

To see or not to see?

Post-operative follow-up in general gynaecology



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Abstract

Introduction There is no clear evidence of benefit to routine post-op follow-up in gynaecology.

Methods A 2017 audit yielded 767 first post-op appointments.

Results In 73% of cases, there was no clear benefit to the post-operative appointment.

Conclusion Routine post-op care adds cost to both system and patient without demonstrable benefit

Objectives

Traditional post-op care involves a six-week check up that seldom changes management.

There are no studies to justify this regime¹ and there is evidence of superiority of nurse-led phone follow-up^{2,3}.

We sought to describe patient follow-up to evaluate current benefit to our patients and predict risks if this was omitted.

Methods

We conducted retrospective chart review for all of 2017 in Wellington Hospital, a tertiary teaching unit in New Zealand.

As this study conforms to NHMRC standards ethical review was not required.

Exclusion of oncology and colposcopy patients yielded 6313 cases of which 767 were the first post-op appointment.

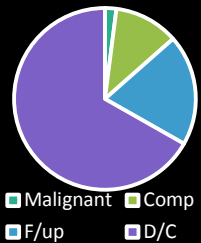
Demographic details, indication for and type of operation, histology, complications, complaints and final outcome were recorded.

Results

767 patients travelled an average of 17km to attend clinic.

2.2% had malignant or pre-malignant histology, 13% had either a complication or a complaint. 75% required no further follow-up.

Overall we estimate 559 patients (73%) had no clear benefit from post-op review.



Conclusion

Omission of follow-up may be safe yet case selection seems prudent.

All patients with concerning histology, complications or complaints were able to be predicted.

Adapting our post-op care could more efficiently use the resources of both hospital and patients.

References

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