Ambulatory Colectomy and Selecting the Proper Patient: Criteria for Inclusion and Protocol for a Safe Discharge

Karleigh R. Curfman, MD, Tori A. Holtestaul, MD, Gabrielle E. Blair, MS, Sunshine A. Pille, PA-C, Callan L. Kosnik PA-C, Laila Rashidi, MD

Introduction

- Same day discharge (SDD) after colectomy is an emerging concept that has recently begun to gain interest. From a small amount of published literature and our own review we have found that it can be done, but a population on whom this is safe to be performed upon needs to be defined.

Methods

- Retrospective review performed on all colectomies from Feb. 2019 – Aug. 2021, identifying 336 colectomies. For the purpose of this study, SDD colectomy was defined as patient stay of ≤ 23 hours, with no over night hospitalization. By this criteria, at the time of study production we identified 124 SDD colectomy patients. The comorbidities, psychosocial factors, communication abilities, and postoperative metrics of the remaining 212 patients were then retrospectively reviewed to assess why they were excluded from SDD.

Results

- 336 colectomies were identified over a 2-year period, of which 124 patients underwent same day discharge and 212 patients were admitted. The breakdown of patient exclusion is displayed in the table.

- From our population we found that patients were excluded from SDD candidacy if:
  - Inability for minimally invasive approach (n=3)
  - Uncontrolled or severe comorbidities (n=36)
  - Planned stoma (n=36)
  - Lack of social support (n=25)
  - Technically complex or postoperative complication (n=68)
  - -ASA 4 (n=3)
  - -Emergency surgery (n=14)
  - -Total colectomy (n=14)
  - -Alternate surgeon (n=4)
  - -Abdominoperineal resection (n=9)

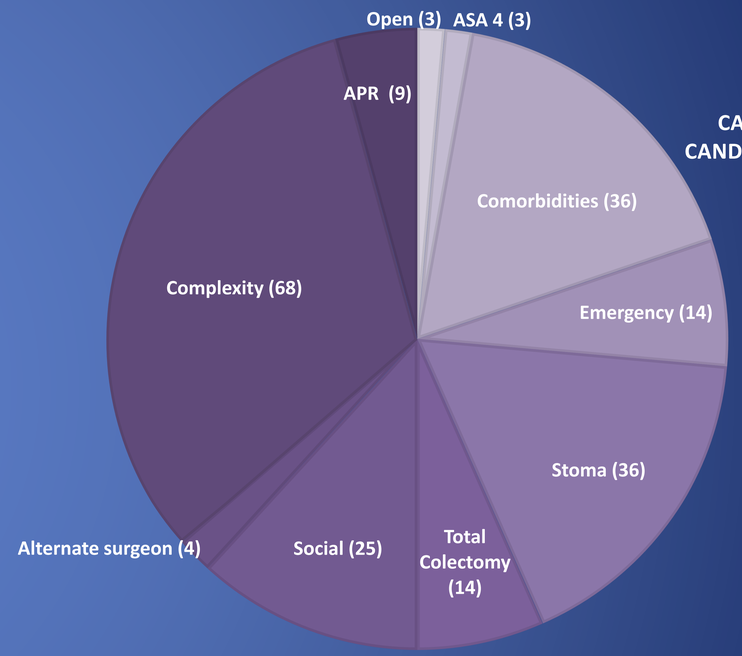


TABLE 1: CAUSES FOR SDD CANDIDACY EXCLUSION

Discussion

- Inclusion criteria were based on determining medically safe patients for SDD and those who have the proper outpatient support and means of communication. We included patients if they harbored ≤1 significant comorbidities, limited anticoagulation or antiplatelet use, and minimal prior abdominal surgeries. To be considered candidates for SDD, patients had to have adequate outpatient support and ample means of communication, as we contact our patients on post-operative day 1 and 3, prior to their first follow-up appointment on day 7.

- In conjunction with the importance of rigorous preoperative rigorous patient selection, immediate post-operative criteria must be fulfilled prior to discharge for the post-operative anesthesia care unit. This includes criteria such as routine surgery, minimal to no deviation from planned procedure, tolerating oral intake, spontaneous voiding, hemodynamically stable vital signs, incentive spirometer education and use, walking postoperatively, and pain control with oral medications. Additionally, confirmation of adequate home support and communication abilities are confirmed prior to discharge.

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