

Setting Up a Pelvic Floor Day Case Service

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Background

Pelvic floor surgery is a commonly performed area of gynaecology surgery and accounts of a large proportion of postoperative gynaecology admissions. Day cases pelvic floor surgery including vaginal hysterectomy is a subject of debate and in need of more evidence demonstrating safety and acceptability.

For the past 5 years, our unit has safely implemented same day discharge for all our pelvic floor and vaginal hysterectomy procedures. This is a review of the outcomes and a guide of how to set up a daycase pelvic floor surgery service.

Method

A retrospective service evaluation of our last 100 patients was undertaken and discuss the pillars of setting up the service as well as the pitfalls to avoid.

Procedure	Number
Pelvic Floor Repair +/- SSF	32
Vaginal Hysterectomy	20
SSF	7
Colpoclesis	11
Division of Midurethral Tape	1

Crucial Steps

- Development of a pathway-> add clarity and 'standardise' practice
- Team engagement-> communication regarding benefits of day case service, awareness of pathway
- Patient engagement-> preoperative counselling/management of expectations

Principles of ERAS

- Patient selection
- Appropriate list order
- Intraoperative analgesia- avoid opioids
- Postoperative analgesia
- Strict voiding pathway
- Postoperative mobilisation

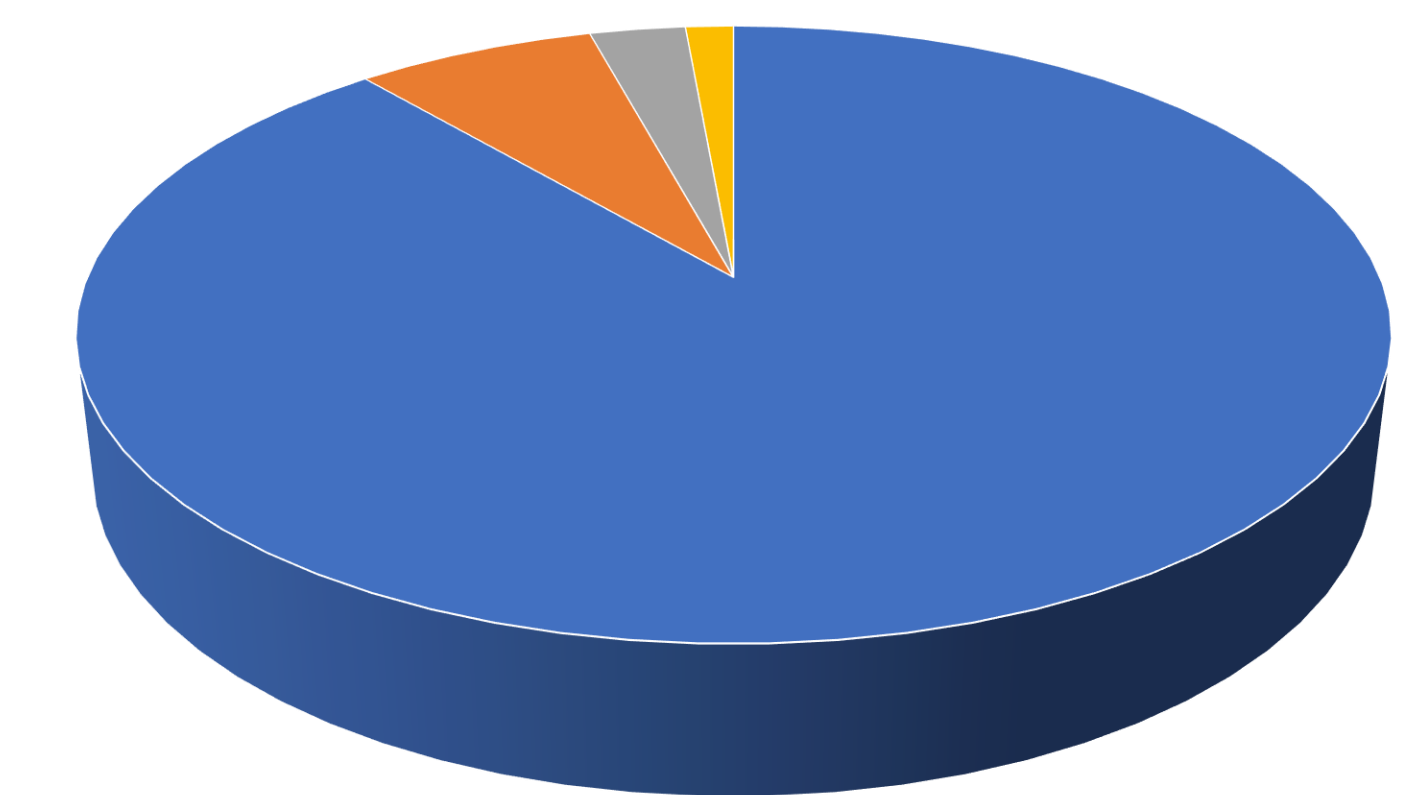
Results

Due to the pandemic the number of surgeries undertaken were low. Complete records of 71 pelvic floor surgeries were obtained and reviewed. These were undertaken between June 2020- March 2022 by a single consultant at a district general hospital. 88% (63) of patients were sent home on the same day with 7% (5) discharged the following day, 3% (2) discharged after 2 days and only 2% (1) discharged 3 days later. Reasons for overnight admission anaesthetist preference, raised NEWS2 score postoperatively and social reasons.

Conclusions

Pelvic floor surgery can be successfully performed as a day case surgery for the majority patients. It is important to incorporate a multidisciplinary team approach to planning day case pelvic floor surgery and to ensure the patient's expectations regarding same day discharge are preoperatively addressed. Patients should be appropriately counselled preoperatively to ensure their expectations are paralleled. There is no increase in postoperative complications or adverse outcome associated with day case surgery.

Proximity of discharge to surgery



- Same day discharge
- Next day discharge
- Discharged after 2 days
- Discharged after 3 days