Debunking Myths Left and Right: A New Policy Regarding Patient Care Following Axillary Surgery

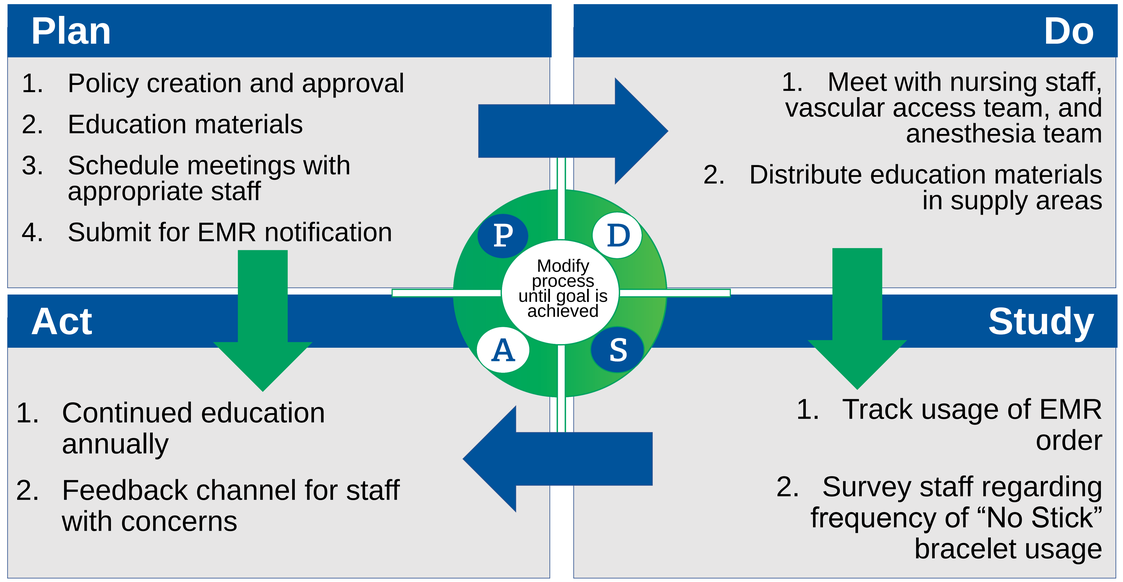
Ashley Alexander, MD and Amelia Tower, DO, FACOS, FACS

Introduction

Our hospital is among the many institutions with a currently outdated policy prohibiting activities such as venipuncture, intravenous access, and blood pressure readings in patients after sentinel lymph node biopsy (SLNB) or complete axillary lymph node dissection (ALND) despite there being no evidence suggesting increased risk of lymphedema in patients without current signs of the disease. Our aim is to educate hospital staff and enforce the new policy that patients with previous SLNB/ALND are candidates for intervention such as venipuncture, intravenous access, and blood pressure readings on the affected arm.

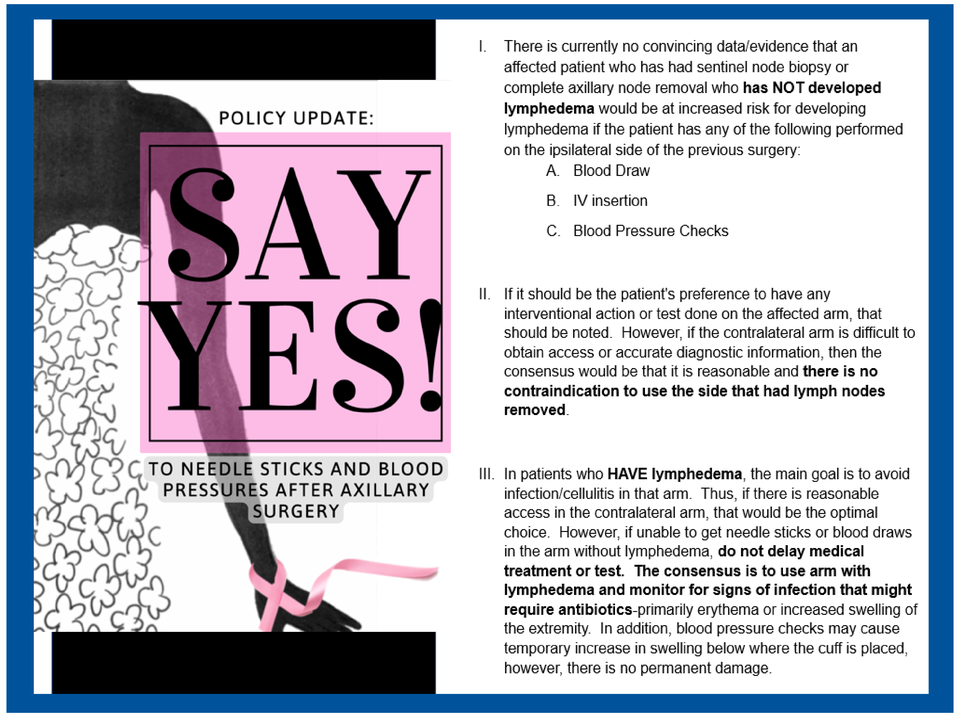
Methods

- Quality improvement project using Plan-Do-Study-Act (PDSA) Cycle framework
- Policy creation and approval by hospital
- Education material creation
- Educational meetings with staff
- Policy propaganda in areas of "No Stick" bracelet storage
- EMR Notification



PDSA Cycle

Example of Policy



Results

This study is in progress. Further information will become available as we gather more data.

Conclusions

Outdated hospital policy regarding management following SLNB/ALND routinely leads to delay in care, unnecessary invasive lines, and patient misinformation. By changing this policy and educating hospital staff, we will improve patient care and decrease the stress burden created by limited access.

References

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