

National Clinical Programme in Surgery (NCPS)

Care Pathway for the Management of Day Case Laparoscopic Cholecystectomy

Consultant Surgeon

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NATIONAL CLINICAL PROGRAMME IN SURGERY

Care Pathway for the management of Day Case Laparoscopic Cholecystectomy

1.0 Purpose

To provide clear guidelines for all staff in the management of day case laparoscopic cholecystectomy patients.

2.0 Scope

Applies to all staff involved in the care and management of patients undergoing day case laparoscopic cholecystectomy.

3.0 Responsibility

It is the responsibility of all staff involved in the care and management of patients undergoing day case laparoscopic cholecystectomy to be familiar with and practice within these guidelines. Please see *Appendix 4* for the process of management of day case laparoscopic cholecystectomy.

NOTE. These guidelines do not over rule the independent clinical autonomy of doctors and nurses involved in the treatment of patients undergoing day case surgery.

4.0 Guideline Procedure

Day case laparoscopic cholecystectomy has been shown to be clinically safe, effective and efficient for appropriately selected patients (*references on page 7*).

4.1 Patient referral

Patients will be referred either from a consultant outpatient clinic or following an acute presentation with symptomatic gallstones. A senior decision-maker at consultant or registrar level (ST3) need to initiate the referral process.

4.2 Pre-admission

4.2.1 All patients scheduled for laparoscopic cholecystectomy should attend the Pre-Assessment Clinic prior to surgery. Patient selection criteria are documented in Appendix 1.

4.2.2 Nursing assessment is completed according to local Pre-Assessment unit protocols and the nursing documentation forms part of the relevant Day Case record. Sample documentation is shown in Appendix 2.

4.2.3 Anaesthetic pre-assessment is required for ASA III and IV patients and those deemed necessary by the surgical teams. Nursing and anaesthetic pre-assessment should be closely aligned and pre-assessment nurses can also refer to the Anaesthetic Pre-Assessment clinic.

4.2.4 Following assessment and review of all investigations, both senior nursing and anaesthetic sign off is required for confirmation of surgery scheduling.

4.3 Booking

Patients who require day surgery need to know when it will take place to allow them make arrangements for other aspects of their lives. Ideally, booking systems should allow patients to choose their admission date at a time that is convenient for them. A good booking system in day surgery units has been shown to substantially decrease cancellations.

4.4 Admission

4.4.1 Patients present on the day of surgery directly to the Day Unit at their designated time.

4.4.2 Nursing assessment documentation will be reviewed and updated on admission and the nursing care plan commenced. This forms part of the Day Case record (Appendix2).

4.4.3 Local hospital specific details may include:

- i. Low molecular weight heparin (LMWH) for DVT prophylaxis
- ii. Knee length graduated compression stockings
- ii. Antibiotic prophylactic given according to local microbiology protocols and should be administered half an hour prior to surgery either in the Day Ward or in the operative theatre

4.4.4 Generally patients scheduled for day case surgery should undergo surgery at such a time as to allow sufficient recovery time in the Day Care Unit, and to ensure that they meet the specified discharge criteria prior to discharge (Appendix 3).

4.5 Intra Operative care

The safe surgery checklist should be used for all day case patients

4.5.1 The anaesthetic type is at the discretion of the individual anaesthetist.

4.5.2 At the end of the operation all bile and blood should be washed from the peritoneal cavity and CO₂ released to reduce operative pain.

4.5.3 Local anaesthetic (20 mls of 0.5% Bupivacaine) may be applied to the liver bed and infiltrated into the skin around the port sites to reduce post-operative pain.

4.5.4 Analgesia intra-operatively and post-operatively will be prescribed by the anaesthetist. Prophylaxis for prevention of post-operative nausea and vomiting will be administered as per hospital protocol.

4.5.5 The nasogastric tube should be removed at the end of the operation.

4.5.6 Normal guidelines for the discharge of patients from the recovery room to the day ward should be followed.

Note: On occasion, the surgeon may choose to convert to open cholecystectomy and as such, the theatre must be ready for conversion from laparoscopic to open cholecystectomy. If this happens, care is to be delivered appropriately and bed management must be informed to allow for inpatient admission.

4.6 Post-operative care.

4.6.1 On return to the Day Ward the patient will be assessed and nursed according to the post-operative care plan. Post-operative analgesia and pre-discharge analgesia will be prescribed according to local policy.

4.6.2 Oral fluid, diet and mobilisation should be commenced as soon as tolerated.

4.6.3 Post-operative pre-discharge review by the surgical team must be documented. The patient may be discharged once the discharge criteria have been met (Appendix 3).

Note: Patients who do not meet the discharge criteria are converted to inpatients.

4.6.4 Local policy may allow a nurse led discharge process.

4.7 Discharge

4.7.1 Multidisciplinary discharge planning will commence at pre-assessment where the estimated length of stay will be discussed with the patient and documented in the Day Care record.

4.7.2 Standard day care discharge criteria as set out in Appendix 3 will apply.

4.7.3 The nursing staff will document the patient's discharge score every two hours following surgery until the discharge criteria are met. Any potential problems must be acted upon immediately and the relevant team informed.

4.7.4 The National Early Warning Score will be used for patient monitoring.

4.7.5 In addition to discharge criteria, clinical and professional judgement should be exercised in relation to all hospital discharges.

4.7.6 Patients will be given written and verbal information regarding after surgery care prior to discharge. This will include;

- i. Wound management
- ii. Peri-operative advice specific to their surgery, including pain relief, wound care, diet, mobilisation and contact details if required (Appendix 3).
- iii. General Anaesthetic information
- iv. Surgical site surveillance follow-up information if applicable

4.7.7 Discharge medications will vary depending on local policy. Discharge analgesia may be provided for a 48 hour period and can be dispensed according to local policy. Prescriptions for take home medications should only be allowed if the timing and the patients' circumstances allow dispensing in an appropriate community pharmacy.

4.7.8 If a patient fails to meet the discharge criteria, the patient will be admitted under the care of the operating surgeon or a designated nominee. For stand-alone day surgery units transfer to an inpatient facility should adhere to local policies.

4.8 Post discharge Support

4.8.1 Support should be provided by the Hospital/Day Surgery Unit for 24-hours post surgery with support from primary care. This should include the issuing of contact telephone numbers to patients at the time of discharge including out-of-hours contact information. Patients needing urgent assessment or re-admission should be provided with a fast track care plan. This should also be communicated to their GP.

4.8.2 In the event of the patient presenting to the Emergency Department with a post-operative problem the surgical on call team will review the patient and either refer back to the operating surgeon or arrange appropriate care.

5.0 Guideline review

The appropriate perioperative governance group should review this document every two years. Audits of outcome and associated patient satisfaction surveys should be included within the review process.

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



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Appendix 1

Patient selection criteria for day case laparoscopic cholecystectomy

1. Expectation that laparoscopic surgery is feasible.
2. BMI is not an absolute contraindication but if greater than 35, the patient should be seen in the anaesthetic clinic.
3. No upper age limit. Selection should be based on physiological age.
4. ASA grade I and II patients.
5. A responsible person to take the patient home who is capable of looking after the patient for the remainder of the day and night.
6. Access to toilet and telephone.
7. Live no more than one hour from nearest Emergency Department.



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Appendix 2

Patient nursing notes for day case surgery (attached)

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Appendix 3

Discharge Criteria

1. Vital signs are stable for at least one hour following return to the day ward.
2. The patient is orientated in time, place and person.
3. The patient has adequate pain control and discharge analgesia has been organised.
4. Written information regarding analgesia should be provided.
5. The patient has the ability to walk and dress.
6. The patient has no nausea, vomiting or dizziness.
7. The patient has minimal wound discharge or bleeding.
8. The patient has passed urine.
9. The patient has a nominated person to take him/her home and has an adult carer for the next 24 hours.
10. The patient has been given verbal and written instructions regarding post-operative care.
11. Follow-up support if appropriate has been arranged.
12. The patient and carer have been supplied with an emergency contact number.

Appendix 4

Process for the Management of Day Case Laparoscopic Cholecystectomy

Note

This process starts after referral from a consultant out-patient clinic or following acute presentation with symptomatic gallstones

