

Occupational Therapy & Pelvic Exenteration: How do we shape up?

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Custodians of the
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walk, and pay our
respects to Elders
past, present
and emerging.**

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Background

Pelvic exenteration surgery is a complex surgical procedure performed on individuals with advanced primary or recurrent pelvic malignancy (PelvEx Collaborative, 2022). It involves the complete or partial removal of multi visceral pelvic structures with the goal of establishing clear margins for curative or palliative treatment (Steffens et al., 2018).

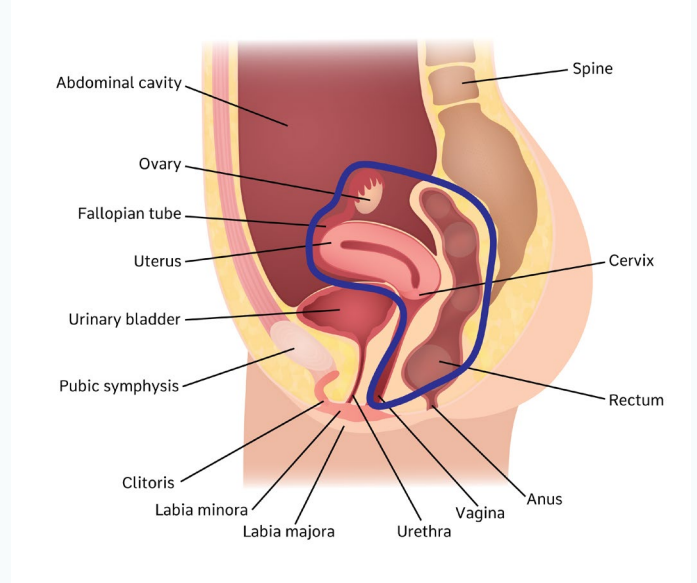


Figure 1: Posterior pelvic exenteration

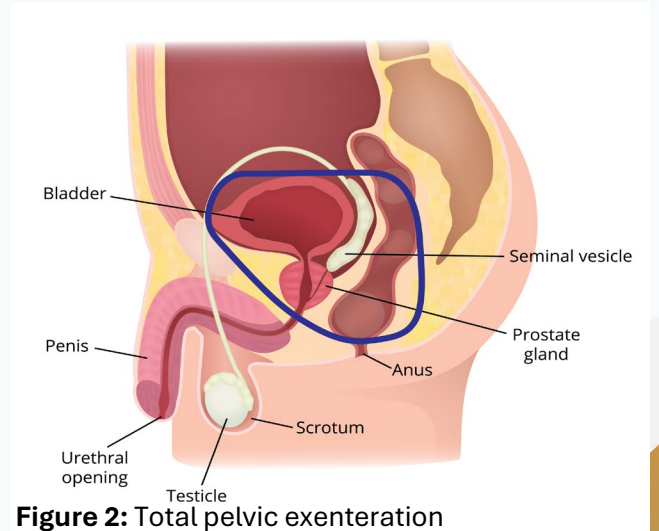


Figure 2: Total pelvic exenteration



Patient Journey at RBWH





Aims

1

Map current OT interventions at RBWH for pelvic exenteration (PE) patients

2

Understand RBWH OT confidence and knowledge when working with PE patients

3

Map current available literature regarding OT role

4

Understand what the OT role is at interstate services

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Audit Tool

- Ethics waiver obtained from Metro North Human Research Ethics Committee, audit submitted for review
- Audit developed by 2 x clinicians with experience working in the general surgery caseload
- Consideration of demographic and clinical information that was going to be collected and use

General Information
Age (at time of surgery)
Sex
Type of surgery
Number of surgeries (related to PE)
ICU stay (yes/no)
ICU length of stay (no. of days)
Total length of stay (no. of days)
At what day in the admission was the patient first seen by an OT?
How many occasions of OT service were there throughout the admission?
ICU Environment
Did the patient sustain any pressure injuries in ICU that remained when they were moved to the surgical ward?
If the patient had an ICU stay, were they seen by an OT in ICU?
If seen by an OT in ICU, what was the purpose of the review?
Pressure Injury Prevention & Positioning
Did the surgical team provide post operative positioning orders?
Did the occupational therapist identify any pressure injury risks?



Method

- Patient URN's provided by the pelvic exenteration clinical nurse consultant for patients who were considered for the procedure between 2018 and 2022.
- 169 patients listed for PE between 2018 and 2022, 80 proceeded to pelvic exenteration surgery.
- All 80 reviewed by 1st reviewer and 10% (8 x patients) reviewed by second reviewer.



RBWH Demographics

Age range: 30-77

Average age: 54

56% male 44% female

Average 4 surgeries during PE admission

100% admitted to ICU post operation

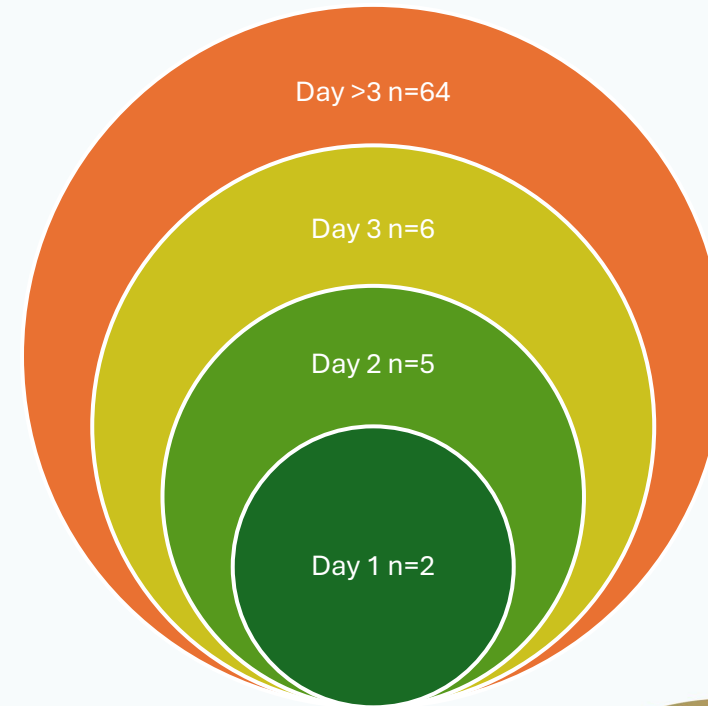
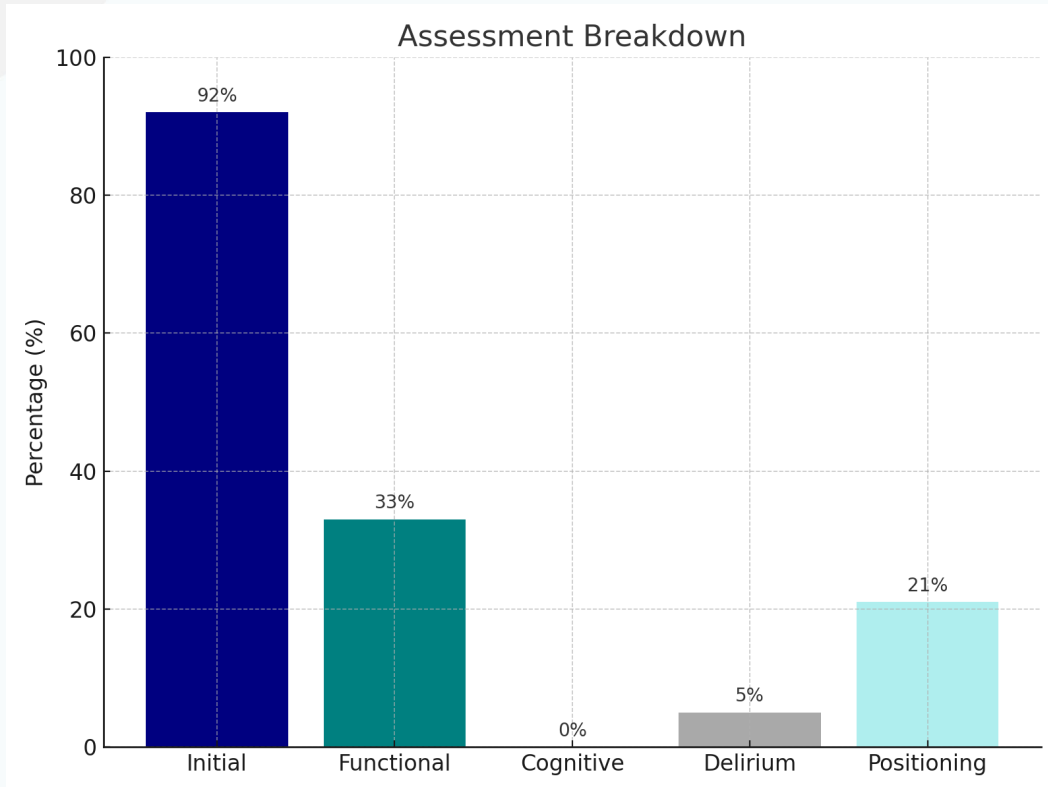
Average length of stay in ICU 4 x days

Median Length of Stay: 31 days

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Key Findings



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How do we compare?



- No specific literature exists to guide OT role
- MDT models of care are suggested to improve patient outcomes
- Consideration as to whether Day 1 is the most appropriate time for OT review
- OT role does not appear to be any more established at other PE hospitals

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Conclusion



A review and update of clinical prioritization is required.



Further research would help better understand what the OT role could be.



References

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