Assessment of Patient Satisfaction after 12-hour Stay Robotic Prostatectomy

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INTRODUCTION

Robotic assisted laparoscopic prostatectomy (RALP) has become the gold standard surgical approach for men diagnosed with localised prostate cancer.

Key benefits of RALP:

- Minimise intra-operative blood loss
- Reduce hospitalisation time
- Decreasing surgery-associated morbidity

Conventionally, the expected discharge time for RALP patients is 24-hours from surgery with an overnight hospitalisation.
Day of surgery (DOS) discharge for RALP patients is a newly emerging concept that aims to discharge patients before 8pm on the same day as their surgery.

OBJECTIVES

Evaluate the patient acceptability and surgical feasibility of DOS-discharge after RALP.

METHODS

Retrospective data was collected from the patient satisfaction questionnaire and the Aneurin Bevan University Health Board Clinical Workstation for DOS-discharge patients between June 2015- October 2019.

The degree of feasibility and patient acceptance of DOS-discharge was measured using the parameters summarised in Table I. The acceptability variables were rated on a nominal scale and then dichotomised (satisfied or unsatisfied).

METHODS *(continued)*

Table I. The feasibility and acceptability parameters for DOS-discharge.

Acceptability Parameter	Feasibility Parameter
Pre-operative Education • Usefulness of pre-operative information • Helpfulness of Pre-assessment Clinic	**Pre-operative Cancer Status** • PSA level • Gleason Grade • Clinical Tumour Stage
Post-operative Well-being • Pain Score • Acceptable level of pain • Nausea and Vomiting	**Intra-operative** • Console Time • Blood Loss
Post-operative Advice • Oral Feeding and Drinking • Mobilisation	**Post-operative Oncological Outcome** • Positive Surgical Margin • Pathological Tumour Stage • 90 day PSA level
Discharge Information • Wound and Catheter Management • Willingness for discharge • Preference of recovery location • Usefulness of 24-hr follow-up phone call	**Post-operative Complication** • 30-day Complication • Clavien Dindo Score • 90-day Complication and Re-admission
Satisfaction of RALP • Correlation to initial expectations • Recommendation of RALP	

RESULTS

Patient Acceptability and Feasibility:

- 121 patients were DOS-discharge cases
- 88% DOS-discharge patient response rate
- Post-operative pain tolerance: 94% satisfaction
- Post-operative nausea and vomiting control: 99% satisfaction

RESULTS *(continued)*

Figure 1: Overall Patient Acceptability of DOS-discharge

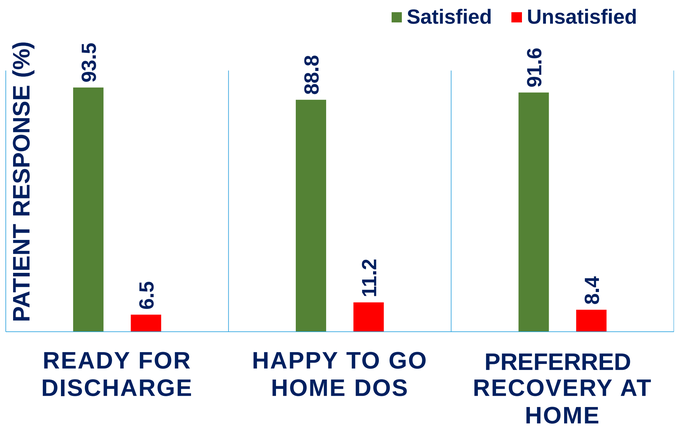

Table II. Feasibility outcomes for DOS-discharge RALP patients

Feasibility Parameter	Total
Console Time (mins); Median (range)	93 (61-210)
Blood Loss (mL): Mean (range)	150 (20-800)
Pathological Tumour Stage:	
pT2	83 (69%)
pT3a	31 (26%)
PT3b	7 (6%)
Surgical Margin:	
Positive	19 (16%)
Negative	102 (84%)
90-day Post-operative PSA level:	93%
Negligible (< 0.1ng/mL)	7%
Detectable (≥ 0.1 ng/mL)	
Overall Complication Rate 30 day	**12%**
Clavien Dindo I	2%
Clavien Dindo II	7%
Clavien Dindo IIIa	2%
Clavien Dindo IIIb	<1%

CONCLUSION

High level of patient satisfaction for DOS-discharge after RALP with equivalent surgical feasibility outcomes.

Key to success:

- Patient Education & Preparation
- Adherence to adapted enhanced recovery after surgery protocol
- Holistic support from Urology Team

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