WHAT IS THE ROLE OF OCCUPATIONAL THERAPY IN AN ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOL?

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Objectives:
ERAS has prompted changes to practice across the surgical, anaesthetic and nursing professions that have minimised the surgical stress response and reduced length of hospital stay. The next goal for ERAS teams is to return patients to normal function as quickly as possible following discharge. Occupational therapists support patients to recover and overcome any barriers that prevent them from doing activities (occupations) that matter to them. This study examines the current role of occupational therapy (OT) in ERAS.

Methods:
A broad literature search was conducted on 26th January 2016 as described in Table 1.

Results:

| (MM "Occupational Therapy") OR (MM "Activities of Daily Living") OR (MM "Self-Help Devices") OR occupational therap* OR activities of daily living OR self care OR assistive devices OR assistive technology AND "enhanc* recover*" OR "fast track" OR "ERAS" OR "rapid surgery" OR "accelerated surgery" OR "rapid recovery" OR "accelerated recovery" |

Peer-reviewed, English language abstracts, published after 2000, were searched in the ScienceDirect, MEDLINE, CINAHL, and Cochrane databases.

68 peer reviewed abstracts, in English, from 2000, were identified. This reduced to 17 once the abstracts had been filtered for duplicates and relevancy, and reduced to 4 once the full papers had been studied. The 4 remaining papers comprised a cohort study with some OT input described, but no OT specific outcome (Dawson-Bowling et al, 2014); and 3 comparative cohort studies (Husted et al, 2011; Pape et al, 2013; Petersen et al, 2008), 2 describing some OT input but no OT specific outcome, and 1 with an OT outcome, but little description of input.

Conclusion:
There is very little research describing the explicit role of OT in ERAS even though OT’s routinely work within surgical MDTs. The skills of an OT would appear to be very useful in helping to accelerate return to full function post discharge. Further work is needed to evaluate whether OT input can help accelerate return to normal activities of daily living.

References:
Dawson-Bowling et al 2014 Hip Int 24 (2) 167-174
Husted et al 2011 JBJS Br 93 (3) 351-356
Pape et al 2013 J Interprof Care 27 (6) 496-500
Petersen et al 2008 Acta Ortho 79 (2) 160-167

Disclosure of Interest: None Declared