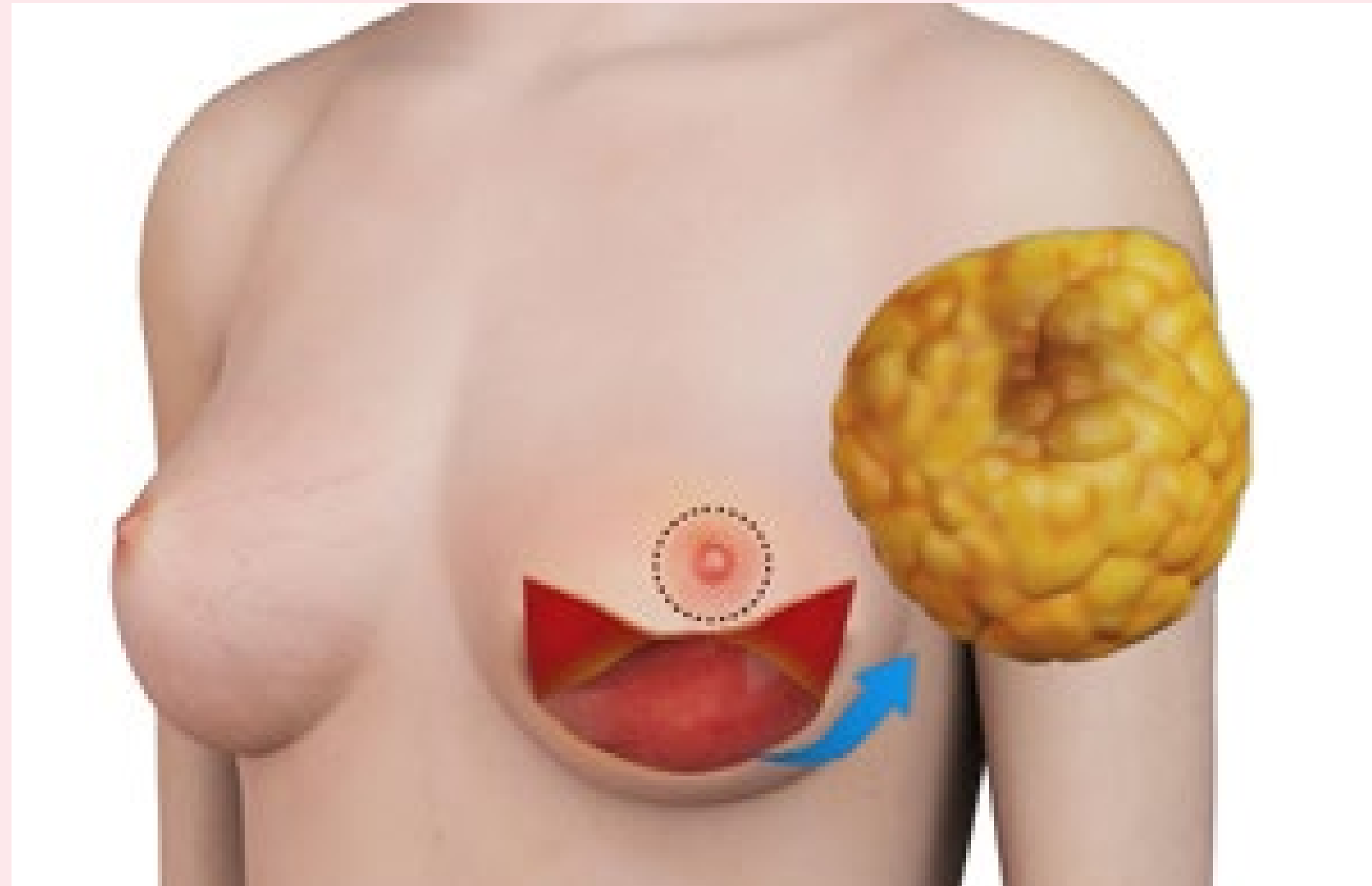
Mastectomy



Types of Mastectomies

- Simple Mastectomy
- Planned reconstruction:
- Skin Sparing Mastectomy
- Nipple Sparing Mastectomy

Mastectomy



- Planned reconstruction:
- Skin Sparing Mastectomy
- Nipple Sparing Mastectomy

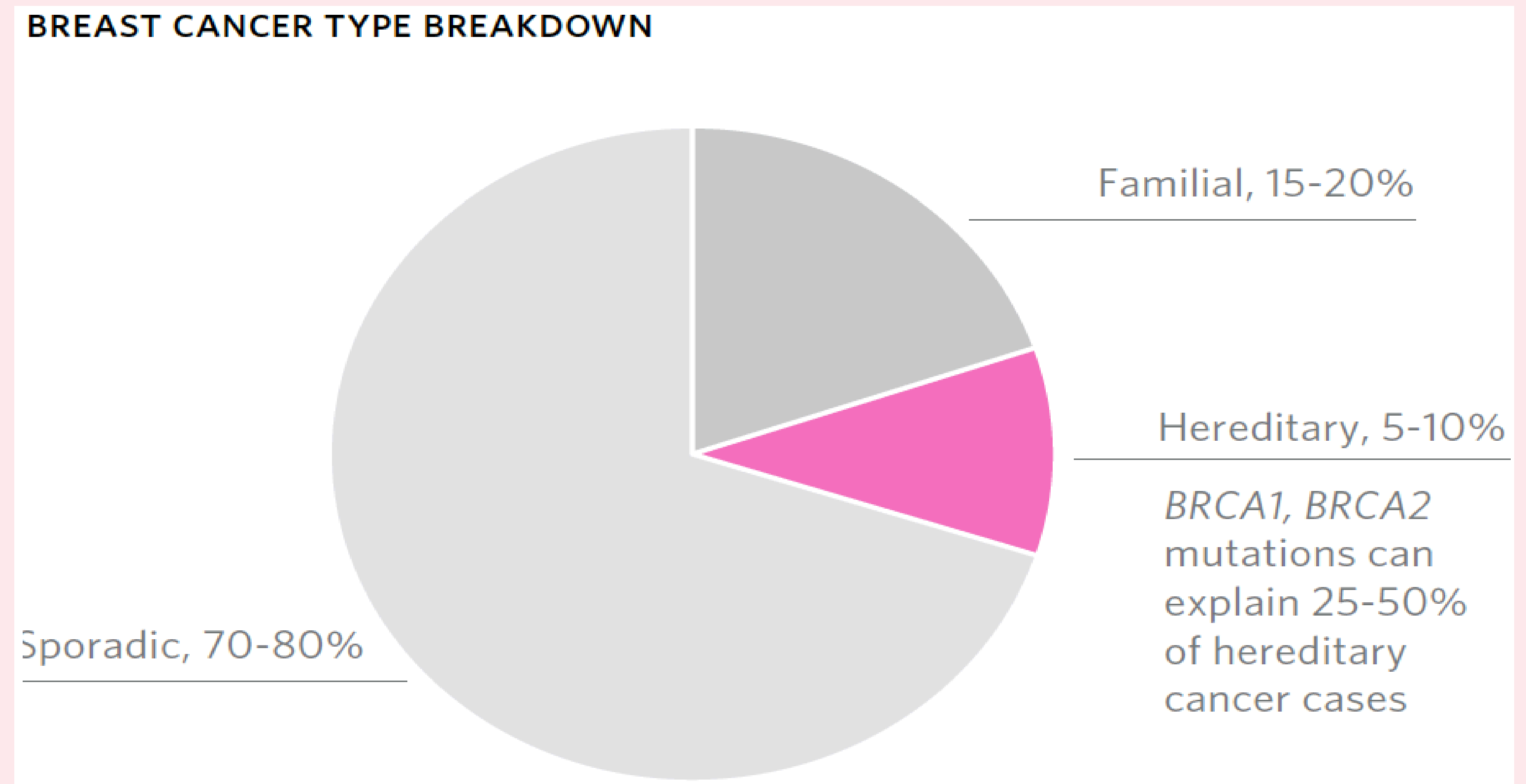


Lumpectomy vs Mastectomy

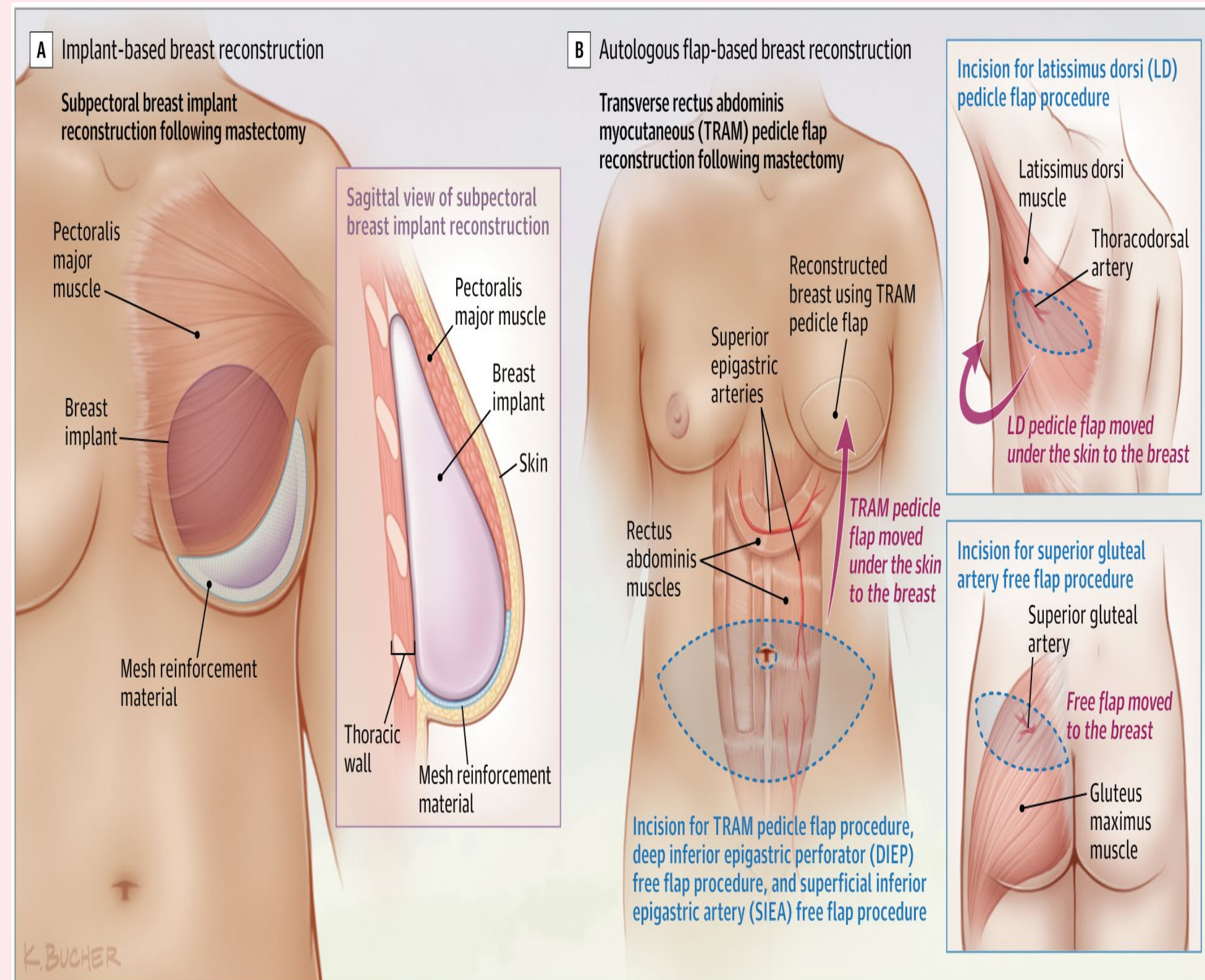
- No difference in overall survival = same amount of women alive in lumpectomy + radiation group and mastectomy group at 5 years
- Lumpectomy has higher local recurrence if no radiation.
- Never 100% guarantee with mastectomy
- Recurrence is further decreased with hormonal therapy

Who benefits from mastectomy?

- Genetic Carriers



Reconstruction

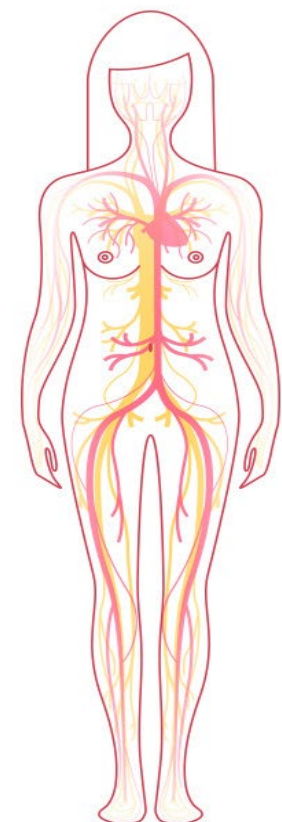


- Plastic Surgeon
- Implant based reconstruction
- Tissue based reconstruction

Radiation and Medications



**CHEMOTHERAPY
IS A SYSTEMIC THERAPY**
*meaning that the drugs travel in the
bloodstream throughout the
entire body*



- Radiation – X-ray to breast to kill cells we cannot see
 - 1-6 weeks, 5 days a week
 - Can be done while working
- Medications – treat the entire body
 - Chemotherapy (Oncotype)
 - Anti-hormonal pills
 - Immunotherapy
 - Uses your immune system

ERAS – Breast Surgery

MEDICATIONS

- **Preoperatively**

- Tylenol
- Gabapentin
- Celebrex

- **Intraoperatively**

- Lidocaine
- Marcaine
- Exparel (block)

ERAS – Breast Surgery

MEDICATIONS

- **Postoperatively**
 - Tylenol
 - Ibuprofen
 - Lumpectomy: Hydrocodone/Tylenol
 - Mastectomy: Oxycodone
 - Robaxin
 - Gabapentin

ERAS – Breast Surgery

- **Occupational therapy**
 - **Lymphedema Education**
 - **Range of Motion Exercises**

ERAS – Breast Surgery

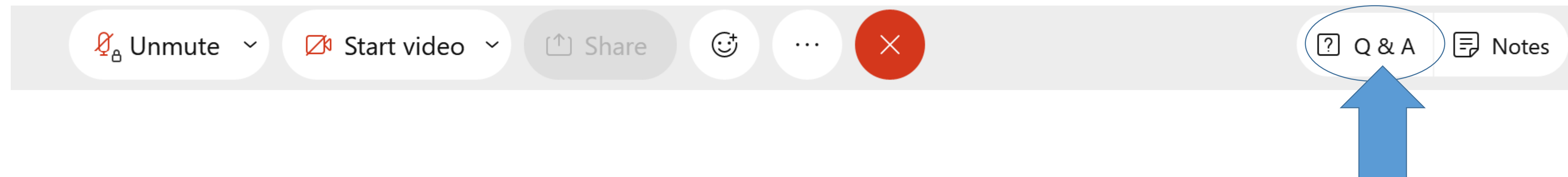
- **Recovery**
 - **Lumpectomy**
 - ~2 weeks (3 days to light duty)
 - + 1-6 weeks radiation
 - **Mastectomy**
 - ~4 weeks (2 weeks to light duty)
 - Second surgery with reconstruction (2-6 week recovery)

We're in this fight together!



QUESTIONS?

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- With the Q&A window open, type in your question and send to **HOST** or **Ashley Tait-Dinger**.
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Provider and Patient Point of View

Brand Newland – Goldfinch Health

Amanda McKinley – Provider and Patient

Opioids and C-sections

-A clinical review of concerns with opioid pain meds after a c-section

- 20% of mothers who take opioids after a c-section report central nervous system (CNS) depression in the nursing baby.
 - Symptoms include shallow breathing and lethargy
- 70% reduction in mothers who cannot nurse when an ERAS protocol was adopted.



Patient Perspective

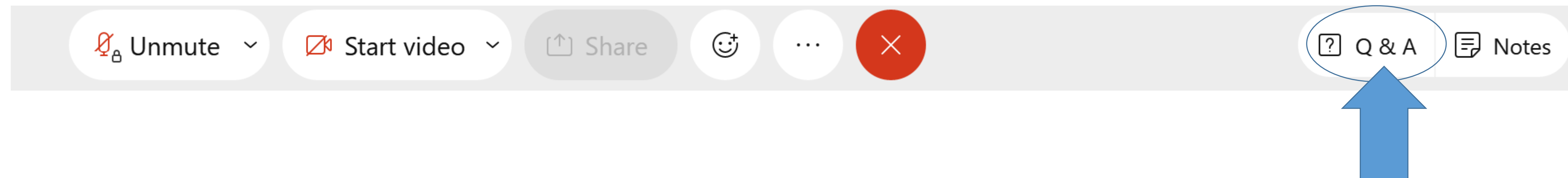
-A personal experience with a traditional and modern approach to surgery-

- Amanda McKinley
 - Nurse Anesthetist
 - 2 traditional Ceseian Deliveries
 - Abdominal wall surgery with ERAS



QUESTIONS?

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