

# Enhanced Recovery After Surgery (ERAS): Patient Experience in free flap reconstructive head and neck surgery



Fig 1. Tongue lesion reconstructed with radial and ulna free flap reconstruction. Copyright Yu P. Robb GL. Clin Plast Surg. 2005, Open access Atlas of Otolaryngology

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## Background

- Over 4500 new cases of head and neck cancer are diagnosed in Australia yearly with a 70% five-year survival rate.<sup>4</sup>
- Treatment may include free flap (FF) reconstructive surgery where tissue from distant parts of the body is transplanted into the head and neck area.<sup>2</sup>
- Enhanced Recovery After Surgery (ERAS) is a multidisciplinary (MDT) program aimed to reduce post operative complications and shorten length of stay<sup>2</sup> through peri-operative education and counselling.<sup>1</sup>
- The patient experience within the ERAS pathway (commenced 2020) at Fiona Stanley Hospital (FSH) in Western Australia has not been evaluated.

## Aim

To gather patient experience feedback on the FSH ERAS program across the surgical pathway (peri-operative, post-operative and discharge phases).

## Methods

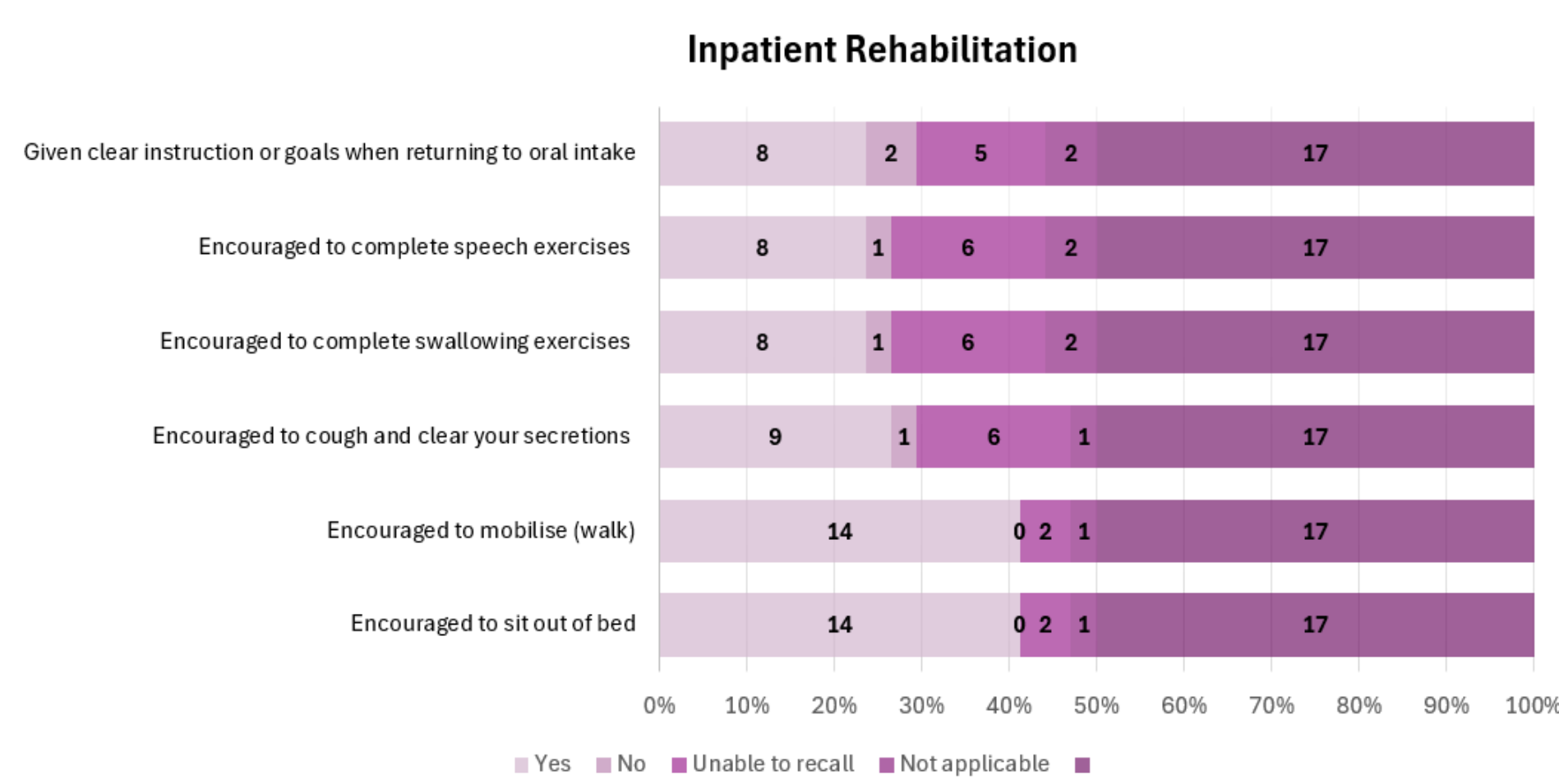
- A cross-sectional 12 item questionnaire design was used to collect patient experience data after participation in the FSH ERAS program.
- The questionnaire was reviewed by the MDT and piloted prior to distribution (n=1).
- 30 patients who underwent intra-oral FF and laryngectomy surgeries for head and neck cancer treatment during 2023 were invited to participate.
- Free text responses were analysed using thematic analysis.
- Likert-scale questions were analysed using descriptive statistics (frequencies and proportions).

## Results: Peri-operative experience

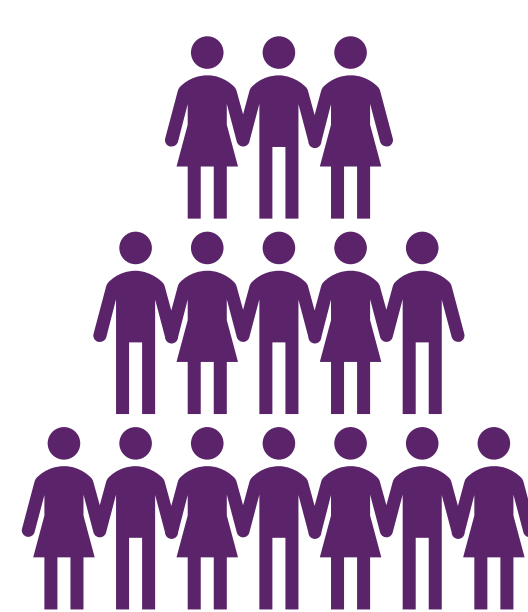
- Response rate of 56% (n=17/30).
- 100% (n=17)** recalled having a consultation with the Head and Neck Surgeon, Anesthetist, and Clinical Nurse Specialist.
- In contrast, recall of seeing the Allied Health Team was substantially lower
  - Speech Pathologist (53%, n=9)
  - Dietitian (41%, n=7)
  - Occupational Therapist (35%, n=6)
  - Physiotherapist (35%, n=6).
- 65% (n=11)** recalled education on expected swallowing changes.
- 76.5% (n=13)** of patients recalled education of expected changes to communication.
- 76% (n=13)** recalled education on peri-operative dietary optimisation.
- 88% (n=15)** recalled receiving education on their expected post operative nutrition and swallowing journey.

## Results: Post-surgical inpatient experience

**94% (n=16)** recalled receiving ongoing information about their recovery.



## Results: Discharge



**88% of patients (n= 15)** felt supported to meet their discharge goals and felt ready for discharge.

## Results: overall patient experience themes

**Theme #1: Feeling supported, informed and educated by the entire MDT.**

*"All the people gave very good advice and information."*

**Theme #2: Ongoing impact of challenges associated with eating, drinking and changes to communication.**

*"Eating is manageable but not pleasurable."*

*"I rarely go out and enjoy myself as I once did."*

**Theme #3: The need for more support or counselling on post operative outcomes**

*"It would have beneficial to have had more advice/counselling on...the extent of difficulties which will be encountered after surgery."*

**Theme #4: Access to ongoing local and in home services** such as silver chain and community allied health.

**Theme #5: The need for more accessible and timely services** such as communication of results such as PET scans and reducing waitlist times for dental reconstructions and consideration for travel for those living rurally.

**Theme #6: Access to ongoing local and in home services** such as silver chain and community allied health.

**Theme #7: The importance of returning to valued activities after discharge** such as work, leisure activities and exercise.

## Conclusions

- Majority of patients were satisfied with their peri and post operative experience of ERAS at FSH.
- Future ERAS programs could include further education around potential post operative implications and engagement with clinical psychology for counselling.
- Limitations included small size and retrospective study design with potential risk for recall bias.



## References

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