



Should we be performing day Case Laparoscopic Cholecystectomy (DCLC) after 3pm? Correlation between Time of Operation and Post-Operative Hospital Stay

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Introduction

Laparoscopic cholecystectomy (LC) is a common daycase procedure. The British Association of Day Surgery (BADs) Procedure Directory sets out national performance targets for the number of LC's treated as day cases. This study aimed to assess if operation time predicted unplanned inpatient admission.

Methods

An anonymised retrospective review of all patients undergoing LC. The data was undertaken over two cycles. The first cycle was a 6-month period followed by a second cycle that was undertaken over three months. Data was obtained from multiple sources: discharge letters and the theatre data manager.

Results

Total number of cases included was 160. In the first cycle, 113 LC's were performed over a 6-month period, 5 (4%) were planned admissions. The zero night stay for DCLC was 56%, which lies within the top 50% of current national performance but is below the BADs target of 75%. Of the planned DCLC there were 47 (42%) unexpected admissions. The unexpected admission and zero stay groups were well matched in age and gender. Average age 54 (22 to 87) with 76% female in the zero stay group compared to 51 (18 to 81), with 77% female in the unplanned admission group. In the day zero stay group, 3 (10.4%) patients underwent operations between the hours of 15:00 to 18:00 compared to 14 (32.5%) in the unplanned admission group. In the second cycle, Total number of day case LC's was 47 case. The zero night stay was 70%, which falls just below the BADs target. While unplanned admissions resembled 30% of the total cases. 14 patients had unplanned hospital stay, from which 10 cases were admitted for unexplained reasons. Day zero stay group time of operation before 15:00 was 31 cases (94%), while Day zero stay group time of operation after 15:00 was 2 cases (6%). On the other hand, unplanned admission group time of operation after 15:00 was 5 cases (36%). We had 136 cases (out of 160) underwent laparoscopic cholecystectomy before 3 pm. While 24 cases only had their operation after 3 pm. Reportedly, 19 patients out of those 24 cases stayed at the hospital.

Conclusion

The timing of operation of DCLC predicts inpatient admission; our data suggests that DCLC should not take place after 3pm in the afternoon. A small proportion of patients were planned admissions suggesting that there is a default for clinicians to book patients undergoing LC as DCLC, which may be inappropriate. Time of operation is one of the reasons for hospital admission. It is worth consideration as this is could be an avoidable cause of hospital admission after day case surgeries. As it will be helpful in re-commencing our day care services post COVID.

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