



## Original Research

## Development and evaluation of an “Interdisciplinary Postoperative Support Program” in outpatient clinics after thoracic esophagectomy



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## HIGHLIGHTS

- In esophagectomy, patient education and their postoperative status remain unknown.
- We tested the above issues with “Interdisciplinary Postoperative Support Program”.
- This program provided appropriate satisfactory information after esophagectomy.
- This program contribute to a reduced incidence of unscheduled outpatient visits.

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## ABSTRACT

**Background:** To support patients discharged from the hospital after surgery, we launched an “Interdisciplinary Postoperative Support Program” in outpatient clinics for patients who were discharged within 1 month after thoracic esophagectomy and their families. We introduce our program and clarify the patient’s physical and psychologic status by analyzing the questionnaire provided from this program.

**Materials and methods:** From August 2014 to January 2015, we conducted the Interdisciplinary Postoperative Support Program every month. Thus, questionnaires regarding physical and psychologic symptoms as well as the meaningfulness of the program were obtained from 59 patients and prospectively analyzed.

**Results:** We obtained valid responses from 48 patients (81.4%). Frequent postoperative difficulties included dysphagia (50%) and decreased physical strength (39.5%). Oral intake decreased to half (55.3%) and one-fourth (25.5%) of that before esophagectomy. Frequent requests made by patients to medical staff included explanations of the postoperative symptoms (97.9%), further information on the treatments of esophageal cancer (93.8%), and the typical postoperative course experienced by other patients (76.6%). A higher percentage of positive comments were obtained regarding the management of symptoms (87.8%) and optimal access to the consultations (78.9%). The incidences of unscheduled outpatient visits were 4.1% and 14.0%, respectively, under conditions with and without this postoperative program ( $P = 0.03$ ).

**Conclusion:** We found that our program could provide appropriate information with higher levels of satisfaction after thoracic esophagectomy. Further investigations regarding longer periods of physical and psychologic symptoms, as well as the needs of patients and their families should be conducted to augment our program.

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## 1. Introduction

Esophageal cancer is one of the well-known diseases associated with a relatively high incidence of impaired quality of life after

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treatment, particularly after thoracic esophagectomy. Multidisciplinary treatment approaches, including nutritional support, immunologic management, and other preoperative preparations, together with modern perioperative and postoperative care have substantially improved the immediate results of surgical treatment of esophageal cancer [1].

These treatment advances have led to an increase in the population of survivors of esophageal cancer. Esophagectomy and chemoradiation have brought improved surgical outcomes along with treatment-related impairment of quality of life (QOL) for patients with esophageal cancer [2]. The impairment of QOL has been observed in the short and long terms after treatment [3]. Therefore, optimal support programs are required to help in the daily life of patients and their families.

Recently, daily activity and appropriate education of patients on the postoperative physiologic status have proven to be important factors determining QOL after surgical treatment of cancers [4]. Thus, the development of a more focused comprehensive program and symptom-specific education would be of great significance for healthcare providers and patients. Further, the optimal evaluation of the postoperative status is required to explore optimal treatment approaches for these patients.

In the outpatient clinic, an interdisciplinary support team approach that improves the efficacy and quality of care offers a novel educational method for patients and families [5]. Contrary to the traditional visit between a single healthcare provider and patient, a provider engages a group of patients with similar healthcare needs in an extended visit that allows more time for patient-centered education and discussion [6]. Although interdisciplinary support team approaches were initially piloted in the primary care setting, this model now has been applied to more specific cases, such as diabetes [7], heart failure [8], and pregnancy [9]. It also has been used in various surgical subspecialties, including bariatric [10] and cardiac [11] surgery. Published results comparing the traditional models of care to interdisciplinary support team programs have improved clinical outcomes, such as lower hemoglobin A1c level [12], increased exercise [13], and improved blood pressure control [13]. Despite the potential benefit of interdisciplinary support approaches for patients and their families, there have been few attempts to use this model in oncology [14,15], particularly in the field of gastrointestinal surgery [16].

We developed and conducted a pilot study to determine whether an interdisciplinary support program would be feasible for patients shortly after thoracic esophagectomy at the outpatient clinic. Additionally, we described the development and implementation of an “Interdisciplinary Postoperative Support Program (IPSP)” for post-esophagectomy patient education as well as provided our initial results from this ongoing program. We evaluated the physical symptoms, weekly activities, and the incidence of unscheduled outpatient visits of patients after thoracic esophagectomy.

## 2. Material and methods

### 2.1. Program development and educational lists

We assembled an interdisciplinary team of support specialists that comprised surgeons, nurses, physical therapists, occupational therapists, speech therapists, nutrition managers, medical social workers, administrators, and a member of the Office of Cancer Supportive Care Center, to develop a comprehensive IPSP for patients after thoracic esophagectomy for esophageal cancer. This program was held for patients and their families to achieve a better life after thoracic esophagectomy.

Various attempts were undertaken to standardize the education

and consent process for several surgical procedures. We developed a teaching checklist and post-esophagectomy education slide presentations, which were delivered by each specialist or administrative staff. In the presentations, topics included basic principles of cancer therapy, common symptoms after thoracic esophagectomy, suggestions and solutions for managing common symptoms, and optimal rehabilitation programs for improving daily activity, including vocational and pharyngeal functions. The presentation also covered the introduction of useful social security services, important contact information for ambulatory treatment access, and helpful tips. The presentation concluded with discussions and a question–answer session. Printed copies of the slide presentation were provided to patients and caregivers. The materials were reviewed and approved by The Office of Supportive Care Center to ensure appropriate description and readability. Fig. 1 shows a representation of a booklet for the IPSP.

### 2.2. Implementation of the program

#### 2.2.1. Patient recruitment

Patients with esophageal cancer who underwent thoracic esophagectomy and were discharged from the hospital in the prior 1 month were eligible to participate. Participation was voluntary, and the patients were referred to The Office of Supportive Care Center. To raise awareness about IPSP and encourage patient enrollment, the program team provided informational posters and panels in the hospital, and further presented informational brief sessions to the nurse, practice providers, and medical assistants. We created a patient handout that explained the time schedule of visits. We monthly held the program, which resulted in an increase in participants.

#### 2.2.2. Structure and flow of visit

The IPSP is monthly held on 3rd Thursday from 2:00 to 3:30 p.m. After filling out the brief questionnaire about the present status and troublesome postoperative symptoms, patients and family members are escorted to a patients' education classroom, where the patients meet the advanced practice providers. A group session commences with an educational presentation delivered by each member of the interdisciplinary support team. The session includes actual physical, vocal, and pharyngeal functional exercises. Further, tasting and mastication trials of various solid foods are held, ranging from easy to slightly difficult to swallow.

After the group session, patients and families are offered individual time with the staff surgeons and other specialists to address additional questions and/or medical concerns that were not addressed during the group setting. After the end of the entire program, patients and families are requested to voluntarily participate in the brief questionnaire that assesses their satisfaction and their opinions about the program.

### 2.3. Patients

This project was approved by the Investigational Review Board of the National Cancer Center. Preoperative diagnoses were based on preoperative imaging studies, including contrast agent swallow studies, endoscopy, and conventional cross-sectional imaging studies (computed tomography). Histologic evaluation of specimens obtained by preoperative endoscopically-guided biopsy was performed in all cases. The patients' medical records were reviewed to determine the clinical disease stage, surgical procedures performed, histopathologic diagnoses of the lesions, and outcomes.

In all cases, either thoracoscopic esophagectomy or trans-thoracic esophagectomy with three-field lymph node dissection was performed in the usual manner by two surgeons (H.D. and T.F.).

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