

# PE15 Accelerated active mobilisation due to reduced central venous catheter use reduced length of stay and ileus post robot assisted radical cystectomy

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Adasonla K.O., Calleja E., Al Ani M., Samateh A., Smith K., Milton N., Rimington P.D.

Eastbourne District General Hospital , Dept. of Urology, Eastbourne, United Kingdom

**Introduction & Objectives:** Postoperative Ileus complicates between 3 and 25% of radical cystectomies, despite the introduction of Enhanced Recovery after Surgery (ERAS) pathways. Our objective was to evaluate how specific changes to our department's ERAS protocol could reduce the incidence of ileus and length of stay.

**Materials & Methods:** We modified our departmental ERAS pathway for patients undergoing robot assisted radical cystectomy and ileal conduit formation in this pilot study, minimising central venous catheter (CVC) insertion and accelerating our postoperative mobilisation programme. Perioperative outcomes were recorded. Retrospective analysis of a matched cohort of 11 consecutive patients prior to the practice changes was selected for comparison. Ileus was defined as postoperative nausea and vomiting requiring cessation of oral intake or nasogastric tube placement by day 5 post operatively.

**Results:** The outcomes of 10 consecutive patients following the practice change were analysed. There were no statistically significant differences in mean age (70 vs 68;  $p=0.667667$ ), body mass index (BMI) or Surgical Outcome Risk Tool (SORT) score. Two (20%) patients in the intervention cohort had CVC inserted, compared to 10 (90.9%) in the matched cohort. Patients were encouraged to mobilise independently earlier. Mean length of stay reduced in the intervention cohort (7 vs 10 days;  $p=0.022098$ ). Significantly less patients developed nausea and vomiting from day three post operatively (1 vs 7;  $p=0.011477$ ), with less nasogastric tubes inserted for suspected ileus (1 vs 6;  $p=0.030564$ ).

	Control Cohort (n=11)	Intervention Cohort (n=10)	P value
Mean Age (SD)	68 (9.37)	70 (5.73)	0.667667
Mean SORT score, % (SD)	1.73 (1.26)	2.55 (1.81)	0.262614
Mean BMI (SD)	28.8 (3.3)	26.9 (5.4)	0.37195
Mean operating time, mins (SD)	316 (64)	317 (51)	0.975117
Central Venous Catheter(CVC) insertion	10 (90.9%)	2 (20%)	0.00104
Spinal anaesthesia	6 (55%)	8 (80%)	0.216522
Epidural anaesthesia	4 (36%)	2 (20%)	0.407094
Mean spinal opioid dose, mg (SD)	0.27(0.05)	0.62 (0.23)	0.003785
Mean Postoperative day (POD) mobilising at baseline	5 (2.11)	3 (0.73)	0.011522
Patient controlled analgesia(PCA) use	3 (27%)	1 (10%)	0.314065
Postoperative Epidural analgesia	3 (27%)	2 (20%)	0.695943

Long acting opioid use	10 (90.9%)	9 (90%)	0.943494
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	Control Cohort (n=11)	Intervention Cohort (n=10)	P value
Mean LOS, days (SD)	10 (3.60)	7 (1.49)	0.022098
Nausea and vomiting from POD 3 (%)	7 (62%)	1 (10%)	0.011477
NG tube insertion (%)	6 (55%)	1 (10%)	0.030564
Parenteral nutrition prescribed (%)	6 (55%)	0	
30 day readmission (%)	2 (18%)	4 (36%)	0.269004
Readmission due to ileus (%)	0	1 (10%)	

**Conclusions:** Reduced CVC usage optimises postoperative mobilisation regimes, resulting in reduced ileus and length of admission.