

Post-operative Subtotal Laparoscopic Cholecystectomy Treatment Pathway

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Introduction

- Subtotal laparoscopic cholecystectomy (STLC) is a frequent alternative for the difficult gallbladder.
- The use of STLC is increasing given the higher safety profile compared to conversion to open cholecystectomy.^{1,2}
- Despite the increased use of STLC, there is no literature describing how to manage these patients post-operatively.

Objective

The objective of this study was to describe our pathway and outcomes for the post-operative treatment of STLC patients.

Methods

- This descriptive study incorporated a retrospective analysis of all patients who underwent STLC at NMH from 9/2017 through 12/2019.
- Inclusion criteria:
 - Patients admitted from our ED to the acute care service (ACS) who underwent STLC by an ACS surgeon for acute biliary disease.
- STLC patients were managed with a treatment pathway that minimizes additional procedures and length of stay (Figure 1.)
- We retrospectively reviewed clinical factors and outcomes following cholecystectomy

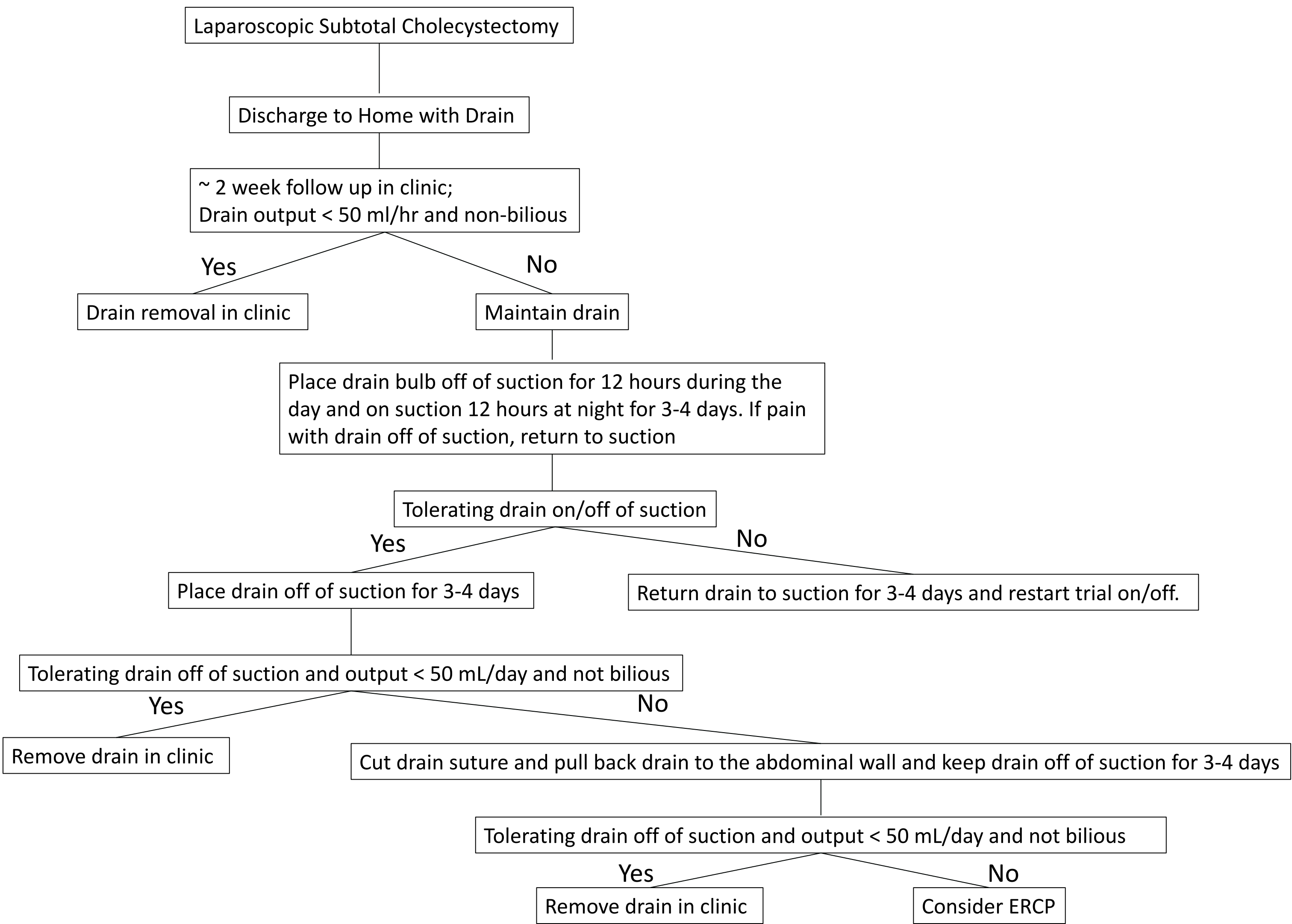


Figure 1. Postoperative management algorithm implemented for subtotal laparoscopic cholecystectomy patients

Results

- 26 patients underwent STLC, all of whom were managed with surgical drains placed intra-operatively. Data presented as frequency (percent) and median [interquartile range].
- 20 (76.9%) patients had a drain present at discharge, and 10 (38.5%) of these patients had bile present in the drain at the time of discharge.
 - Total LOS: 4 days [3-7.5], post-operative LOS: 2 days [2-4.5].
 - Three patients (11.5%) had an ERCP performed post-operatively prior to discharge.
 - Four patients (15.4%) underwent post-discharge ERCP for indications other than stent removal.
 - Median number of post-discharge clinic visits: 1 [1-2]. Patients had their surgical drains removed on POD 22 [16-35].
 - There was one episode (3.8%) of bile leak after removal of the drain.
 - Four patients (15.4%) were readmitted within 30 days, three (11.5%) were related to the antecedent episode of acute biliary disease.

Conclusion

We describe a STLC post-operative pathway that minimizes length of stay and number of additional procedures. This treatment pathway is simple to implement and focuses on patient centered outcomes.

References

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