

# The Protracted Patient Journey of Our Cancelled Diabetics: The Case For a Diabetic Prehabilitation Service

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## Introduction

- Patients with poor glycaemic control are at higher risk of perioperative complications.
- If the HbA1c is >69mmol/mol elective cases should be postponed.
- A recent HbA1c is not available for review at the preoperative clinic 1/3 of the time.
- 16% of patients will have suboptimal glycaemic control<sup>2</sup>.
- This causes many cancellations, underutilisation of theatre and excess morbidity.
- Diabetic patients make 15% of the surgical workload therefore this is significant problem across the UK<sup>2</sup>.
- This abstract quantifies how many are cancelled due to poor glycaemic control and examines the patient journey thereafter.

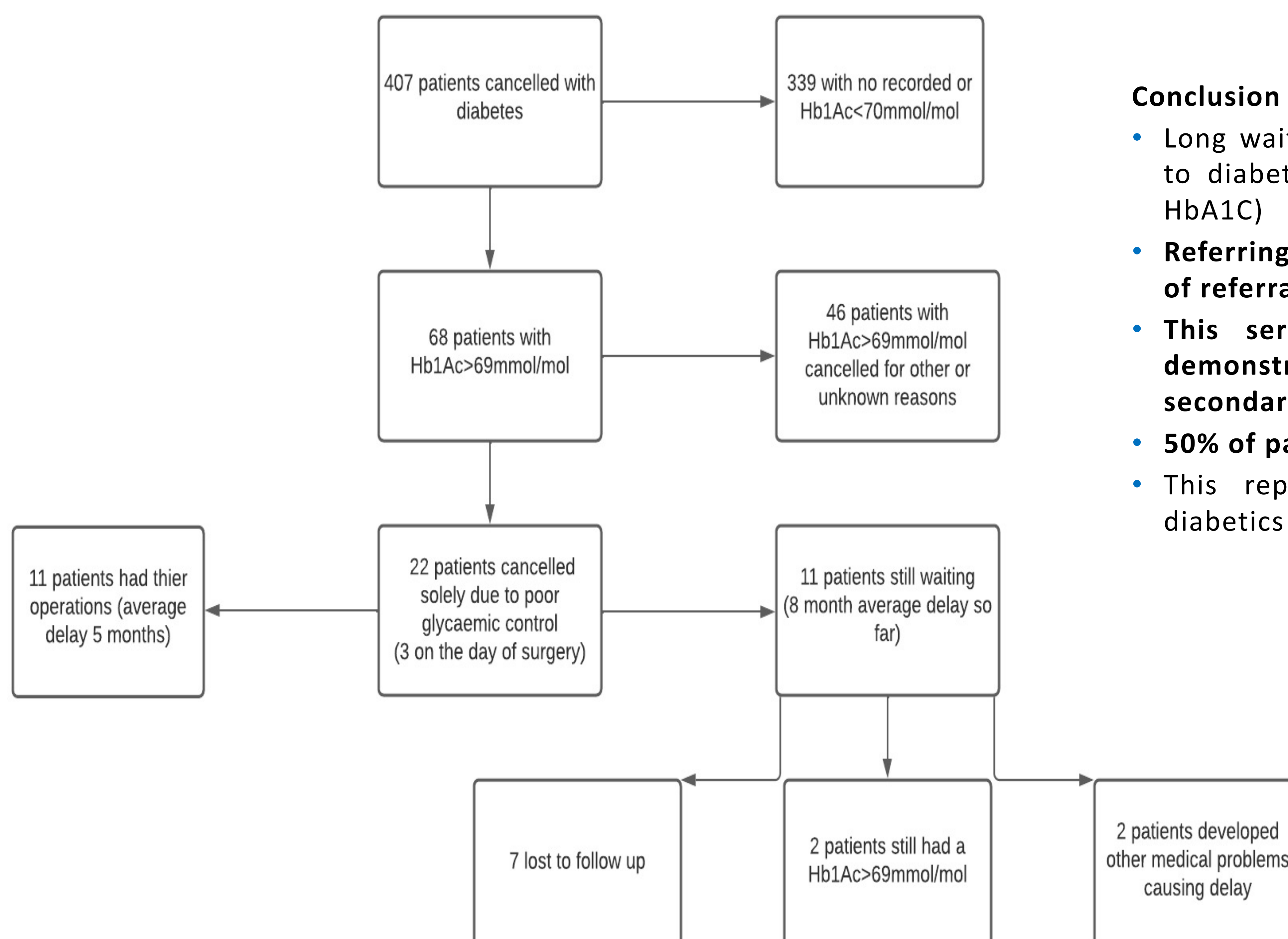
## Methods

All theatre cancellations at Wirral University Trust Hospitals between April and October 2021 who were diabetic were collated. The clinical notes, letters and blood tests of these patients were reviewed in the community and in hospital in February 2022.

The data extracted included:

- The time delay to surgery
- Reason for ongoing delay
- Who they were referred to (diabetes/GP/unknown) after cancellation.
- HbA1c results.

Figure 1 – Patient flow



## Results

- There were 407 cancellations in patients with diabetes.
- 68 (17%) had a HbA1c>69mmol/mol.
- 22 were cancelled solely due to a high Hb1Ac.
- 3 were cancelled on the day of the proposed operation.
- **11 of the 22 cancellations had their operation with an average wait of 5 months.**
- **11 are still waiting for their operation with an average wait of 8 months.**
- The reasons for the ongoing delay were: ongoing poor diabetic control (2), investigation of other medical problems (2) or loss to follow up (7) (Figure 1).
- **Referral to diabetes services was associated with HbA1c improving to ≤ 69mmol/mol (Fisher Exact p=0.026) (Table 1)**

Table 1 – HbA1c results after referral

	HbA1c improved ≤ 69mmol/mol	HbA1c did not improve ≤ 69mmol/mol	Total
Patients referred to diabetic team	11	2	13
Patients referred to General Practitioner or no referral documented	3	6	9
<b>Totals</b>	<b>14</b>	<b>8</b>	<b>22</b>

Referral to hospital diabetic services was associated with an increased likelihood of Hb1Ac improving to ≤ 69mmol/mol (p=0.026, Fisher Exact), (Table 1).

## Conclusion

- Long waits are expected after cancellation (time for referral to diabetes/GP and improvements to be evidenced by the HbA1C)
- **Referring into a diabetic prehabilitation service at the point of referral will reduce cancellations and long waits**
- **This service should be ran in hospital as our data demonstrates improved diabetic control if referred into secondary care rather than primary care**
- **50% of patients are still waiting 8 months after cancellation**
- This represents significant morbidity for our cancelled diabetics

## References

1. Barker P et al. (2015) Peri-operative management of the surgical patient with diabetes 2015. Anaesthesia 70: 1427-1440
2. National Confidential Enquiry into Patient Outcome and Death Perioperative Diabetes: Highs and lows. London: NCEPOD, 2018 (<https://www.ncepod.org.uk/2018pd.html>) (Accessed 12/2/2022)