

Development of a Patient-Centered Website for Abdominal Wall Reconstruction (AWR) in an NHS Service

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Aim

Patients undergoing Abdominal Wall Reconstruction (AWR) face a complex journey involving multiple clinical stages, prehabilitation, and post-surgical recovery. Access to clear, structured, and easily understandable information is critical to improving patient experience and outcomes. However, existing resources are often fragmented and lack accessibility.

To address this gap, we developed a dedicated patient-centered website for the York Abdominal Wall Unit. The digital platform aims to enhance patient education, improve accessibility to resources, and empower individuals through a structured approach to understanding their care pathway.

Methods

- **Collaborative Design:** The website was developed by a multidisciplinary team of surgeons, a research fellow, and a digital communication specialist.
- **Patient Involvement:** Content was iteratively refined with input from patient representatives of the British Hernia Society.
- **Structure:** The website mimics the patient journey through the AWR service, with drop-down sections as shown
- **Accessibility:** Content was written in plain English and reviewed for readability using Flesch Reading Ease principles.
- **Open Access:** All patient information leaflets, questionnaires, and consent forms are available without login or password barriers.
- **Future Development:** We are creating a suite of short, video-based resources using AI-generated digital avatars to explain each stage of care in a simple and engaging way.

Referrals to our service	☰
What happens before your clinic appointment?	☰
On the day of your clinic or appointment	☰
CT scan	☰
Clinical photography	☰
Getting you fitter for surgery (Prehab)	☰
Preoperative adjuncts (Botox or PPP)	☰
Pre-op planning/MDT discussion	☰
Perioperative assessment (CPET)	☰
Your surgery day	☰
After your surgery	☰
Links to all patient information leaflets and consent forms	☰
Feedback and audit	☰

Results

The website delivers a structured, easy-to-navigate resource that mirrors the patient journey through abdominal wall reconstruction. It provides practical tools including open-access health questionnaires, consent forms, and patient information leaflets, all written in plain English. Early feedback highlights improved patient preparedness and understanding. The addition of AI-generated avatar videos is underway to further enhance accessibility and engagement with key information.

Conclusion

This patient-centered website offers a practical digital tool to support individuals undergoing AWR in the NHS. Built through multidisciplinary collaboration and patient input, it provides structured, accessible information and open-access resources. Future work will assess its impact on patient preparedness and expand video content to enhance understanding.

