ABSTRACT
Traditionally the majority of both LSH and TLH have been coupled with an overnight convalescence. At the Women’s Specialty Surgery Center, a free standing ASC, these procedures are performed with as little as a four hour recovery to discharge time. The necessary modifications in treatment plans and coordinating efforts to effectuate this rather rapid ambulatory transition are presented. The goals of cost savings, patient safety, and general satisfaction are easily attainable with proper preparation, counseling, preoperative instructions, and incorporating special tips and certain techniques.

Study Objective: Our experience with outpatient LSH and TLH and helpful hints for day surgery discharge are presented.

Methods: Retrospective Case Series of all TLH and LSH procedures performed in the first year of operation at WSSC between October 22, 2009 to Sept 22, 2010

Setting: Women’s Specialty Surgery Center at Texas Health Resources - Presbyterian Dallas, TX. 75231

Patient Demographics: All females undergoing LSH or TLH with an ASA of 3 or below and weight < 350 pounds and BMI < 40. Ages ranged between 31-61 years old.

Interventions: Preparation, Anesthesia Tips, Operative Technique, and Recovery Room Pearls.

PREPARATION
Starts with the in office consultation by presenting the TLH or LSH as a “day surgery” procedure.

Surgery Center nurse calls patient at home the day prior to surgery to review events as planned for surgery and discharge.

Post-operative prescription given at preoperative scheduling and filled prior to day of surgery.

Friendly and relaxed nurses in the Preoperative area to comfort the patient and provide open communication.

Bair Paws to provide warmth and comfort in pre and post operative holding areas.

OPERATIVE TECHNIQUE
Deep infiltration of trocar sites with 0.5% Bupivacaine.

- 5cc prior to skin incision and 5cc at skin closure at each of the 3 port sites for a total of 30cc of plain Bupivacaine

Use optical blunt dissecting trocars (11mm or less)

- Decreases sharp or penetrating intra-abdominal injuries seen with bladed trocars

- Better maintenance of pneumoperitoneum compared with open technique

- Fewer fascial stitches translates to decreased postoperative pain

The ideal dissection technique requires an energy modality that can accomplish meticulous hemostasis and will be tissue selective without causing inadvertent tissue damage.

- Bipolar Enseal to minimize blood loss (Infundibulopelvic ligament, Utero-ovarian ligament, Fallopian tube and Round ligament)

- Harmonic Scalpel for bladder flap dissection, uterine artery isolation, and uterine corpus amputation

- It is crucial to release all intraperitoneal CO₂ by venting or breathing the abdomen through open trocars.

Use Endo Close device to loosely reapproximate fascia at the morcellation trocar site to decrease pain while still preventing hernia formation.
LSH and TLH in the Free Standing ASC

Christy L. Capet, M.D., Vicki V. Schultz, RN, Pam A. Finlan, RN, CNOR, and John D. Bertrand, M.D.

Women’s Specialty Surgery Center at Texas Health- Dallas, TX

ABSTRACT

Traditionally the majority of both LSH and TLH have been coupled with an overnight convalescence. At the Women’s Specialty Surgery Center, a free standing ASC, these procedures are performed with as little as a four hour recovery to discharge time. The necessary modifications in treatment plans and coordinating efforts to effectuate this rather rapid ambulatory transition are presented. The goals of cost savings, patient safety, and general satisfaction are easily attainable with proper preparation, counseling, preoperative instructions, and incorporating special tips and certain techniques.

RECOVERY ROOM PEARLS

- Allow adequate rest in first 1-2 hrs of recovery.
- Recovery in stretcher with head elevated at 45 - 75 degrees to reduce cerebral edema from steep Trendelenburg position
- Reiterate preoperative counseling, assuring a 3 - 6 hour in center convalescence
- Early ambulation and attempt first void and diet at 3 hr time mark.
- Transfer to reclining chair once ambulating and voiding for remainder of recovery period.

MEASUREMENTS AND RESULTS

<table>
<thead>
<tr>
<th></th>
<th>LSH</th>
<th>TLH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Operation</td>
<td>70</td>
<td>7</td>
</tr>
<tr>
<td>Average Age</td>
<td>44</td>
<td>47</td>
</tr>
<tr>
<td>Average Operation Time</td>
<td>96 MINUTES</td>
<td>156 MINUTES</td>
</tr>
<tr>
<td>Average Uterine Weight</td>
<td>149 GRAMS</td>
<td>174 GRAMS</td>
</tr>
<tr>
<td>Average Blood Loss</td>
<td>117 MILLILITERS</td>
<td>237 MILLILITERS</td>
</tr>
<tr>
<td>Average Time in PACU</td>
<td>55 MINUTES</td>
<td>63 MINUTES</td>
</tr>
<tr>
<td>Average Time in Recovery</td>
<td>302 MINUTES</td>
<td>291 MINUTES</td>
</tr>
<tr>
<td>Overnight Stays in ASC</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Complications</td>
<td>1 *</td>
<td>NONE</td>
</tr>
<tr>
<td>Transfers to Hospital</td>
<td>2**</td>
<td>NONE</td>
</tr>
</tbody>
</table>

* Hemorrhage requiring transfusion. Pt was discharged on the same day.
** One transfer was precautionary secondary Pt on plavix, the second transfer was for hypotension with increased blood loss that resolved with crystalloid resuscitation.

FOLLOW UP AND FEEDBACK

- Nursing staff makes a postoperative phone call 24hrs after discharge
- Develop quality assurance protocols and recover patient survey cards about surgery center experience
- Tracking your data is imperative:
  - Offers patient reassurance
  - Enhances surgeons confidence

CONCLUSION

The average time to discharge for LSH and TLH was 6 hours after the completion of the operation. 87% of the LSH patients were able to be discharged on the same day of surgery. All patients who were observed at either the WSSC or in the hospital were discharged the next morning without further intervention or complication. There were also no readmissions to report following either procedure.

Minimally invasive surgical technique has transformed the most commonly performed gynecologic surgical operation into a day surgery procedure. It provides the patient with a safe alternative to traditional open hysterectomy, and improves the postoperative quality of life by accelerating the recovery phase.