Specialist Care in an Adolescent Unit or Age Appropriate Care in a Specialist Unit?

A surgeon’s perspective
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What is important for adolescent surgical patients?

• The highest quality care…?
  – …Surgical
  – …Nursing
  – …from other healthcare professionals?

• Inpatient environment?
  – An adolescent inpatient unit that focuses on age/development-specific psychosocial needs?
  – A specialist unit that takes into account adolescent issues?
What is important for adolescent surgical patients?

• Changes in current practice…
  – …move towards shorter hospital stays
  – …increasingly complex nature of inpatient care
  – …breadth of specialist practice means that no-one can be an expert at everything!

• Cards on the table…
  – …RHSC general surgeons prefer to care for patients in an age-appropriate way in specialist wards
Let’s look at a typical patient…

Jamie (15)
- Ulcerative colitis
- Medical management for 6 years
- Now not controlled
- Needs a subtotal colectomy and ileostomy
- Needs some persuasion about the need for surgery
  - needs to feel in control of the decisions to be made
Pre-operation…

Afternoon before surgery (Sunday)

• Admitted to surgical ward
• Allocated single room with toilet
• Bowel preparation
  – 1 sachet of Picolax
• Seen by anaesthetic team
Day of surgery (Monday)

• Final chat by me
  – Including risk to sexual function

• Review/take consent
  – Already aware of details of operation
  – Reminded that he will feel lousy after surgery

• Marked for stoma by nurse specialist
Anaesthesia

- General Anaesthetic
- Epidural for post-op pain relief
- Urinary catheter
- Nasogastric tube
- IV lines (CVL or arterial line?)
Operation

• Subtotal colectomy with preservation of the rectal stump (3.5 hours in theatre)
• Formation of ileostomy
Post-operation

- Transferred to High Dependency Unit
- Comfortable first night
- Next morning (day 3)
  - Feeling lousy (I was right!)
  - NG tube irritating
  - Does not like catheter
  - Sees stoma for the first time…
Day 4 (Wednesday)

• Kept in HDU
  – Fluid balance problems
  – High NG losses
  – Low urine output
  – Nauseated

• Seen by Stoma Nursing team
  – Work to overcome issues with stoma
Day 5 (Thursday)

• Transferred back to surgical ward
  – In 4 bed bay (with kids of all ages)
  – NG tube comes out
  – Starts drinking
  – Stoma starts to work (bag leaks)
  – Epidural comes out
  – Catheter comes out 6 hours later (whew!)
Day 6 (Friday)

- Into single room
- Starts eating
- Starts to get to grips with stoma care issues
- Mobilising
Day 7 (Saturday)

- Good day
- Dietary intake increasing
- Restarts oral medication (steroids etc)
- Getting better with stoma
Day 8 (Sunday)

• Gets home…
Issues

• Adolescents struggle with the need for major mutilating surgery of this sort
• Stoma is a **major** issue
• Want to keep catheter, tubes and stoma from other patients, especially their peers
• Initially, so unwell that they don’t really care where they are looked after
• Later, single room with toilet is important
Of total 7/8 day stay…

Could have care in non-specialist adolescent unit…
  – Pre-operation (half a day)
  – And perhaps day 7/8
    • although privacy is more important to most

Issues of complex surgical care, lines, tubes, epidural, stoma…
  – Better cared for in specialist surgical environment
...and not just for Colectomy

- Complex tumour surgery
- Complex urinary tract surgery
- Major orthopaedic surgery
- Cardiac surgery
- ENT surgery
- Plastic surgery and others…

- Does not seem sensible to have all of these conditions cared for on one clinical area