Post Operative Care for Breast Cancer Patients

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Baseline – Jan to Dec 2009

The Network baseline showed:

- 1308 patients had mastectomy surgery
- 594 patients had a length of stay of 4 days or more (44%)
- Average Length of Stay was 4.06 days
- Ranged from 2.2 to 5.3 days
What we did

- Patients stayed in hospital until their drain was removed
  - Majority of patients were independent of feeding, bathing etc
  - Patients wanted to go home
Next steps

- Work undertaken around the Network to enable patients to be discharged with drains.
  - In place but ad hoc in some trusts.
- Various successful models adapted around the Network
- “One size does not all”
- Patients were informed as early as possible they will be discharged with drains insitu.
- Patient given written and verbal information about their drain.
- Patients to feel confident to be discharged with drain insitu.
Challenges

- Initial reluctance on the part of some staff to discharge patients with drains
- All staff not conveying the same message
  - “I was concerned with being discharged with a drain because the Ward Nurse told me I wouldn’t be”
Different Models adopted around the Network

- **Removal by Community**:
  - Patients referred to community team.
  - DN’s contact patient day after discharge.
  - Patients have BCN and Ward details if they are worried about anything.
Different Models adopted around the Network

- Removal by Trust:
  - Patients discharged with drains insitu
  - Verbal and written information given.
  - Patients return to the trust at set times to have drain removed.
  - Some patients living in rural areas may remain in hospital
  - No drains policy now in operation in some trusts
Made contact with Community Team

Revised Information about drain
  • Clearer instructions as an aide memoir for patients and DN’s

Provided training sessions for DN’s which included:
  • Information about the project
  • Breast services generally at the Trust
  • Practical demonstration of the drain.

Improved communication between acute and community teams.
69% of patients had a length of stay of 4 days or more

Home with drains Policy already in use for many years but used Ad-Hoc for patients who desired early discharge.

Majority of patients remained in hospital until drain removed

Revisited and altered to fit in with revised protocol for drain measurement, removal and reduced length of stay.
Discharge Home with a Redivac Drain in situ Checklist

Ward 23A Glenfield Hospital

Addressograph: ....................................................

Consultant: .............................................................

Date: .................................................................

Discharge time: .....................................................

Telephone number: ................................................

To be completed and signed by a qualified nurse prior to discharge.

Checklist Signature

1 Advice sheet given including pad and tape
2 Has telephone access
3 Has transport available
4 Can perform arm exercises (as assessed by registered nurse)
5 Wound check
6 Prosthesis fitted (if applicable)
7 Pain is adequately controlled
8 Can mark Redivac drain correctly
9 Patient is satisfied with discharge plans

Name of nurse discharging patient:

.................................................................

Signature:

.................................................................
University Hospitals of Leicester NHS Trust

ADVICE SHEET FOR:
Going Home with a Redivac Drain following Breast Surgery
Ward 23A Glenfield Hospital

The following information should be read prior to your discharge home. The nursing team will always discuss any queries you may have.

AT HOME
- Should there be a problem with your drain or you require advice, please contact the nursing team on Ward 23A at Glenfield Hospital at any time on:
  Leicester 0116 250 2490
  or
  Leicester 0300 303 1573 and as for bleep number (to be arranged)
- Please remember to monitor the amount of drainage in your drain every morning at 08.00 hours.
- If it has drained 50mls or less in the last 24 hours please contact the ward to arrange to come in to have your drain removed, or if it has been in for two/three days please contact the ward to arrange removal, regardless of the drainage volume.
- If the bottle is almost full, please contact the ward to arrange for the bottle to be changed.
- If the vacuum has come off the drain bottle, please contact the ward as it will need to be changed.
- If the drain falls out, **DO NOT PANIC**, simply place the pad provided over the small hole where it has come from, secure it with the tape and telephone the ward. Please do not dispose of the tubing or bottle; you will need to bring them with you to the ward.
- If your tubing becomes disconnected anywhere, **DO NOT PANIC**, place the pad provided over the tube coming from the operation area, secure it with tape and contact the ward for advice. You will need to bring the bottle and tubing with you when you return to the ward.
- If you have excess leakage from the area where the drain comes from **DO NOT PANIC**, cover it with the pad, secure with some tape and contact the ward.
- If you feel concerned with any redness, swelling, bruising, and/or pain you may have please contact the ward for advice.
Ward attender clinic

- Template devised for amount and length of appointments to fit in with ward daily activities.
- Four slots at most between 10am-12md.
- Dedicated clinic nurse for this time rostered on to off duty.
- Devised audit forms to record care given at the clinic and need for any extra emotional support was monitored. With referral to breast care nurse if required.
I was happy to be discharged next day but just needed reassuring before I left.

I was pleased at how quickly I could go home after my operation.

Was expecting to be in longer than 1 day, however when I got home I was fine.
Any questions?