

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/key-factors-for-cancer-surgery-prehabilitation-multidisciplinary-care/15076/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Key Factors for Cancer Surgery: Prehabilitation & Multidisciplinary Care

Announcer:

You're listening to Project Oncology on ReachMD. On this episode, we'll hear from Lisa Parks, an inpatient nurse practitioner of hepatobiliary surgery at the James Cancer Hospital and Solove Research Institute in the Division of Surgical Oncology at the Ohio State University Wexner Medical Center in Columbus, Ohio. Miss Parks will take a look at factors such as prehabilitation and team structures in managing patients with cancer undergoing surgery. Let's hear from her now.

Ms Parks:

So, what goes into our preoperative assessment? First, a comprehensive history and physical: as discussed earlier, the patient's use of tobacco, alcohol and other illicit substances; medication use, which includes prescribed medications as well as herbal and dietary supplements; asking the patient about their exercise tolerance, a lot of times surgeons will ask if they can climb flights of stairs without becoming severely short of breath; assessing their cardiac risk, there are numerous tools that can be utilized to assess the cardiac risk; asking the patient if they have had previous reactions to anesthesia or anything else during previous surgeries; a pulmonary risk assessment, especially for those patients with asthma, COPD or smokers; anybody with endocrine disorders like diabetes, hypothyroidism, etc. There are specific geriatric assessment tools, that are validated, and those assess cognition, delirium risk, and frailty, and also an obesity assessment because we know those patients with obesity tend to have poor pulmonary function related to the obesity. All of these assessment, outcomes are then evaluated by the provider, and if further workup is required, for instance, sending someone for cardiology clearance or pulmonary clearance or even to an endocrinologist for diabetes optimization, that can all be done in the preoperative period.

A team approach is essential in the care of the surgical patient. Key players include the surgical oncologist or the surgeon, advanced practice providers, dietitians, social workers, physical and occupational therapists, surgical oncology nurses and pharmacists. To address the patient's needs during the perioperative process, all members are important to provide the best surgical outcome.

Prehabilitation counseling begins in the preoperative period after the initial assessment has been completed. As you can tell from all of the various assessments that we do, each patient's prehabilitation plan is individualized to their needs. Prehabilitation should be a component of any enhanced recovery after surgery, or ERAS. The objective of ERAS is to optimize the management of the perioperative period, reduce the surgical stress response, and accelerate recovery. The incorporation of perioperative ERAS strategies into clinical practice has been shown to minimize the inflammatory response to surgery, potentially affecting tumoral spread.

Announcer:

You've been listening to Project Oncology on ReachMD. To access this and other episodes in our series, visit ReachMD.com/ProjectOncology, where you can Be Part of the Knowledge. Thanks for listening!