OBJECTIVES

OBJECTIVE: To describe the interventions in a perioperative pharmaceutical care program and health outcomes in abdominal surgery patients.

METHODS

Design: Observational prospective study. Inclusion criteria: Patients attending the pharmaceutical consultation from August 2016 to August. The Pharmacist clinical interviews was embedded in the surgical patient flow and took place 2 weeks prior surgery. Primary outcome: pharmacists’ interventions classified according to Overhage classification and severity of medication errors according to NCC MERP.

RESULTS

122 patients were included, mean age 69.2 years, 59.8% male, 58.2% undergoing colon and 41.8% rectal surgery.
✓ In 65 patients: chronic drugs should be modified prior surgery.
✓ 81 interventions were recorded. Of a total of 9 patients on anticoagulants, anticoagulant dose was modified in 2 patients whereas 3 patients had misunderstood the recommendations.
✓ According to the medication errors’ severity, 77(95.1%) errors were serious D/E/F, and 4(4.9%) classified as error without harm (C).
✓ Regarding health outcomes:
  ➢ one surgery suspension was recorded due to wrong perioperative medication management
  ➢ Mean length of hospital stay was 5 days (3-8)
  ➢ Readmission rate at 30 days was 16.4% (n=20)

CONCLUSIONS

The perioperative pharmaceutical care program was successfully implemented. Pharmacist interventions avoid serious errors improving chronic drug management prior surgery. Only one surgery in a year period was suspended due to wrong perioperative medication management.