Development of a preoperative safety clinic, headed by a specialised physician- A pilot study

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Background: The Breast Care Centre of Excellence (BCCE) manages over 750 oncology patients annually. While treatment de-escalation and breast-conserving surgery are increasing, Enhanced Recovery After Surgery (ERAS) remains a priority for optimising surgical outcomes. Key goals include minimising hospital stay, reducing return-to-theatre rates, and addressing risks related to comorbidities, obesity, and deep vein thrombosis (DVT). To strengthen these efforts, a specialist physician-led pre-surgical assessment program was implemented during the 2020–2023 accreditation period.

Aim: To assess the impact of integrating specialist physician-led preoperative evaluation into ERAS protocols for high-risk breast cancer patients, with the goal of reducing perioperative complications, optimising recovery, and benchmarking against international standards.

Methods: Patients meeting high-risk ERAS criteria—such as previous neoadjuvant chemotherapy, significant comorbidities, or BMI >35—were referred to a specialist physician for comprehensive preoperative evaluation. The ERAS plan included:

- Caprini score assessment and anticoagulation adjustments beyond the standard leg pump protocol.
- Cardio-oncology and respiratory physician consultations.
- Early and intensive physiotherapy mobilisation programs.
- High-care post-operative monitoring.

Results: Uptake among eligible patients was high, with all referred individuals receiving tailored risk mitigation and recovery plans. Assessments identified comorbidities likely to impact recovery and outlined strategies to address them. The program achieved an average hospital stay of 36 hours, well within or below the international average for similar procedures (lumpectomy: same-day to 2 days; mastectomy: 1–3 days; reconstruction: 1–5 days). The unit maintained a major complication rate of under 1.8%, significantly lower than reported international averages for breast surgery.

Discussion: Embedding a specialist physician into ERAS pathways for at-risk patients enables personalised recovery planning, early risk identification, and targeted intervention. Shorter hospital stays, reduced complication rates, and alignment with or exceeding international benchmarks highlight the program's effectiveness. This multidisciplinary approach aligns with best practice ERAS principles while tailoring care to the specific needs of surgical oncology patients.

Conclusion: Specialist-led preoperative profiling within ERAS protocols can improve recovery, minimise complications, and reduce hospital stays for high-risk breast cancer patients. The BCCE model, with its outcomes outperforming international benchmarks, demonstrates strong potential for adoption in other surgical oncology settings to enhance patient safety and optimise outcomes.