Evaluation of a Preoperative Clinic for Women With Gynecologic Cancer

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Although many patients with gynecologic cancer undergo surgery, time constraints during the preoperative consultation may affect the accuracy of the information exchange, as well as compromise the quality of the patient assessment and care plan. Both put patients at a higher risk for complications during surgery and the postoperative period. This article describes an advanced practice RN–led preoperative assessment and education clinic designed to improve the quality of preoperative preparation and postoperative outcomes of patients with gynecologic cancer.

At a Glance
- Among patients with gynecologic cancer, surgery is the major treatment modality.
- The success of surgery depends on many factors, and a failure to identify those risks may negatively affect surgical outcomes and hospital length of stay.
- A preoperative assessment and education clinic led by advanced practice RNs has been shown to improve preoperative preparation and postoperative outcomes in patients with gynecologic cancer.

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The burden of cancer diagnosis and treatment for women with gynecologic cancer is profound. Surgical intervention is the major treatment modality for this patient population, but the success of surgical interventions depends on a complex interplay of factors, including the patient's physical condition, psychological distress, financial stability, and social support. Failure to identify those risk factors in women with gynecologic cancer prior to surgery has been shown to adversely affect surgical outcomes and hospital length of stay (LOS) (Dean, Finan, & Kline, 2001; Ellis, Spiers, Coutts, Fairburn, & McCracken, 2012; Fleisher, 2009; Vilar-Compte et al., 2008).

Increases in surgical complications and psychological distress in preoperative patients with gynecologic cancer have been attributed to inadequate preoperative assessment, preparation, and planning, as well as limited opportunities for clinic staff to increase patients' understanding of the diagnosis and recommended treatment (Cimprich, 1999; Love, 2004; Mc-Corkle et al., 2009). Ideally, an individual patient risk assessment and tailored preoperative preparation plan should be created in the outpatient setting at the initial cancer diagnosis (Schofield et al., 2003). Preoperative patient assessments are known to lower patient anxiety while increasing identification of modifiable risk factors for surgical complications. However, a drastic rise in patient volume and an increase in patient and family expectations for additional information related to the diagnosis and care plan have placed time constraints on the healthcare team, resulting in unmet expectations and compromised information exchange. This, in turn, puts patients at a higher risk of complications during the perioperative period (Jie et al., 2012; Seibaek, Blaakaer, Petersen, & Hounsgaard, 2013). Although the importance of preoperative information is well recognized, studies continuously report that patients lack adequate information, care coordination, and therapeutic relationships with providers (Guest, Manderville, & Thomson, 2012; Jolley, 2007).

Background

Clinics led by advanced practice RNs (APRNs) have been developed to address time constraints and fulfill patients' perceived unmet needs, identify risks, improve the quality of service, and address actual or potential problems through teamwork (Loftus & Weston, 2001). For example, evaluation of a nurse-coordinated multidisciplinary preoperative assessment program for older adults demonstrated a reduction in LOS from 8.9 to 4.9 days and a decrease in serious postoperative complications from about 9% to 2% (Ellis