

Nationellt kliniskt kunskapsstöd/NAG,

Optimering av sköra äldre inför akut bukkirurgi laparotomi och laparaskopi

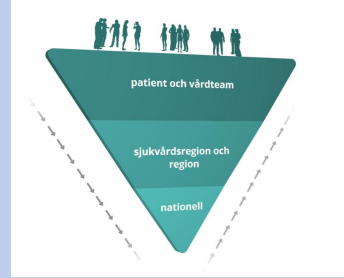
Jonas Leo

Ordförande NAG Akut laparotomi/laparoskopi på äldre och sköra

Flödesägare akuta laparotomiflödet, Kirurg & Onkologkliniken Capio S:t Görans Sjukhus



NPO projekt/NAG



Nationellt kliniskt kunskapsstöd Optimering av sköra äldre inför akut bukkirurgi laparotomi och laparoskopi



”Vägen till professionalism”



ORIGINAL SCIENTIFIC REPORT



SCIENTIFIC REVIEW



SCIENTIFIC REVIEW

Enhanced Recovery After Guidelines for Emergency Aspects and General Cons of the Emergency Laparo



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Säker Bukkirurgi
Behandlingsrekommendationer för den sköra äldre patienten vid akut
laparotomi

Uppdaterad: 2022-08-23
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Behandlingsrekommendationer för den sköra äldre patienten vid akut laparotomi

Ett projekt på initiativ av Svensk Förening för Akutkirurgi och Traumatologi och LÖF (2019)

WELKOMNANDE GENOM INBÖRDEN MEDDELANDE

Geriatriskt Forum Nov 2

Kommunikativ fokusfråga 2025-2026

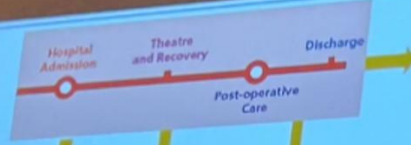
- "Det finns starka medicinska och etiska skäl för att kämpa för förbättringar av äldres vård. Och det finns lösningar på några grundproblem på området" (SLS SVD debatt 7 april 2024)
- I Sverige finns cirka 550 000 invånare som är 80 år eller äldre. Inom tio år är antalet 800 000.
- Typiska patienter som i dag vårdas på sjukhus är omkring 75 år gamla, har fem-sex kroniska diagnoser och många läkemedel.

"Vården av äldre måste bli bättre"



Det finns starka medicinska och etiska skäl för att kämpa för förbättringar av äldres vård. Och det finns lösningar på några grundproblem på området, skriver företrädare Svenska Läkarsällskapet.

...so that postoperative care delivers better outcomes



Continuity of postop care

- Medical management
- Rehabilitation
- Discharge planning
 - POC, ICT, care home
- Communication
 - Patient
 - Family/carers
 - Primary/community care

Mechanisms

- POPS Letter
- Nursing handover
- Surgical handover
- Joint ward rounds
- MDTMs
- Physical presence

Implementation needs money; no golden goose but we can reallocate money...

Preoperative

- Reduced out patient referrals
- Improved shared decision making (less surgery?)
- Better use of workforce – reduced need for parallel services
- Reduced late cancellations
- Increased appropriate day surgery

Inpatient

- Improved quality, reduced medical complications
- Reduced need for level 2/3
- Reduced need for on call review
- Reduced LOS
- Better use of community services

Post discharge

- Reduced readmissions across the hospital
- Reduced postoperative referrals to surgery and medicine
- Reduced long term complications
- Better recovery/rehabilitation



Geriatriker skall tidigt engageras enligt ERAS Guidelines och LÖFs behandlingsrekommendationer

- * Geriatriker och ASIH i akutsjukvården, hur fungerar det i landet idag ?
- * Strukturerad Geriatrisk Bedömning (CGA) och skörhetsuppföljning
- * POD + fallrisk fokus för patienter med skörhet ≥ 5 + POD risk $>20\%$
- * 4 AT (Delirium checklista)
- * POPS i Sverige? (Perioperative medicine for Older People Undergoing Surgery)

"The pathway to professionalism"

The patient pathway before, during, and after emergency bowel surgery

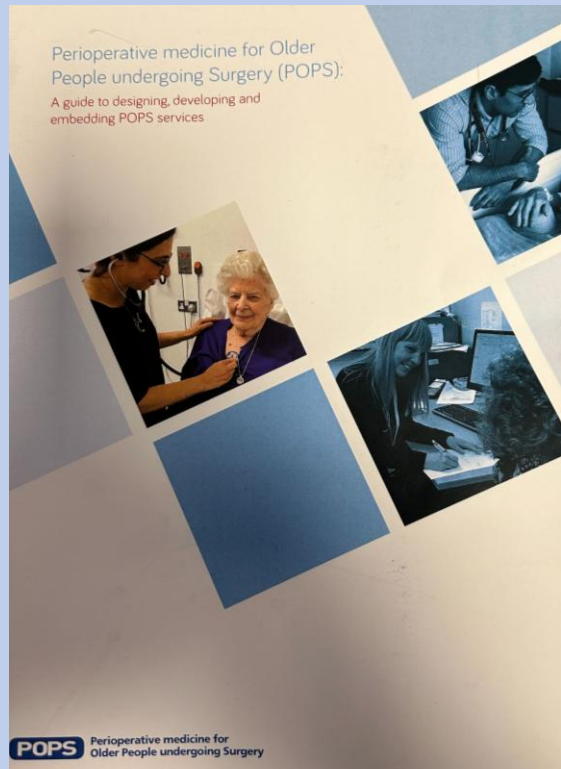


Perioperative medicine for Older
People undergoing Surgery (POPS):
A guide to designing, developing and
embedding POPS services

Besök v 9 på sjukhusen Guy`s och StThomas i London

Perioperative medicin for Older people having Surgery (POPS)

MISERATIONE NON MERCEDE



POPS Perioperative medicine for
Older People undergoing Surgery



With the dissolution of the
monasteries by order of King
Henry VIII, St Thomas
Hospital was closed as it was
still under the management of
the (Catholic) Priory of St Mary
Overie.



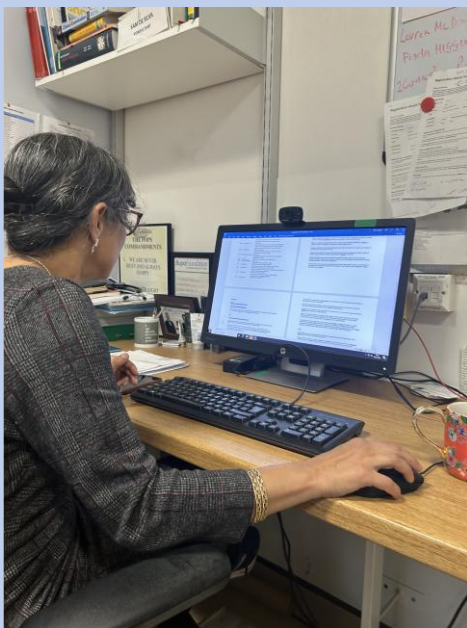
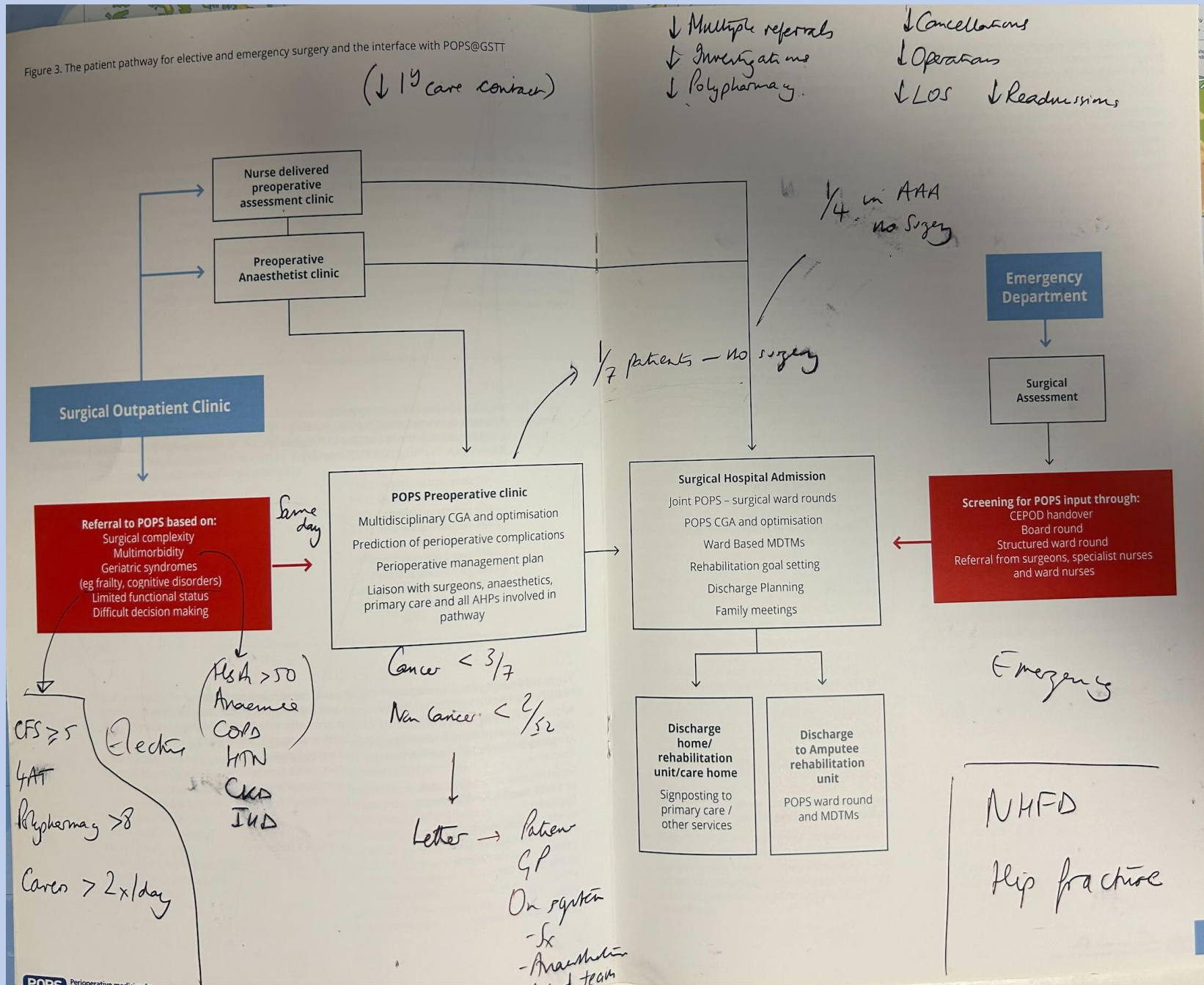


Figure 3. The patient pathway for elective and emergency surgery and the interface with POPS@GSTT



Guy's and St Thomas' NHS Foundation Trust

OLDER PERSONS ASSESSMENT UNIT

Guy's Hospital

Welcome to the older persons assessment unit (OPAU) formerly known, as the Elderly Care Day Hospital. OPAU is a specialised unit for 60 years of age and above. However, we also see patients below 60 with complex health conditions that may require holistic care in managing one's well-being and independence. We are located on the ground floor of Bermondsey Wing, Orange zone.

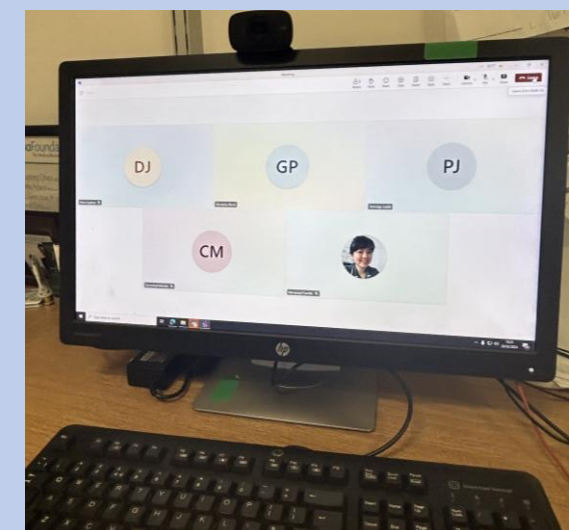
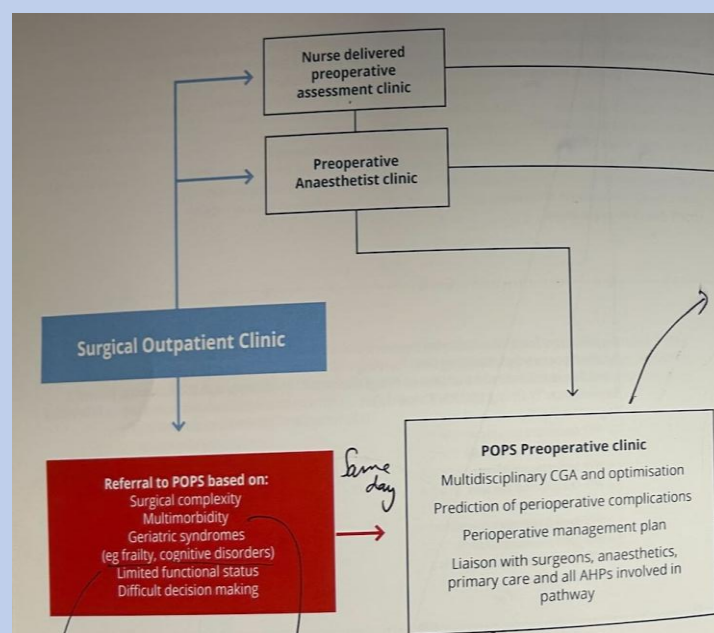
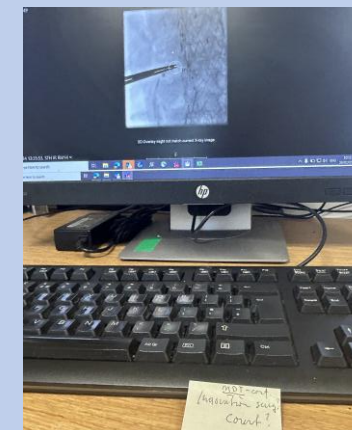
The unit is a hub of specialist clinicians and hold a variety of clinics like the: TILT and EEG, Mindfulness, Falls, Falls Bone Health, Bladder and Bowel, Heart Failure, Memory, Parkinsons Disease, Comprehensive Geriatric Assessment (CGA), Perioperative Medicine for Older People undergoing Surgery (POPS), Geriatric Oncology and Liaison Development (GOLD), Strength and balance class or 1:1 Physiotherapy, Specialist Occupational therapy consultation. We accept referrals via primary and tertiary care.

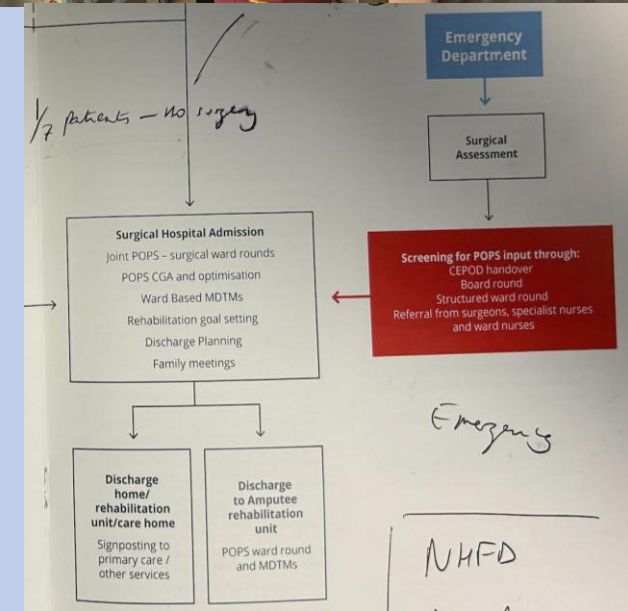
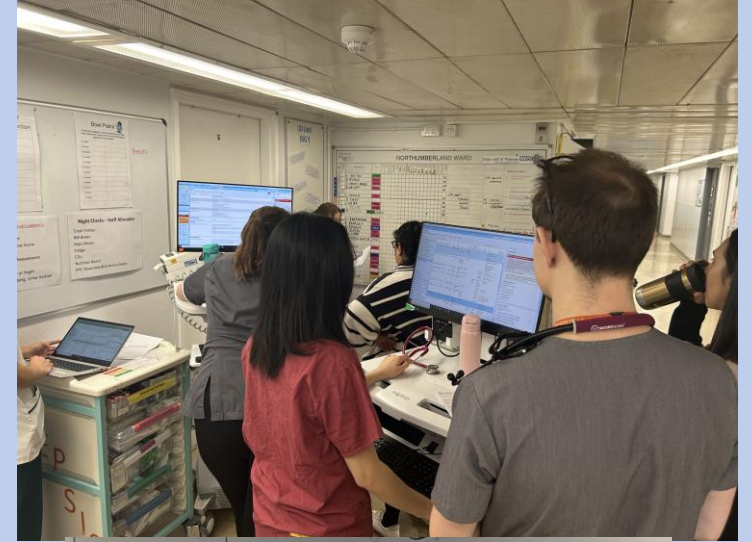
Also, we provide support to GPs via our telephone advice (TALK) service.

The front line of the OPAU service is the nursing team. The nursing team delivers a systematic approach in triaging referrals, assessment and treatments. The nursing team works closely with the medical doctors, nurse specialists and the therapists giving you a multidisciplinary approach in your care and treatment.

The department is also a centre of learning. It supports and works closely with junior medical doctors, nursing students and other student allied health professionals.

Lastly, OPAU offers treatments and diagnostic tests like the application of 24-hour ECG monitor, 24-hour blood pressure (BP) monitor, Spirometry, blood transfusions, Iron infusions, Bone health treatments and blood tests.





More doesn't
always mean
better

Helping you and
your doctor make
the right decisions
about your care

Choosing Wisely UK is part of
a global initiative aimed at
improving conversations
between patients and their
clinicians and nurses.
By having discussions that are
informed by healthcare
professionals, but take into
account what's important to

Make the most of your appointment

It can be a bit daunting having an appointment – but
asking your healthcare professional the four **BRAN**
questions can help you make the right choice for you.



Benefits

What are the Benefits?



Risks

What are the Risks?



Alternatives

What are the Alternatives?



Nothing

What if I do Nothing?

MEDICINE - GENERAL - Production - MAGDA S.

ASI... LEWIS... Patient Lookup Encounter Patient Station More

Chart Review Synopsis Assessments Advance Ca... Charting Investigations Procedures Conclusion Notes Re...

Notes Report

functional decline from surgery. After shared decision making with Lewis is happy to undertake a watch and wait approach. We would re-consider and reassess him for intervention if he has further symptoms or recurrence of biliary sepsis.

Shared decision making documentation		
	Discussed	Notes
Benefits of the procedure	☒	To reduce the risk of further episodes of cholecystitis
Risks of the procedure	☒	Surgical risk – discussed by surgical team. Medical risk – see below Functional risk - if develops medical and/or surgical complications.
Alternatives to surgery	☒	Watch and wait approach
What will happen if we do <i>nothing</i>?	☒	Chance of recurrence of biliary infection/sepsis

For more information and resources regarding shared decision making, visit www.choosingwisely.co.uk

Plan:
1. Watch and wait approach post cholecystitis

ADD ORDER + ADD DX (0)

Elderly Medicine Com...

- Iv Co-amox
- Update son

Last updated: 4 months ago by SAKEER, Arshia

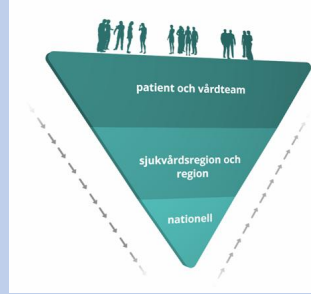
POPS MDM

01:04:08

Grethe Jennifer

SDM enligt B*R*A*N-metodik

1/7 i elektiva GI-flödet ej op
1/4 i elektiva BAA (endovsk/öppen) ej op



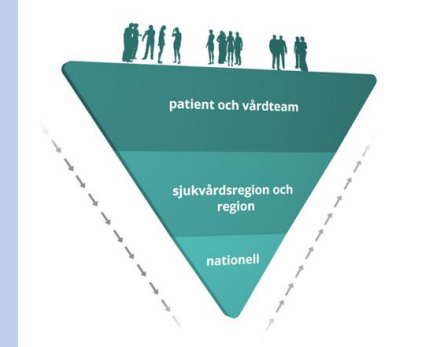
Samverkan och nya arbetssätt?



Svenska
Läkaresällskapet



”The pathway to professionalism”



Tack!

Frågor