

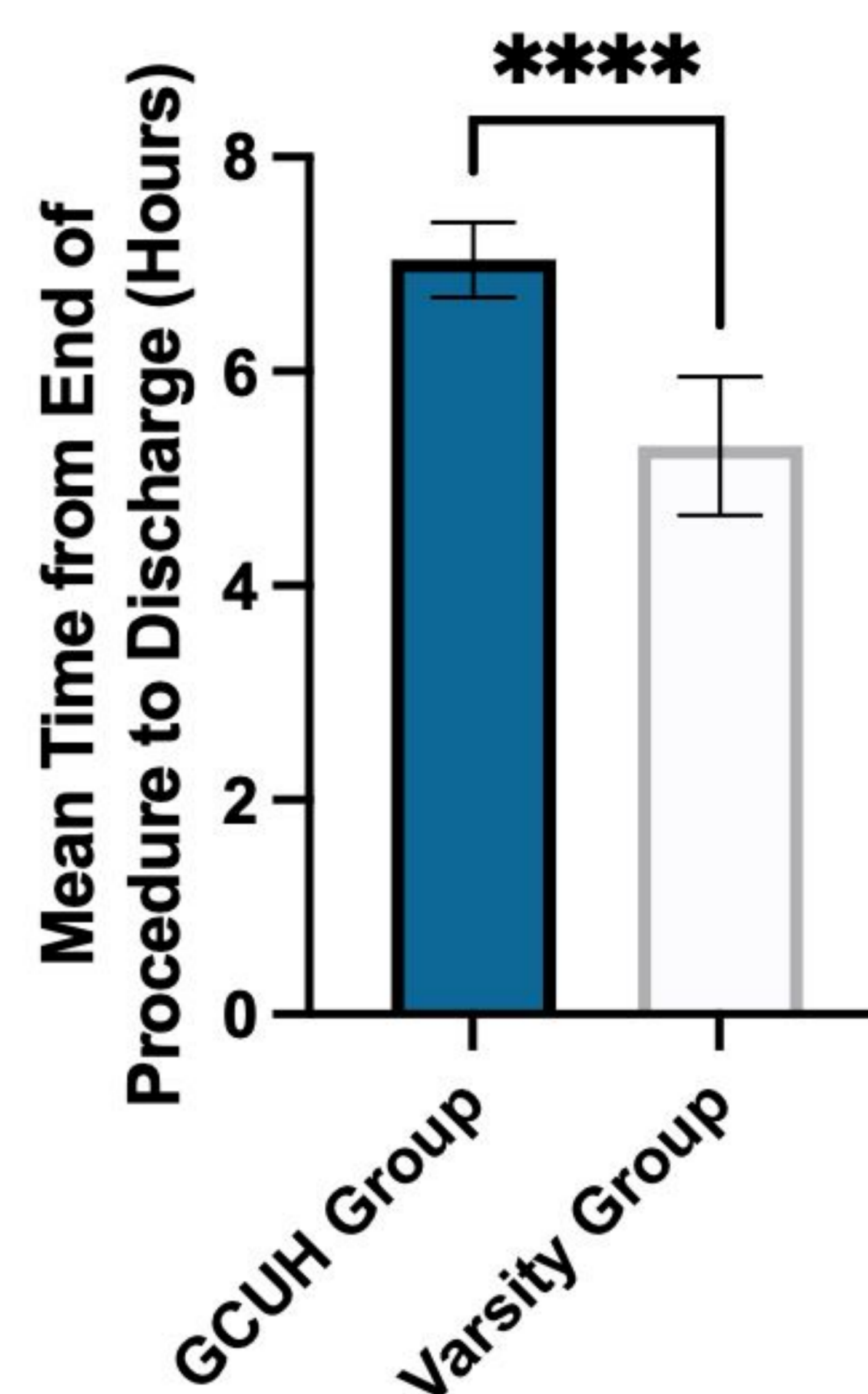
The Feasibility of Same-Day-Discharge Laparoscopic Hysterectomy at a Standalone Theatre Unit; A Pilot Study

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Introduction

A same-day-discharge laparoscopic hysterectomy (TLH) protocol has recently been developed at Gold Coast University Hospital (GCUH). The TLH protocol has recently been implemented at Varsity Lakes day hospital; a standalone day-case unit with no inpatient beds, or on-site surgical back up.



Aims

To examine the feasibility of day hospitals as an appropriate facility to conduct TLHs, comparing variables between GCUH and Varsity Lakes.

Methods

A retrospective analysis of patients who received a TLH at GCUH and Varsity Lakes hospital records was conducted. Variables including demographic data (age, parity, weight, diabetes status), ASA score, uterine size, number of previous caesarean sections, perioperative complications (estimated blood loss, return to theatre, intraoperative haemorrhage), postoperative complications, and length of stay (operating time, post-operative length of stay) were assessed, and compared between groups.

Results

19 patients received a TLH at Varsity Lakes day hospital vs 71 patients who received a TLH at GCUH. There were no significant differences in demographic data, ASA score, uterine size, or number of caesarean sections between groups. There was a significant reduction in post-operative length of stay (hours) in the Varsity Lakes group (5.30 ± 1.34 vs 7.04 ± 1.48; p < 0.0001). There was no difference in perioperative (including estimated blood loss), and post-operative complications between groups.

Discussion

In this pilot study, standalone day hospitals are shown to be an appropriate facility to perform TLHs, and seem to facilitate shorter times to discharge. Of note, 2nd and final stage post operative recovery at Varsity Lakes is in a chair as opposed to a bed in GCUH. This seems to result in a significantly reduced post-operative length of stay.

Figure 1. Post-Operative Length of Stay of patients for Day-Case TLH protocol of Varsity Lakes Hospital vs Gold Coast University Hospital. Time (in hours) from end of procedure to discharge in each group expressed as mean value. Error bars indicate SEM. Analysis was conducted as an unpaired t test with Welch's correction to calculate p-value. ****, p < 0.0001

Table 1. Patient demographics, uterine volumes, and number of previous caesarean sections of Day Case TLH protocol at Varsity Lakes

Variable	GCUH Cohort	Varsity Cohort	P-Value
Patients, n	71	19	
Patient Demographic Details			
Patient age, years, mean (±SD)	44.25 (5.66)	44.74 (5.46)	0.74
Parity, mean (±SD)	2.20 (1.09)	2.68 (1.73)	0.26
Patient weight, kg, mean (±SD)	76.15 (16.39)	72.13 (11.67)	0.23
Number of patients with diabetes, n (%)	1.70 (0.55)	0.00 (0.00)	0.16
ASA Score, mean (±SD)	1.900 (0.57)	1.74 (0.56)	0.82
Uterine volume, cc, mean (±SD)	135.6 (84.19)	106.4 (72.06)	0.15
Number of caesarean sections prior to intervention, mean (±SD)	0.70 (1.04)	0.37 (0.68)	0.10
Post-Operative Length of Stay: Surgery end to discharge, hours, mean (±SD)			
Same-Day Discharge, n (%)	71 (100)	19 (100)	-
Post-operative length of stay (hours), mean (±SD)	7.041 (1.48)	5.30 (1.34)	<0.0001
Perioperative Complications			
Estimated Blood Loss, mL, mean (±SD)	58.03 (83.16)	58.42 (27.13)	0.98
Number of patients with intra-operative complications, mean (±SD)	0.01 (0.12)	0 (0)	0.32
Intraoperative haemorrhage (EBL > 500 mL), n (%)	1 (0.01)	0 (0)	0.32
SD = Standard Deviation			
Bold values indicate statistical significance (P < 0.05)			