

## Problem

- Gynecologic (GYN) surgery is routinely performed each day in the United States
- GYN surgery makes up a large fraction of all surgeries performed at an East Coast community hospital
- Surgery can cause major physiological disruptions
- Barriers to speedy recovery include inadequate pain control, delayed mobility, and postoperative nausea and vomiting (PONV)
- Anesthesia providers sought ways in which hospital length of stay and complications may be reduced in patients undergoing gynecologic surgery

## Purpose

- The purpose of the Doctor of Nursing Practice Project is to develop a set of postoperative interventions for enhanced recovery after gynecological surgery
- ERAS pathways were developed with the goal of preserving or expediting the return of normal physiologic function
- This CPG will aid providers in their decision making when providing postoperative care.

## Methods

**Setting:** East Coast Community Hospital

**Population:** The CPG is intended for use by anesthesia providers of the institution caring for adult GYN patients

**CPG creation procedures:**

- Literature review was conducted to determine current evidence-based interventions appropriate for the setting
- A CPG was then drafted and presented to the expert panel
- Feedback regarding the quality and usability of the CPG was obtained via the AGREE II tool. Both qualitative feedback and quantitative feedback via a seven-point Likert scale were received
- An updated draft incorporating recommendations from the AGREE II results was presented at an anesthesia department meeting
- Evaluation of the GYN ERAS CPG regarding its providers' attitudes towards the CPG was completed via the Practitioners' Feedback Questionnaire (PFQ).

## Results

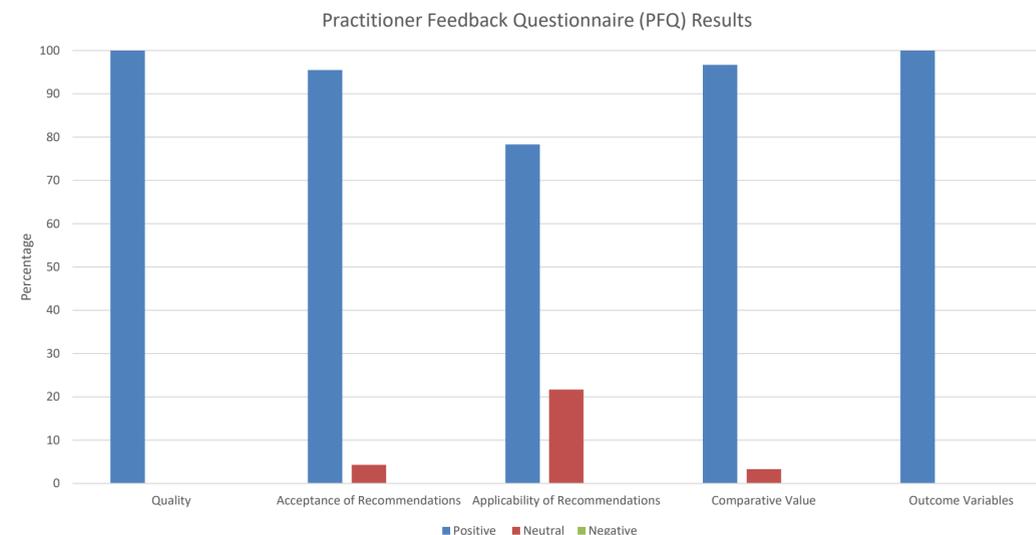
AGREE II Results	
Domain	Score (%)
Scope and Purpose	97.60
Stakeholder Involvement	100
Rigor of Development	89.3
Clarity of Presentation	94
Applicability	92.9
Editorial Independence	91.1

### AGREE II

- A total of Four AGREE II tools were completed by the team. The overall calculated domain score was 93.5% which reflects a high grade of quality, ease of use, and sustainability.
- Qualitative data received found the following overall themes: the literature review was strong, and the CPG is well organized, easy to understand, and adaptable to existing workflow.

### PFQ

- 15 anesthesia providers were present at the anesthesia department meeting at which the CPG was presented.
- A PFQ was completed and collected from 100% of providers in attendance
- The PFQ revealed positive attitudes towards its use and benefits for patients.



## Discussion

- The use of a CPG is a low risk intervention that is both easy to use and cost effective (Johnson et al., 2019)
- Anesthesia providers are accustomed to providing care in a systematic and protocol driven manner. This facilitated the quick stakeholder acceptance of this CPG
- PFQ Results showed approval of the CPG and positive attitudes towards its quality, utility, and adoptability.
  - These results are consistent with successful translation of evidence into practice and sustainability
- Limitations:
  - The scope of this DNP project was limited to the creation and approval of a GYN ERAS CPG
  - The CPG is limited to the care of GYN patients

## Conclusions

- Enhanced recovery after surgery guided care facilitate the recovery of surgical patients. These interventions may help decrease hospital length of stay, cost, and complications (Nelson, Kalogera & Dowdy, 2014)
- This GYN ERAS CPG was created to guide anesthesia providers in the provision of evidence-based care.
- The favorable results of the AGREE II Tool and PFQ surveys reflect the high quality of the CPG and positive attitudes of providers towards its use
- Next steps involve the implementation of CPG and possible extension of ERAS CPGs for other specialties

## Bibliography

Johnson, K., Razo, S., Smith, J., Cain, A., & Soper, K. (2019). Optimize patient outcomes among females undergoing gynecological surgery: A randomized controlled trial. *Applied Nursing Research: ANR*, 45, 39–44. <https://doi.org/10.1016/j.apnr.2018.12.005>

Nelson, G., Kalogera, E., & Dowdy, S. C. (2014). Enhanced recovery pathways in gynecologic oncology. *Gynecologic Oncology*, 135(3), 586–594. <https://doi.org/10.1016/j.ygyno.2014.10.006>

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