

ERAS 2016 – Abstract Submission

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PATIENT REPORTED IMPORTANCE OF OCCUPATIONAL THERAPY IN A HIP AND KNEE REPLACEMENT ERAS PROTOCOL

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Presentation Preference: Oral or Poster

Objectives: In the United Kingdom (UK), occupational therapy (OT) is a routine component of care pathways for total hip and knee replacement. Due to the multi-modal nature of ERAS, understanding the relative importance of different component steps is difficult. Therefore, this study sought the patient's perspective on the importance of OT input within an ERAS protocol.

Methods: The hospital had an established ERAS protocol. OT input consisted of education and advice, and training in activities of daily living (ADL) with provision of assistive equipment, which included devices such as long handled shoe horn, helping hand, sock aid, raised toilet seat, leg lifters and dressing aids.

Two weeks following discharge, patients who had undergone total hip replacement (anterior and posterior) and total knee replacement, and had been provided with assistive equipment by OTs, were called by telephone and asked:

- Q1. Was the education and advice given by OTs useful?
- Q2. Are you still using the equipment provided by OTs?
- Q3. Has the equipment enhanced your ability to carry out activities of daily living?
- Q4. How useful was the equipment in getting an early discharge?

Results: Responses were collected from 114 patients. Table 1 shows the results.

Table 1: Percentage responses to questions Q1 – Q4

Procedure	Response	Q1. Was education and advice provided by OT team useful? %	Q2. Are you still using the equipment provided? %	Q3. Has the equipment enhanced your ability to undertake ADLs? %	Q4. How useful was the equipment in achieving earlier discharge? %
Posterior THR n=33	Yes	97	97	97	94 – extremely 3 - partly
	No	0	0	0	0
	Missing	3	3	3	3
Anterior THR n=29	Yes	97	90	97	86 – extremely 10 - partly
	No	0	7	0	0
	Missing	3	3	3	3
TKR n=52	Yes	100	87	96	92 – extremely 4 - partly
	No	0	14	4	2
	Missing	0	0	0	1

Conclusion: From a patient's perspective, OT education and advice are important in achieving discharge criteria. Interestingly, the results also show that independent functional ability continues to be compromised two weeks following discharge because patients are still using their equipment. This highlights the importance of equipment provision, but also

an opportunity for future improvement to ERAS protocols so that patients are fully independent (with no equipment) 2 weeks following discharge.

Disclosure of Interest: None Declared