NHS
King's College Hospital
NHS Foundation Trust

Improving Peri-Operative Assessment for Older Adults Undergoing Elective Cancer Surgery at Kings College Hospital

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South East London Cancer Alliance
Collaboration. Innovation. Better lives.

1. Background

Frailty, cognitive dysfunction, and multi-morbidity negatively impact peri-operative outcomes.

Approximately 15% of patients over 65 undergoing elective surgery at Kings are frail (CFS ≥ 5).

Existing peri-operative services at Kings were not set up to perform Comprehensive Geriatric Assessment (CGA), or peri-operative optimisation.

2. Methods

18 months of funding was obtained from South East London Cancer Alliance to employ a senior clinical fellow with supervision from a consultant geriatrician to undertake this project.

Phase 1: Scoping out the service

1. Identify key stakeholders
2. Understand each cancer pathway
3. Develop referral criteria
4. Create patient information interventions
5. Create letter template

Phase 2: Drumming up business

1. Seeking out referrals
2. Building relationships with colleagues
3. Developing processes to arrange timely post-op reviews

Phase 3: Streamlining the service

1. Arrange rapid access to urgent peri-operative investigations eg ECHO and spirometry
2. Access to same day IV iron

3. What We Do

1. CGA
2. Comorbidity optimisation
3. Lifestyle optimisation
4. Stairs assessment
5. Rapid access perioperative investigations
6. Shared decision making

4. Results

198 patients seen

Average age **77**

Average CFS **4**

Average no. of new diagnoses **1.5**

25% new diagnosis of cognitive impairment

30% new diagnosis of anaemia

Did Not Proceed to Surgery

25% did not proceed with an operation, most commonly due to frailty and/or comorbidity.

Top 3 Interventions Delivered

Exercise programme

Delirium counselling

IV iron

Other Outcomes

- Indirect cost saving for the trust of at least **£672,580** for cancelled operations
- Reduced length of stay by 1 bed day for elective colorectal cancer patients compared to last year
- No change to length of stay for HBP patients

Key Benefits

- Identification of frailty in elective surgical patients
- Optimisation and diagnosis of co-morbidity
- Improved surgical planning and risk stratification
- Targeted peri-operative optimisation
- Cost saving for the trust

Conclusions

- Our service fills a vital gap in the peri-operative service catering to the needs of older adults with cancer.
- By reducing the number of operations, performed and reducing length of stay, we have proven that our service is cost effective for the trust.

Next Steps

- Source funding to implement service permanently including a consultant, SCF and physiotherapist.
- Further streamlining of the service to avoid duplication of work between ourselves and anaesthetic colleagues.