

The Introduction of the Day Case Total Laparoscopic Hysterectomy (TLH) at Gold Coast University Hospital

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Introduction

Traditionally Total Laparoscopic Hysterectomy (TLH) patients are admitted for 1-2 days post-operatively. Day Case TLH has been proven to be feasible and safe in other countries, however **Gold Coast University Hospital (GCUH) is the first Australian institution to introduce a Day Case TLH protocol.**

Aim: To determine the feasibility, safety and patient satisfaction of same-day discharge for TLH patients at GCUH.

Methods

A single-centre prospective cohort study of 77 TLH patients. Prospective data was compared to retrospective cohort data of 81 patients who underwent a TLH prior to implementation of the Day Case TLH protocol.

- **Primary outcome-** length of post-operative hospital stay.
- **Secondary outcomes-** peri-operative complications and post-operative representation rates.
- **Patient satisfaction** of the prospective group was assessed through a patient questionnaire.

Results

- **Home same day: 94.81% of prospective patients**
- **Primary outcome: Average length of post operative stay**
 - **Prospective group: 7.72 (SD ±3.36) hours**
 - **Of the patients who did achieve same day discharge, the average length of stay was 7.05 (SD ±1.46) hours.**
 - Retrospective group: 35.63 (SD ±18.11) hours
- **Secondary outcome:** there were no significant difference in peri-operative complications or representation rates
- **Patient satisfaction:** 96% reported care above or well above average, and 88% likely or highly likely to recommend a Day Case TLH.

Main Components of the Day Case TLH Protocol at GCUH

Pre-operative points:

- Setting patient expectation: patient education and video
- Provision of a continuity of care clinical nurse

Anesthetic points:

- Multi-modal non-opioid analgesia
- Avoiding long-acting sedatives
- Use of anti-emetics
- Ensuring adequate hydration

Surgical technique points:

- Same consultant present (operating or assisting)
- In-out catheter only
- 3-4 5mm ports only (unless morcellation required in which case left iliac fossa port is changed to 15mm)
- Minimal opening of peritoneal spaces and dissection

Post-operative points

- Continued expectation for home with dedicated recovery team
- Ongoing utilization of the continuity of care CNC
- Trial of void prior to discharge
- Scripts provided for analgesia and antiemetics
- Follow-up via telehealth on days 1,3 & 6 post-operatively with CNC, and then at 6 weeks (telehealth/in person)

Conclusion

- **Significant reduction in length of post operative hospital stay with no significant difference in peri-operative complications and post operative representation rates.**
- Reduced length of hospital stay results in reduced use of hospital resources which can have a positive impact to the healthcare system especially in times such as the COVID pandemic.
- Standard of care does not suffer in patients who opt to undergo day case TLH at GCUH.
- This protocol shows extremely satisfied patients who have thorough and improved post operative care by a designated team who offers continuity of care to the patient.

References

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