

Postoperative Care of Patients Undergoing Same-Day Laparoscopic Cholecystectomy 3.0 www.aorn.org/CE

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Event: #15523

Session: #0001

Fee: Members \$24, Nonmembers \$48

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Purpose/Goal

To provide the learner with knowledge specific to caring for patients undergoing same-day laparoscopic cholecystectomy.

Objectives

1. Discuss gallbladder disease.
2. Explain abdominal insufflation during laparoscopic cholecystectomy.
3. Describe recovery from anesthesia.
4. Define postoperative pain management.
5. Identify checklists used to determine readiness for discharge.
6. Describe issues with patients requiring an extended stay after laparoscopic cholecystectomy.
7. Discuss effective methods of providing postoperative discharge teaching.

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Ms Brenner and Dr Kautz have no declared affiliations that could be perceived as posing a potential conflict of interest in the publication of this article.

The behavioral objectives for this program were created by Rebecca Holm, MSN, RN, CNOR, clinical editor, with consultation from Susan Bakewell, MS, RN-BC, director, Perioperative Education. Ms Holm and Ms Bakewell have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

Sponsorship or Commercial Support

No sponsorship or commercial support was received for this article.

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ABSTRACT

Elective laparoscopic cholecystectomies are common outpatient surgical procedures. After briefly discussing cholecystectomy and its indications, best practices in phase I, phase II, and phase III recovery are discussed. Typical pharmaceutical regimens for controlling pain and postoperative nausea and vomiting are summarized. By implementing best practices, nurses can prevent and recognize complications. The criteria for discharge, extended recovery, and inpatient admission are discussed, along with the required patient discharge teaching using the teach-back technique, as well as patient and family teaching needs in the immediate postoperative period. Nurses can optimize the patient's surgical experience and promote safety by implementing best practices in all phases of recovery from laparoscopic cholecystectomy. *AORN J* 102 (July 2015) 16-29. © AORN, Inc, 2015. <http://dx.doi.org/10.1016/j.aorn.2015.04.021>

Key words: *elective laparoscopic cholecystectomy, outpatient surgical procedures, best practices.*

Laparoscopic cholecystectomy is removal of the gallbladder using a laparoscopic technique. Most people requiring a laparoscopic cholecystectomy are experiencing choledocholithiasis (ie, gallstones in the bile duct), cholelithiasis (ie, cholesterol stones), or acute cholecystitis (ie, inflammation of the gallbladder wall). The most common gallbladder disorder is acute cholecystitis; 90% of individuals who have this also have cholelithiasis. Clinical manifestations of cholecystitis are nausea, vomiting, fever, malaise, right upper quadrant abdominal pain, or epigastric pain radiating to the back. Risk factors for cholelithiasis are female sex, Native American ethnicity, obesity, and rapid weight loss in an obese individual.¹

In the United States, laparoscopic cholecystectomy is the second most frequently performed general surgery procedure.² Typically, the surgeon performs laparoscopic cholecystectomy on a same-day or outpatient basis in an ambulatory or outpatient setting. The laparoscopic approach is minimally

invasive and decreases risk of infection, length of surgical time, and recovery time.³

The preoperative nurse admits the patient and performs a preoperative nursing assessment. After the patient changes into a hospital gown, the preoperative nurse inserts an IV and places sequential compression device stockings, which the RN circulator will continue intraoperatively, to prevent deep vein thrombosis.⁴

After setting up the OR with the scrub person, the RN circulator meets the patient in the preoperative area. The RN circulator reviews the patient's medical record for the history and physical examination and laboratory results. After assessing the patient, the RN circulator develops a nursing care plan specific to the patient (Table 1).

The surgeon reassesses the patient in the preoperative area and marks the surgical site cooperatively with the patient after

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