

Same-Day Discharge After Laparoscopic Hysterectomy: The way forward for UK Gynaecology

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Patient EM

- 86 years old for TLH +BSO for endometrial cancer
- BMI 28
- Exercise tolerance of 100m with rollator
 - **Past Surgical Hx**
 - 2 LSCS
 - 2 x Coronary stent insertions
 - Mandibulectomy
 - **Co-morbidities**
 - Ischaemic heart disease, angina, 8 x TIAs, HTN
 - CKD stage 3
 - Ex smoker 30 pack year
 - GORD, diverticulosis
 - Osteoarthritis, lymphoedema
 - Registered hearing impaired, anxiety
 - 12 drug allergies/sensitivities

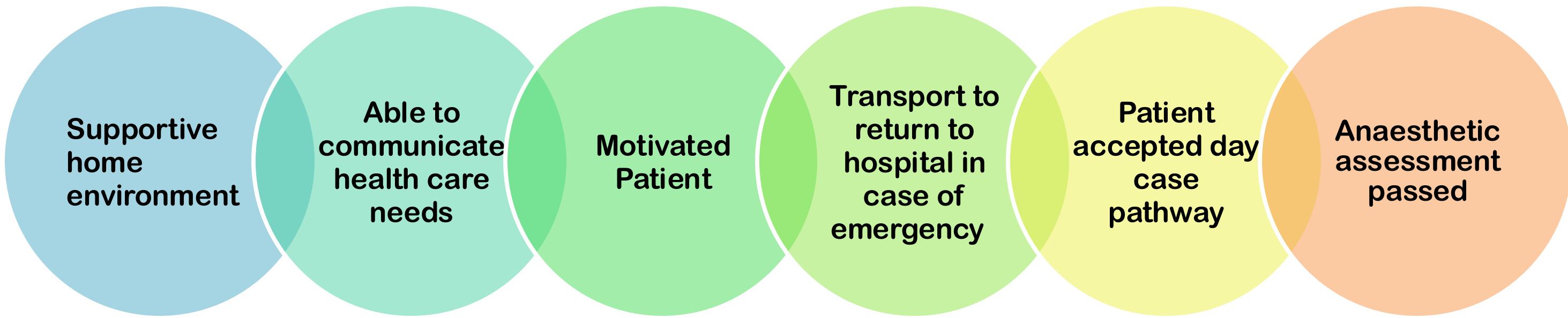
QUESTION: Would you list Patient EM as a day case TLH in your unit?

Patient EM continued...

- Counsellled in clinic and wish to go home on same day
- Placed on ‘opt out’ pathway
- Reviewed in preop by anaesthetic consultant-agreed TCI
- Successful TLH + BSO, home 7 hours later
- Day 1 phone call- ‘delighted’ to be home, mobilising well, using paracetamol only

St Richards 'Opt Out' Pathway

- Every patient is placed on the day case pathway from clinic after counselling
- Essential Criteria



Getting It Right First Time (GIRFT)

- GIRFT Report (2021)

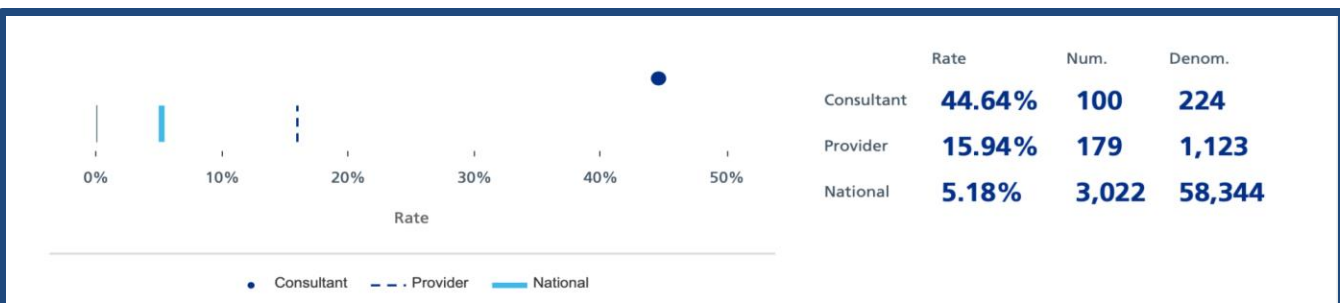
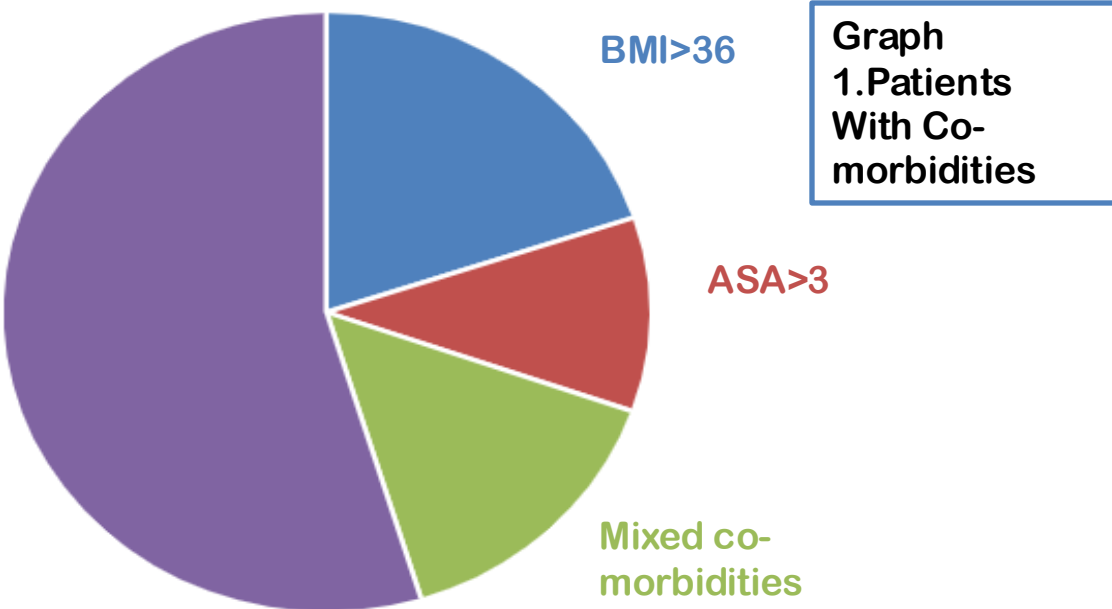
Minimally invasive (MI) hysterectomies reduce hospital stay by an average of 3.97 days

Aims for 75% of hysterectomies to be MI and of these, for half to be completed as a day case procedure

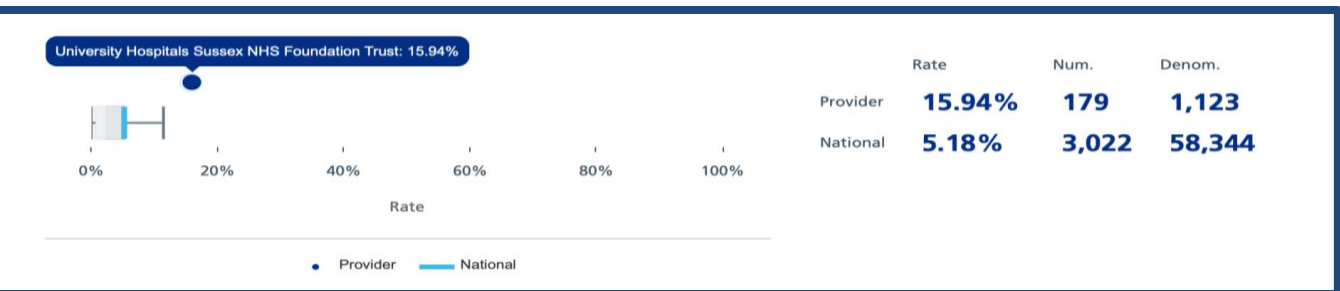

- These recommendations have the potential to unlock 22,698 bed days

SRH Same Day Discharge Data

- Since November 2021
 - 202-day case TLH
 - 6 failed discharged (3%)
 - 10 readmissions (5%)



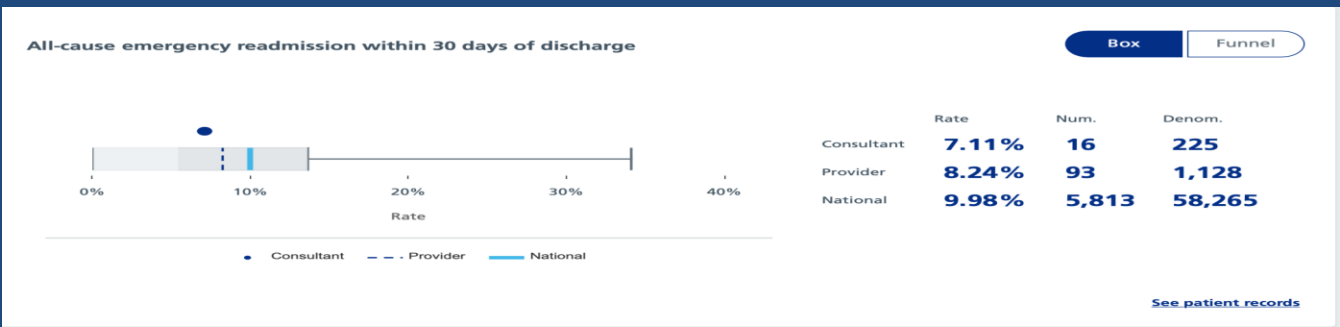
Graph 2. Zero Length of stay, achieved in 45% of patients compared to 5% national average



Graph 3. Zero Length of stay, trust average 16% compared to 5% national average



Graph 4. Failed discharges, trust average 4.4% compared to 26% national average



Graph 5. Readmission, unit average 7% compared to 9% national average



Graph 6. Achieving minimally invasive hysterectomies, unit average 67% compared to 32% national average

Conclusion

We believe that running an ‘opt in’ pathway is a barrier to achieving national GIRFT aim. An ‘opt out’ pathway is shown to be safe and effective.

If a patient is not fit to have a day case TLH, are they fit to have it at all?