

A new multi-specialty clinic for patients undergoing surgery for advanced pelvic malignancy

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Introduction

The impact of the COVID-19 pandemic on complex colorectal surgical practice has been widespread. During this difficult time we have taken the opportunity to review ways of working to streamline services within the Trust, whilst improving services and ensuring excellent patient-centred care.

We reviewed a cohort of patients having undergone Total Pelvic Exenteration for locally advanced and recurrent rectal cancer who had visited The Christie several times for separate appointments. This pathway has been somewhat fragmented at times, as patients could visit The Christie on several separate occasions before undergoing surgery. During the pandemic was the ideal time to evaluate the current service. Patients who require pelvic exenteration have complex and multi-faceted needs. The nature of the surgery is complex, major, and life-changing with significant effects on the patient both physically and psychologically.

Aims

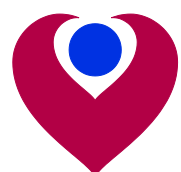
The aims of the multi-specialty pelvic clinic are to:

- Reduce the number of hospital attendances for patients in the pre-operative workup for complex pelvic surgery
- Streamline pre-operative processes to facilitate scheduling
- Improve patient experience
- Save costs from reduced clinic appointments and transport

Methods

We undertook the following steps in anticipation of the introduction of this service:

- Mapped out the current pathway retrospectively from 20 randomly selected patients
- Invited 10 patients to be involved in a Zoom focus group.
- Zoom focus group with two facilitators transcribed
- Thematic analysis following methodology from Braune and Clarke (2006).
- Presented themes to a multi-disciplinary steering group and planned the clinic for an agreed 6 month pilot
- After each MVC appointment patients were given a satisfaction questionnaire to evaluate their experience.



Conclusion

We have successfully trialled and implemented a “one-stop” multi-specialty clinic for patients undergoing complex pelvic surgery at The Christie. This has tangible benefits of reducing overall hospital attendance for patients during the pre-operative workup and has improved patient experience. This has now been implemented beyond the pilot and continues to form an important aspect of our service. We are currently reviewing how the clinic can be utilised to further streamline scheduling of surgery and patient follow-up.

Results

Ten patients attended the clinic during the pilot phase, and the total number of patients attended is now **greater than 20**. The thematic analysis, pathways, details of the clinic and feedback are presented below.



Figure 1 – Results of the thematic analysis following the focus group

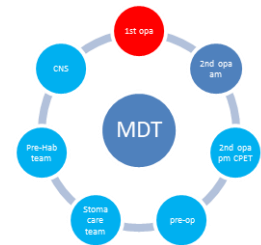


Figure 2 – Our patient pathway has changed from multiple pre-operative visits to 2



The Clinic

- Surgical teams
- Pre-op nurse
- Anaesthetist
- CPEX
- Stoma team
- Physio
- ERAS team
- Dietician
- Biobank
- Research
- Psych-oncology

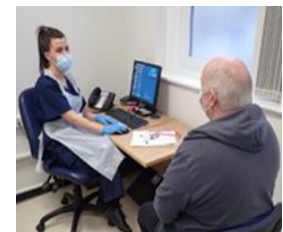


Figure 3 – The multi-specialty clinic: Patients see surgical teams jointly in the morning, followed by anaesthetic assessment and CPEX and then are seen by other members of the MDT

How useful was the information leaflet	8.1
How beneficial was the morning part of the clinic	8.9
How well informed do you feel about your upcoming operation	9.4
How satisfied were you with the clinic appointment	9.4
How would you rate your overall experience today	9.0

Figure 4 – Feedback on the clinic following the first ten patients in the pilot (Likert scale 0 [not at all] – 10 [extremely])



Figure 5 - Word cloud of patient feedback following attendance at the clinic