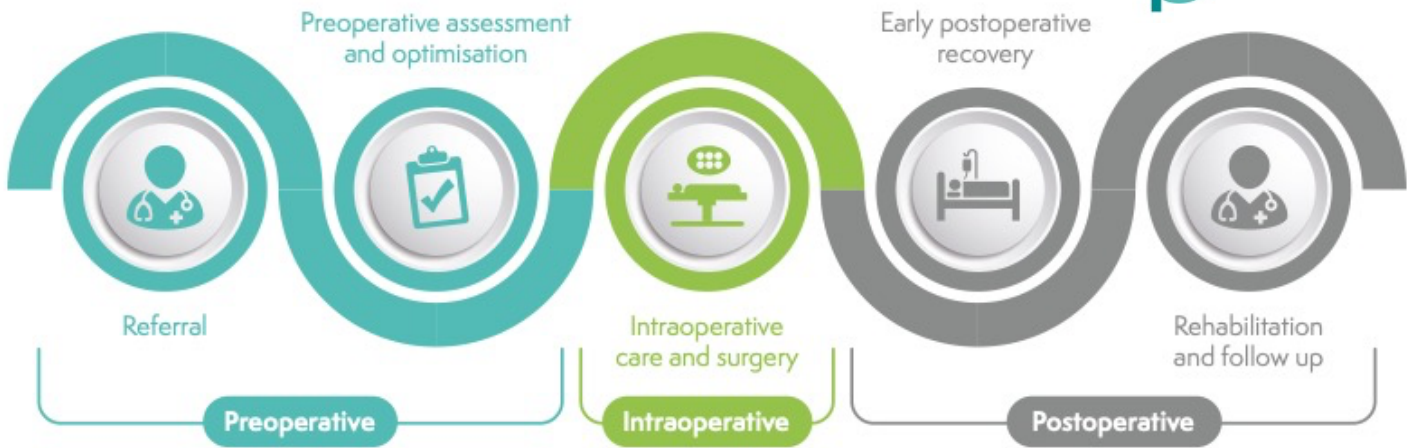


What is perioperative care and how does it work?

Perioperative care is everything from the moment surgery is contemplated until full recovery. Good perioperative care is better for patients, staff, and efficiency. At www.cpoc.org.uk, multiple resources are available for all staff and patients.



Figure 1: The perioperative pathway



Key Principles

- Patient centered care
- Shared decision making
- Joined up team working
- Technology that works

Core Competencies

- **Recognise & Optimise** long term conditions, frailty, anaemia and diabetes
- **Support Patients** to stop smoking, be active and exercise more, reduce alcohol, improve nutrition, prepare mentally and manage their weight
- **Assess Risk** with anticipation and prevention of complications
- **Plan** the perioperative period and discharge
- **Rehabilitate** to community

Table 1: Examples of resources from CPOC

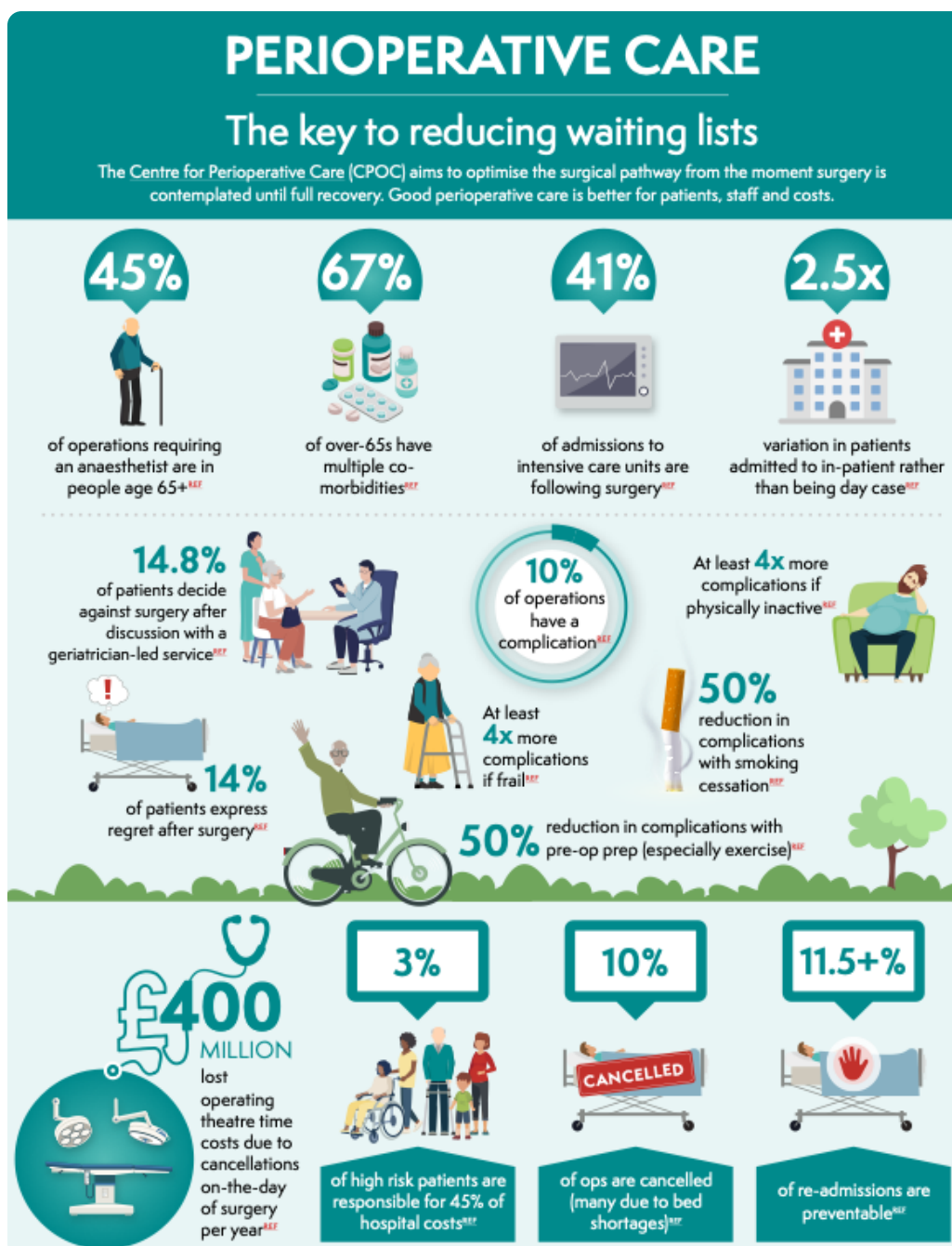
Type of resource	Intended use	Available from
Evidence reviews	Defining the benefit of perioperative care	https://www.cpoc.org.uk/cpoc-publishes-major-evidence-review-impact-perioperative-care
Patient resources	To empower patients to feel part of the team, to be clear and prepare well	https://www.cpoc.org.uk/patients
Anaemia guideline		https://cpoc.org.uk/guidelines-resources-guidelines/anaemia-perioperative-pathway
Diabetes guideline		https://cpoc.org.uk/cpoc-publishes-guideline-perioperative-care-people-diabetes-undergoing-surgery
Frailty guideline		https://cpoc.org.uk/cpoc-publishes-guideline-people-living-frailty-collaboration-bgs
Pre-operative assessment and optimisation	Outlining how to prepare for surgery	https://www.cpoc.org.uk/preoperative-assessment-and-optimisation-adult-surgery
Obstructive Sleep Apnoea (OSA)	Assessment and management of OSA	https://www.cpoc.org.uk/guidelines-resources-guidelines/perioperative-management-osa-adults
National Safety Standards in Invasive Procedures	To improve patient safety and team working, eg 'team brief'	https://cpoc.org.uk/guidelines-resources-guidelines/national-safety-standards-invasive-procedures-natssips
Health optimisation (under development) Eg Smoking cessation.	To empower staff to help patients optimise their health prior to surgery	https://cpoc.org.uk/guidelines-resources-resources/stopping-smoking
Shared decision making		https://cpoc.org.uk/shared-decision-making

The Centre for Perioperative Care (CPOC) was created in 2019 to improve surgical care for patients. The Association of Anaesthetists has been a board partner of the CPOC alongside eight other major board partners, 31 advisory group members (including health charities) and lay, patient and specialist involvement. With major challenges in healthcare and a population that is increasingly aged, unfit and multiply co-morbid, good perioperative care should be part of the solution. Perioperative care is everything from the moment surgery is contemplated until full recovery at home. There are too many instances of disjointed care, duplicated assessments, preventable complications, unwarranted surgery, failure of optimisation, poor team-working, inefficiencies and cancellations. CPOC aims to reduce all these (Figure 1).

Perioperative medicine has been a subspecialty and part of anaesthetic curricula, with a focus on individual patients and their risk assessment and medical management prior to anaesthesia and surgery. The concept of perioperative care is different because it aims to improve the service in general as well as the care of every patient, whatever their health status, and including them in the plan. Much care can be standardised, and pathways should be developed by teams working together across an organisation, sharing skills and ideas.

CPOC has developed many resources (Table 1) that are available free from <https://www.cpoc.org.uk>. Many of these are in multiple formats, including slides or summaries, to enable readers to educate others. CPOC's remit includes emergency and elective care, at all ages, across all specialties and including all types of staff and patients.

Figure 2: Perioperative care infographic: The key to reducing waiting lists



Resources were developed with large multi-professional CPOC writing groups. In working collaboratively across healthcare groups, education is not retained in silos, and staff can work as a team. By creating joined-up pathways, efficiency can be improved, and care needs can be anticipated. Through educating the workforce to advise on critical messages (smoking cessation, physical activity and nutrition), all patients can be supported in optimising their health before, during, and after surgery. Skills should be shared so all staff can identify key trigger points when a senior clinician is needed for individualising care.

Key facts

14%

of patients express regret after surgery. A perioperative approach reduces length of stay by 1-2 days.

14.8%

of patients who have a consultation with a geriatrician-led service decide against surgery. See Figure 2.

Suggested next steps

- Contact your CPOC regional perioperative lead to see what's happening locally
- Obtain your data (cancellations, unexpected stays, etc) and meet with the team to explore how this could be improved to streamline pathways
- Use 'team brief' and 'debrief' to encourage the development of ideas in theatres
- Engage all staff, especially those in postgraduate training, to take part in Quality Improvement work that uses CPOC standards as a benchmark and seeks input from other staff groups
- Develop skills in health optimisation and shared decision-making:
 - Motivational Interviewing: <https://movingmedicine.ac.uk/consultation-guides/condition/adult/periop-in-development/>
 - Making Every Contact Count: <https://www.e-lfh.org.uk/programmes/making-every-contact-count/>
 - Shared Decision Making: <https://www.cpoc.org.uk/shared-decision-making>

Final ideas

Good perioperative care is better for patients' experience and outcomes. It is also better for staff with good team-working and fewer unwarranted events. It improves efficiency and use of resources. A surgical diagnosis is a 'teachable moment'. The same seven things that reduce complications also improve health. Action is needed at multiple levels - from policy to individual work practices. Everyone, including patients, is encouraged to start.

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The seven key interventions that reduce complications of surgery by 30 - 80%

1

Smoking cessation



2

Exercise



3

Nutrition



4

Alcohol moderation



5

Medication review or senior review



6

Psychological preparation and mental health optimisation



7

Practical preparation

