



Can We Identify Patients Appropriate for Same Day Discharge After Laparoscopic Fundoplication?

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BACKGROUND

- Laparoscopic fundoplication can safely be performed in an ambulatory surgery center or hospital outpatient surgery department, resulting in significant cost savings.
- However, there is low acceptance of this practice due to fear of readmission and patient dissatisfaction.
- The aim of this study is to identify factors predicting failure of same day discharge after laparoscopic fundoplication.

METHODS

- An outpatient setting was simulated on LF patients from 2017-2018 & data was collected prospectively.
- Postop protocol: liquid diet and oral medications beginning 3hrs postop;
- Patients were observed in house overnight then discharged when appropriate.
- Failure criteria: physician intervention after 3 hours, or failure to discharge within 23 hours.

Demographics

- Age
- Sex
- ASA Class
- BMI

Comorbidities

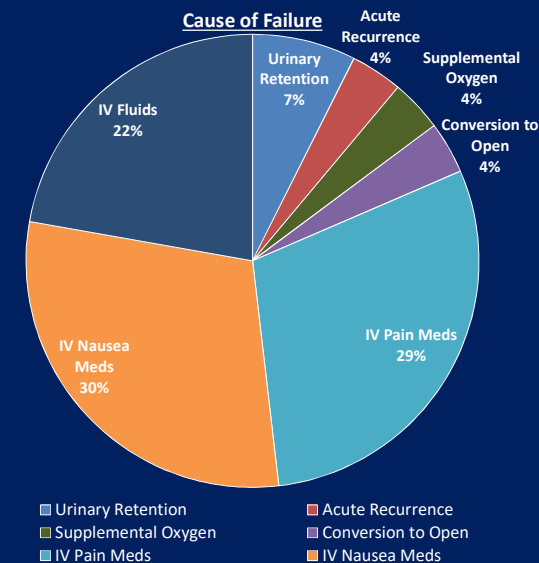
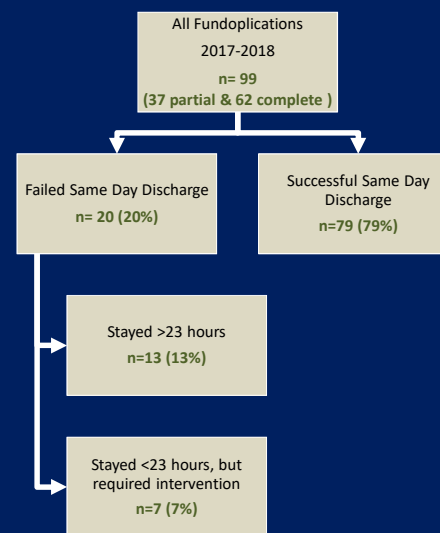
- Diabetes
- Hypertension
- Previous Cardiac Event
- Previous Abdominal Surgery
- COPD
- Chronic Kidney Disease
- Fibromyalgia
- Psychiatric History
- Psychiatric Medications
- Chronic Steroids
- Chronic Narcotics
- Preop Nausea
- Preop Dyspnea
- Alcohol/Tobacco/Drug abuse

Operative

- Morning Surgery
- Afternoon Surgery
- Estimated Blood Loss
- Operative Time
- Type of Fundoplication
- Complication
- Hiatal hernia size

RESULTS

- Our analysis demonstrated no statistically significant patient risk factor, comorbidity, or perioperative variable (Table 1) that could reliably predict failure of same day discharge.



CONCLUSION

Same day discharge after laparoscopic fundoplication is safe and feasible for 80% of patients; however, we cannot identify any variables to predict which 20% will fail discharge .

Table 1. Variables assessed to identify which patients may fail same day discharge after LF.