

DECREASING DISCOMFORT FOR BREAST SENTINEL NODE PATIENTS

Sheryl Robertson, BSN, RN, CAPA

Susan Streit, BSN, RN; Carlos Vieira, MD, FACS; Ralph Wischmeyer, MD; Miranda Roark, DNP, RN, NPD-C
Columbus Regional Health, Columbus, Indiana

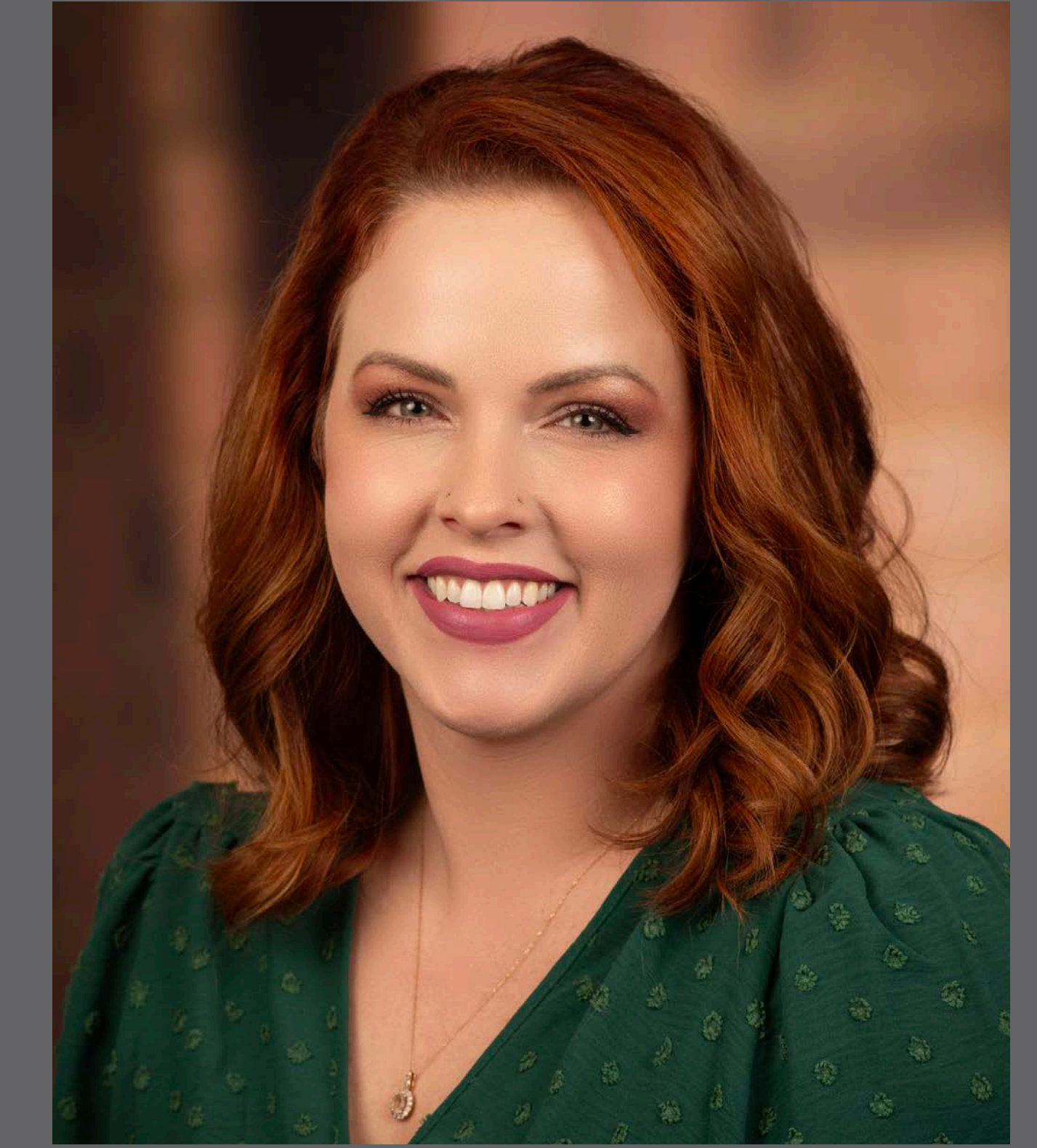


BACKGROUND

- Patients reported in postoperative visits that they received great care and had a great experience with the exception of the Sentinel Node injection prior to the procedure.
- Patients were reporting significant pain with the injections and described the pain as “horrible” and the “worst part of the whole experience.”
- Surgeon initiated a collaboration with the entire team-- Post Anesthesia Care Unit (PACU), Anesthesia, and Outpatient Surgery (OPS) staff, to come up with a process for addressing this major discomfort.
- Dr. Vieira had trialed Lidocaine patches, patient applied the day of surgery, and even trialed application 24 hours prior to surgery time.
- Lidocaine patches often unavailable from pharmacy.
- Lidocaine patches cost prohibitive for some patients.
- Day of procedure time routinely exceeded six hours.
- Columbus Regional Health Radiology department had already transitioned six months prior for their staff to inject patients in the Outpatient Surgery patient room.

METHODS

- Surgeon agreed all Sentinel Node injections could be done without imaging.
- Collaboration with stakeholders resulted in a planned trial with patients receiving monitored anesthesia care for the Sentinel Node injection.
- Sentinel Node injection scheduled 90 minutes prior to scheduled surgery time.
- Patient was asked to arrive one hour prior to scheduled Sentinel Node injection time.
- Surgeon communicates with the patient/family/significant others in the Outpatient Surgery area before being transported to PACU.
- Patient taken to PACU for Sentinel Node injection (done one hour after arrival to OPS). OPS nurse gives bedside hand off to attending PACU nurse. OR lead is at patient bedside and confirms correct patient and procedure prior to the sedation. Patient monitored for sedated procedure.
- Nuclear Medicine and Anesthesiologist at PACU bedside for injection.
- Patient monitored appropriately in PACU until surgery. Bedside hand off given to the OR nurse.



RESULTS

- All patients in the trial had no recollection of having the Sentinel Node injection.
- Patients all reported in follow-up visits that they had no pain or discomfort for the injection.

CONCLUSIONS

- After the successful trial, surgeon and the care team requested this practice become Standard of Care for the Breast Sentinel Node Cases.
- This practice was adopted by the team as the standard of care and has been in place for nine months.

IMPLICATIONS FOR FUTURE PRACTICE

- Results of trial were shared with other general surgeons at Columbus Regional Health and this has become the standard of care for them as well.
- Results have possible implications for implementation on a larger scale.
- A substantial part of perianesthesia nursing practice is decreasing discomfort for patients post-operatively. This process change also helped a select population decrease their discomfort from a necessary pre-surgical procedure that was previously causing significant discomfort for patients.

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- Outpatient Surgery Staff
- Pre-Admission Testing Staff
- CRH Breast Center Staff



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