Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

These included: pain score, postoperative nausea and vomiting (PONV), pruritus, oral opioid use, anti-emetic use, chlorphenamine use, time spent in recovery, and occurrence of urinary retention. Pain score, nausea and vomiting, and pruritus were recorded using a verbal rating scale (VRS).

Results: The majority (56.5%) of patients reported only mild pain, 37% reported moderate to severe pain, but of these most (94.7%) only required 20–40 mg of oral morphine in addition to simple analgesia. In addition, the majority (58.7%) of patients reported no PONV. Meanwhile, 45.7% of patients reported mild pruritus, and 43.5% reported no pruritus. Only three of the 50 women did not follow the enhanced recovery pathway. Two remained as inpatients for monitoring after obstetric haemorrhage, and one for intravenous antibiotics. There was no reported respiratory depression. Time spent in recovery was between 1 and 4 h. Although the reason for prolonged recovery stay was not audited, it was thought that requirement for oxytocin infusion increased recovery stay as the ward did not accept patients on an infusion.

Conclusions: Our results show an acceptable side-effect profile after elective Caesarean delivery using intrathecal morphine, with adherence to the current enhanced recovery pathway. We aim to implement updated Caesarean delivery guidelines which include prescription of regular ondansetron and chlorphenamine as required, in conjunction with patient education, to try and reduce the incidence of bothersome PONV and pruritus.

References

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Effect of digital health coaching on self-efficacy and lifestyle change

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Background: During the Covid-19 pandemic the PREPWELL team at South Tees Hospitals developed a three-tiered digital prehabilitation strategy to support patients preoperatively, with escalating intervention intensity tailored to individual patient need (Universal – Targeted – Complex). We assessed the impact of the 'Complex' tier (1:1 digital health coaching through a mobile phone app) on self-efficacy (using the Patient Activation Measure [PAM]) and lifestyle change in patients undergoing primary hip and knee arthroplasty.

Methods: Patients were risk assessed and consented before enrolment. Those suitable completed an 8-week multi-behavioural preoperative digital health coaching programme. Evaluations included change in PAM (score range 0–100) and lifestyle change, with assessments performed on programme enrolment (Entry) and completion (Exit).

Results: A total of 189 patients were approached, 57 (30%) enrolled and 39 (68%) completed the process: 67% female, median (range) age 63 (45–83) yr. The median (inter-quartile [IQR]) change in group PAM score was +9.7 (17) (see Fig. 12). On enrolment, 37% were in a 'non-activated' group (PAM level 1–2, low self-efficacy), with 69% transitioning into 'activated' levels (3 or 4). Self-rated scores for lifestyle improved by: exercise 20%, nutrition 5%, mental well-being 20%, sleep 20%.

Conclusions: We observed improvements in all measures of self-efficacy and lifestyle in patients completing the programme demonstrating the potential utility of digital health coaching in preparing patients for surgery. Encouragingly, the higher-risk group for adverse health outcomes (PAM levels 1 or 2 at entry) experienced a disproportionate benefit, with more than two-thirds of patients exiting at a lower risk level. This suggests those with greatest need may benefit most. The majority of participants were female and from a younger age group; we are therefore mindful of the need to improve future equality of access.

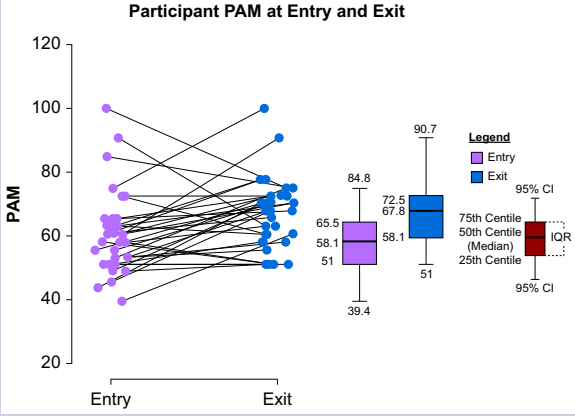

Fig 12. Patient Activation Measure (PAM) for all patients at entry and exit.

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Impact of the pandemic on postoperative anaemia in patients admitted to critical care after radical cystectomy

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Background: Patients undergoing radical cystectomy to treat bladder malignancy have several risk factors for perioperative iron deficiency anaemia, including chronic blood loss, acute intraoperative haemorrhage, and poor absorption of enteral iron postoperatively. Both anaemia and blood transfusion are associated with an increased risk of adverse postoperative outcomes.[1] The short interval of time between preoperative clinic and date of surgery makes preoperative optimisation difficult, particularly if the patient also receives adjuvant chemotherapy. This has been compounded by cessation of