

Implementation of a Same-Day Discharge Protocol Following Total Laparoscopic Hysterectomy

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Abstract

Objective: Previous studies have demonstrated that outpatient total laparoscopic hysterectomy (TLH) is both safe and feasible. Our objective was to decrease length of stay for patients undergoing TLH by implementing a same-day discharge protocol at two Canadian teaching hospitals.

Methods: We conducted a prospective cohort study assessing length of stay (primary outcome), perioperative complications, and readmission rates over a 12-month period following implementation of a same-day discharge protocol for TLH. These data were compared with pre-intervention baseline data collected retrospectively over a 12-month period immediately before protocol introduction. Our protocol consisted of patient education, instructions for perioperative care, and close follow-up.

Results: In the year prior to our protocol, 256 TLHs were performed. Forty-seven patients (18.3%) were discharged the same day, 191 patients (74.5%) were discharged on the first postoperative day, and 18 patients (7%) were admitted for 2 or more days. In the year following implementation, 215 patients underwent TLH of which 129 were enrolled in our study. The overall outpatient hysterectomy rate during that time period was 62% (134/215 patients). Among study participants, 102 patients (79.1%) were discharged the same day, 22 patients (17.0%) were discharged on the first postoperative day, and 5 patients (3.9%) were admitted for 2 or more days. There were no significant differences in perioperative complications or readmission rates and patient satisfaction scores were high.

Conclusion: Implementation of a same-day discharge protocol successfully increased the rate of outpatient TLH without impacting patient safety. This protocol was acceptable to both surgeons and patients and can be easily adapted for use at other centers.

Résumé

Objectif : Des études ont montré que la réalisation d'une hystérectomie laparoscopique totale (HLT) en chirurgie d'un jour

est possible et sécuritaire. Notre objectif était de réduire la durée du séjour des patientes subissant une HLT par la mise en œuvre d'un protocole de congé le jour même dans deux hôpitaux universitaires canadiens.

Méthodologie : Nous avons mené une étude de cohorte prospective portant sur la durée du séjour (critère d'évaluation principal), les complications périopératoires et le taux de réadmission des patientes dans les 12 mois suivant la mise en œuvre du protocole de congé. Les données recueillies ont été comparées à celles des 12 mois précédant la mise en place du protocole, obtenues rétrospectivement. Notre protocole comprenait l'enseignement aux patientes, des consignes sur les soins périopératoires et un suivi étroit.

Résultats : Au cours de l'année précédant la mise en œuvre du protocole, 256 patientes ont subi une HLT. Parmi celles-ci, 47 (18,3 %) ont obtenu leur congé le jour même, 191 (74,5 %) l'ont obtenu le lendemain et 18 (7 %) ont été hospitalisées pendant deux jours ou plus. Dans l'année suivant la mise en place du protocole, 215 patientes ont subi une HLT, et 129 d'entre elles ont été recrutées pour cette étude. Le taux global d'hystérectomies d'un jour effectuées durant cette période a été de 62 % (134 patientes sur 215). Parmi les participantes à l'étude, 102 (79,1 %) ont obtenu leur congé le jour même, 22 (17,0 %) l'ont obtenu le lendemain et 5 (3,9 %) ont été hospitalisées pour deux jours ou plus. Aucune différence statistiquement significative n'a été observée en ce qui a trait aux complications périopératoires et au taux de réadmission, et la satisfaction des patientes était élevée.

Conclusion : La mise en place d'un protocole de congé le jour même a permis d'accroître le taux d'HLT d'un jour sans compromettre la sécurité des patientes. Ce protocole, jugé acceptable par les chirurgiens et les patientes, peut facilement être modifié pour qu'il soit adapté aux besoins des autres centres.

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INTRODUCTION

Hysterectomy is the most frequently performed major surgical procedure in gynaecology. With a focus on minimally invasive techniques in an effort to improve patient

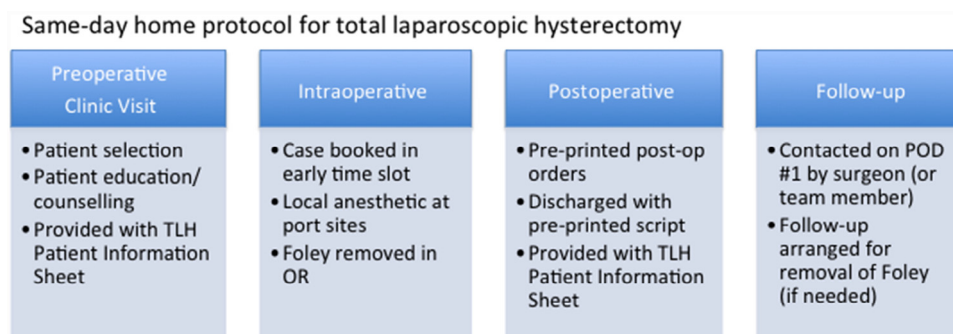
Key Words: Laparoscopy, minimally invasive, hysterectomy, same-day discharge, discharge protocol

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Figure 1. Overview of same-day discharge protocol. POD, postoperative day.

care and reduce health care costs, our specialty has seen a transition toward laparoscopic hysterectomy. When compared to open surgery, laparoscopic hysterectomy is associated with less pain, quicker recovery, decreased hospital stay, and higher patient satisfaction.^{1,2} In addition, a minimally invasive approach to hysterectomy is considered safe, with a major complication rate of approximately 5%.^{2,3}

Due to these benefits, many centers have successfully offered same-day discharge for patients undergoing total laparoscopic hysterectomy, and both the safety and feasibility of outpatient TLH has been consistently demonstrated.⁴⁻⁸ Introduction of outpatient management following minimally invasive procedures requires incorporation of a protocol to help guide patients, their surgeons and the other hospital staff involved with perioperative care. Most previously validated protocols include precise patient selection criteria as well as recommendations for anesthesia, analgesia, and an emphasis on patient education regarding expectations and complications.⁹⁻¹²

The primary objective of this study was to compare the length of stay for patients undergoing TLH at two Canadian university teaching hospitals prior to and following the implementation of a same-day discharge protocol. Secondary outcomes included a comparison of major complication rates and readmission rates. In addition, information regarding patient satisfaction was collected.

MATERIALS AND METHODS

We conducted a prospective cohort study assessing LOS (primary outcome), perioperative complications, and

ABBREVIATIONS

ASA	American Society of Anesthesiologist
EBL	estimated blood loss
LOS	length of stay
TLH	total laparoscopic hysterectomy

readmission rates over a 12-month period (June 2015–May 2016) following implementation of a same-day discharge protocol following TLH and compared these to pre-intervention baseline data collected retrospectively over a 12-month period immediately prior to protocol introduction. The study was set at McMaster University (Hamilton, ON) and all generalist gynaecologists within the department, who are divided between 2 primary teaching hospitals, were invited to participate in this study.

The outpatient protocol was generated by the study authors based on a review of the literature in the fields of anesthesia, general surgery, and gynaecology. Careful consideration was made regarding postoperative nausea/vomiting, bladder function, and analgesia, as these are common issues preventing same-day discharge in gynaecologic surgery patients.^{13,14} The protocol was designed to decrease the need for overnight hospitalization following TLH through a multifactorial approach (Figure 1). It was approved by the Hamilton Integrated Research Ethics Board and was assessed for acceptability by the participating gynaecologists prior to implementation.

Patients selected for outpatient management under our protocol were all women undergoing TLH alone or in combination with a simple concomitant procedure (e.g., salpingectomy, salpingo-oophorectomy, ovarian cystectomy) for presumed benign disease. There were no restrictions based on uterine size or number of fibroids, and the decision to proceed with a laparoscopic approach was left to the discretion of the primary surgeon. The exclusion criteria were concurrent major bowel, bladder, or vaginal surgery and a requirement to meet minimum social criteria, including that participants were capable of providing consent and, following medical instructions, had access to home support immediately postoperatively, could be reached by telephone, and were able to return to hospital if required. We also excluded cases that were performed by surgeons who were not operating during the entire study period (i.e., locum physicians) or those performed by subspecialists (i.e.,

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