

5<sup>th</sup> ERAS UK Conference 2015

Speaker: Jan Jones

Chairs: Mike Scott, Prof. Ken Fearon

Questions following abstract 15003

Chair: Great idea, brilliant, straight forward, silly question, on the ward it's not so much about locking them away for tradition, its more about safety, how did you overcome that?

Jan: Part of our protocol we were allow to have medication that you can buy over the counter yourself (that you could have among your belongings or within your own handbag). This is kept at the patient's bedside, with our protocol at the hospital they did not need to be locked away. So that's how we overcome it. It's just kept in a lunchbox inside the patient's locker.

Chair: Thank you, any other questions, Ken or Mike.

Mike: What do you use if they couldn't take ibuprofen?

Jan: Of course, if our patients are contraindicative for taking ibuprofen whether it was for asthma, age, kidney problems they would just be administered the paracetamol and then we would prescribe tramadol and that would be dispensed or they would have ora-morph

Ken: Could you tell us what the size of the cohort that you tried this out on was it 20 patients, 100 patients, that kind of thing. And given your experience and you say that you have embedded this in your pathway now, have you got any experience of talking to other colleges and have they shown interest in trying to introduce this into they're hospitals?

I'm interested in how management would view this change really, is it just because you have a particularly flexible hospital to allow this kind of thing to happen. I'm interested in that kind of comment and finally when you identify that may be 10% of patients are not happy about this how you are managing that in your current programme. How do you find out the patients that don't want to do it?

Jan: Okay, so the first question, it was initially on 30 patients so a very small cohort, of patients. Spreading this out to other areas and other hospitals we have gone to other hospitals and have taken a training programme to them, and as you said not all pharmacists or hospital protocols will allow you to do this.

With the 10% that don't want to be involved this is established at pre-op assessment. If the patient is quite concerned about taking on this responsibility then they don't have to do it. It's something we want to allow them to embrace and to be encouraged to do it if they felt happy to. But it is certainly not that you have to do it.

Chair: Fantastic Jan, thank you very much for your information.