



ORIGINAL ARTICLE

The results of implementing a fast-track protocol in radical cystectomy in a tertiary hospital[☆]



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KEYWORDS

Perioperative complications;
Cystectomy;
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Results;
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Abstract

Background: Radical cystectomy (RC) is the urological procedure associated with the highest rates of morbidity, mortality and hospital stay. The implementation of fast-track programs seeks to speed postsurgical recovery. Its application to radical cystectomy has yielded positive results. **Objectives:** To assess the results of the fast-track protocol in RC at our hospital, in terms of morbidity, mortality and hospital stay, comparing these results with those of patients who underwent RC following the classic protocol. To thereby ascertain whether the implementation of the fast-track protocol represents a reduced number and severity of complications and shorter hospital stays.

Material and methods: Ambispective cohort study of patients who underwent RC between January 2010 and October 2012 by either protocol (classic and fast-track). We analyzed the patient characteristics, intraoperative variables, postoperative complications (according to the Clavien classification), hospital stay and recovery stay.

Results: Ninety-nine patients were included, 51 following the classic protocol and 48 following the fast-track protocol. The groups were homogeneous. The hospital stay and recovery stay were longer in the classic group than in the fast-track group (29 and 2 days, respectively, vs. 17 and 1 day). There was less intraoperative bleeding in the fast track group (600 mL) than in the traditional group (1000 mL). Of the 99 patients, 31 (60.8%) of the classic group presented a postoperative complication, while the fast-track group had 14 (29.2%), most of which were minor (Clavien degrees 1 and 2). In the multivariate analysis, the type of protocol and the number of comorbidities were significant.

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PALABRAS CLAVE

Complicaciones perioperatorias;
Cistectomía;
Rehabilitación multimodal;
Resultados;
Fast-track

Conclusions: The implementation of the fast-track protocol in RC was associated with a significant reduction in intraoperative and postoperative complications and hospital stay.

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Implantación de un protocolo fast-track en cistectomía radical en un hospital terciario

Resumen

Introducción: La cistectomía radical (CR) es el procedimiento urológico asociado a las tasas más altas de morbilidad y estancia hospitalaria. La aplicación de programas fast-track pretende acelerar la recuperación posquirúrgica y su aplicación en cistectomía radical ha reportado resultados positivos.

Objetivos: Valorar los resultados del protocolo fast-track en CR en nuestro hospital, en términos de morbilidad y estancia hospitalaria, comparando dichos resultados con los de los pacientes intervenidos de CR siguiendo el protocolo clásico. Así, averiguar si la aplicación del protocolo fast-track supone una reducción del número y gravedad de complicaciones y una menor estancia hospitalaria.

Material y métodos: Estudio de cohortes ambispectivo de pacientes intervenidos de CR, desde enero de 2010 a octubre de 2012, por ambos protocolos, tanto clásico como fast-track. Se analizan las características de los pacientes, las variables intraoperatorias, complicaciones postoperatorias (según clasificación Clavien) y estancia hospitalaria y en reanimación.

Resultados: Se incluyeron 99 pacientes, 51 siguiendo el protocolo clásico y 48 el protocolo fast-track, siendo grupos homogéneos. La estancia hospitalaria y en reanimación fue mayor en el grupo clásico que en el fast-track (29 y 2 días respectivamente frente a 17 y 1 días) Hubo menor sangrado intraoperatorio en el grupo fast-track (600 ml) que en el clásico (1.000 ml). De los 99 pacientes, 31 (60,8%) del grupo clásico presentaron alguna complicación postoperatoria mientras que en el fast-track fueron 14 (29,2%), la mayoría menores (grados 1 y 2 Clavien). En el análisis multivariado resultó significativo el tipo de protocolo y el número de comorbilidades.

Conclusiones: La implantación del protocolo fast-track en CR se asoció a una disminución significativa de complicaciones intra- y postoperatorias y de estancia hospitalaria.

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Introduction

Radical cystectomy (RC) is the standard treatment of localized muscle-invasive bladder cancer.¹ It is the urological procedure associated with a higher rate of postoperative complications, mostly minor, with figures ranging from 19%² to 64%.³ As for perioperative mortality, there is considerable variability in the literature, from 0.8%⁴ to 8.3%.⁵

The application of "fast-track" programs, Enhanced Recovery After Surgery, or multimodal postoperative rehabilitation is based on joint action of all the specialists involved and the intended result is to accelerate postoperative recovery without increasing morbidity. In RC, the reduction of morbidity, rapid postoperative rehabilitation, reduced hospital stay, and reduced costs are difficult to achieve. However, the implementation of Enhanced Recovery After Surgery programs has reported positive results.⁶

Due to the interest generated, it was suggested to know the results of the "fast-track" program in RC after implementation in our hospital and see if the implementation of the new program in the RC involves a reduction of hospital stay and decreased postoperative morbidity.

Materials and methods

One ambispective study of all patients undergoing RC plus urinary diversion was designed by the Urology Department of the University Hospital Miguel Servet in Zaragoza, from January 2010 to October 2012, ending when all patients were discharged.

Patients that were operated during this period of bladder cancer that underwent another type of intervention (partial cystectomy plus reimplantation of ureters or cystectomy plus bowel resection) and patients operated with conventional protocol from January 2011 were excluded.

Two groups were established according to the type of protocol followed: Group I: patients undergoing RC in 2010 following the classical protocol, who were checked retrospectively; Group II: patients undergoing RC following the fast-track protocol that has been implemented in the hospital since January 2011, obtaining the data prospectively. All patients were previously evaluated and were informed of the procedure they were undergoing.

Based on the calculation of the sample size for comparing two proportions, considering a sample size necessary to obtain a percentage of postoperative complications of the classic group of 55%, and of the fast-track group of 25%, an α

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