



Maximising Success Rates for Same-Day Discharge: An Evaluation of Elective Laparoscopic Cholecystectomies Post COVID-19 Pandemic

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Introduction

The British Association of Day Surgery (BADS) advocates for a minimum threshold whereby 60% of laparoscopic cholecystectomies should be conducted as day cases. The COVID-19 pandemic has introduced new challenges and amplified existing ones in providing a day case surgical service. This study examines our laparoscopic cholecystectomy day case success rate and reasons for failure.

Methods

An audit spanning three years (1 January 2021 – 31 December 2023) evaluated elective laparoscopic cholecystectomies scheduled as day procedures, excluding emergency interventions and those with predetermined overnight recovery.

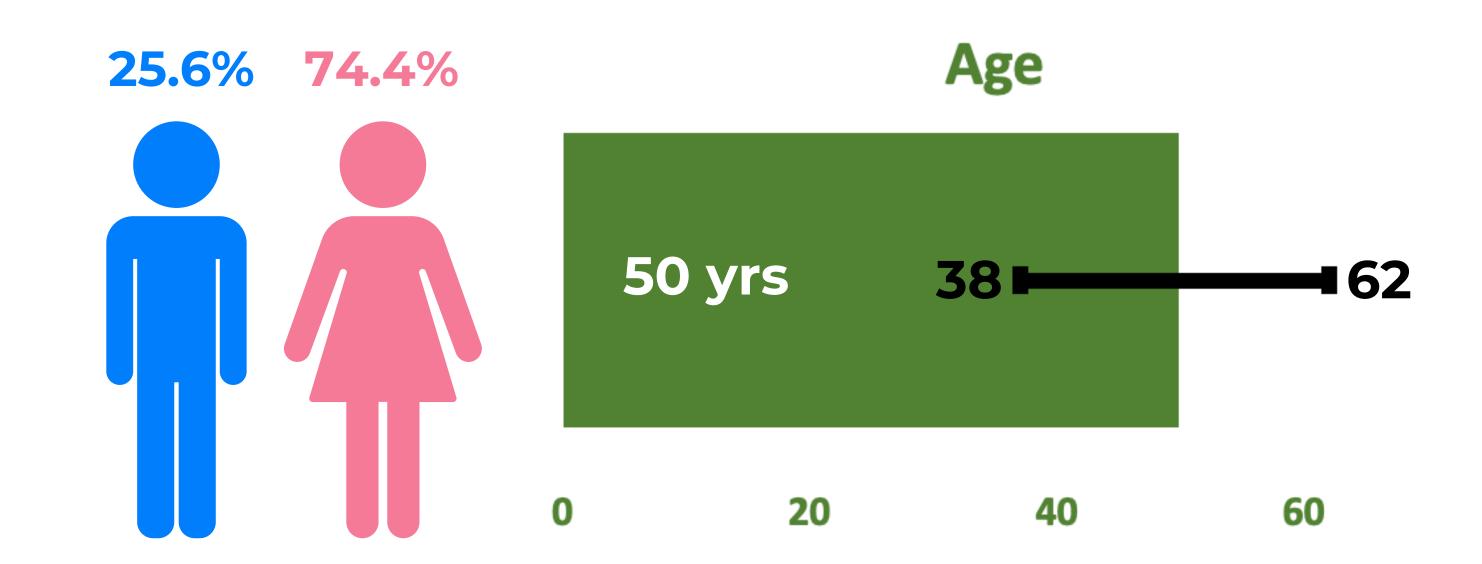
Results

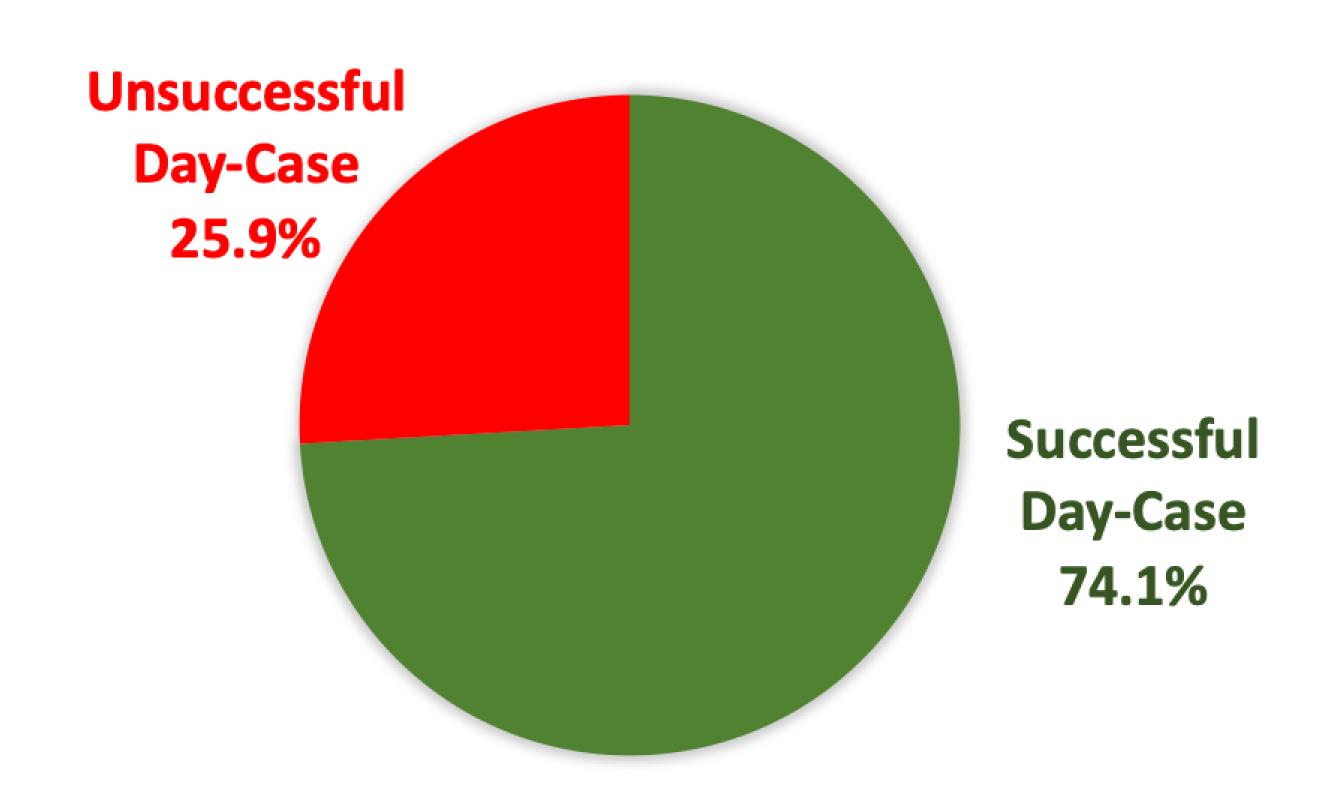
1,199 patients receiving laparoscopic Out cholecystectomy, 82.7% (n=993) were designated for day surgery. A majority, 74.4%, were female with a median age of 50 (IQR: 38-62). From those planned for day surgery, 25.9% (n=257/993) did not secure same-day discharge. The primary clinical causes for extended stay included procedural complexity/active cholecystitis (33.9%, n=87), postoperative pain (19.8%), nausea (11.3%), and urinary retention (5.4%). Notably, 18.6% (n=48/257) faced nonclinical delays such as postoperative ward transfer tardiness, bed space shortages, and communication breakdowns among staff. Additionally, 6.6% remained admitted despite known solitary living situations, and 2.7% were erroneously scheduled as day cases, not meeting inclusion standards.

Conclusion

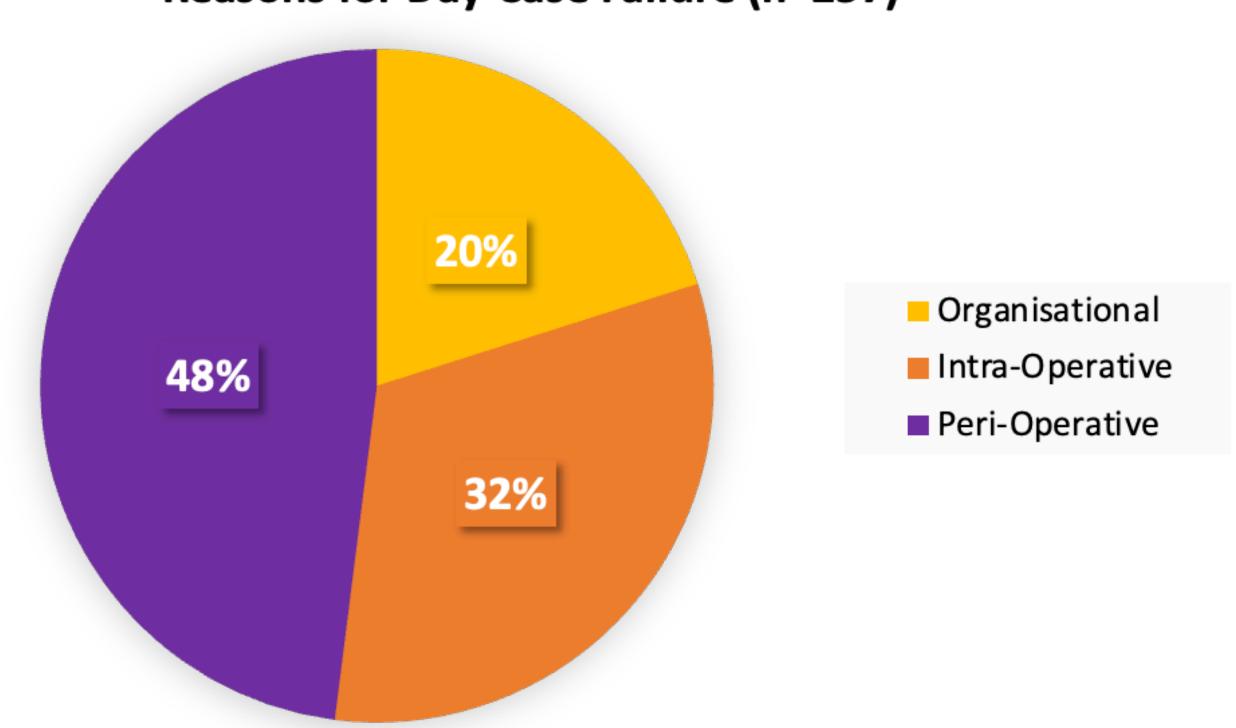
Maximising the success of day case laparoscopic cholecystectomy necessitates stringent adherence to the treatment pathway. While operative difficulty may be unpredictable, enhancing organisational components, including patient selection, ward transfer efficiency, and perioperative symptom management, are pivotal in improving discharge rates.

Day-Case: n=993









Reasons for Day-Case Failure

