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Investigating the rate of successful day case discharges for laparoscopic cholecystectomies between June–November 2019

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Introduction: Laparoscopic Cholecystectomy (LC) is the gold standard treatment for symptomatic gallstones. The British Association of Day Surgery (BADs) recommend that at least 60% of LCs are performed as day cases. We investigated the rate of successful discharge for LCs and factors contributing to unexpected overnight stays.

Methods: Retrospective data analysis was performed on elective LCs between June–November 2019. Electronic records were reviewed for: admission and discharge date; time of procedure; length of procedure; training grade of the surgeon; use of total intravenous anaesthesia (TIVA) or volatile anaesthesia; use of IV morphine in theatre/recovery and reasons for failed discharge.

Results: A total of 119 patients underwent elective LC, of which 63 were planned day cases. 46 patients (73.0%) listed as day cases were successfully discharged the same day. LCs performed before 1pm had a success rate of 78.8% compared to 45.5% after 1pm ($p < 0.05$). There was no statistically significant difference in success rates due to length of procedure; training grade of the surgeon; method of induction (TIVA or Volatile) or use of IV morphine in theatre/recovery. 17 planned day cases failed same day discharge. 7 of these patients (41.2%) reported pain and 4 (23.3%) reported nausea, vomiting or dizziness.

Conclusion: This centre successfully discharged 73.0% of planned day case LCs, although only 52.9% of elective LCs were listed as day cases. Success rates were positively associated with am procedures compared to pm. We recommend a review of operation scheduling and evening staffing in order to increase the probability of discharge on the same day.