

FEASIBILITY OF SAME DAY DISCHARGE AFTER ROBOTIC ASSISTED PELVIC FLOOR RECONSTRUCTION

Hypothesis / aims of study

Robotic surgical procedures have increasingly become more common in the field of female pelvic reconstruction. Purported benefits of robotic assisted pelvic floor reconstruction procedures include: shorter hospital stay, quicker recovery, minimal blood loss, and decreased postoperative pain. Following robotic assisted pelvic floor reconstructive procedures, typical current accepted practice is discharge after a one night hospitalization. We assessed whether same day discharge affects the short-term safety of robotic assisted pelvic floor reconstructive procedures, relative to those who remain hospitalized overnight.

Study design, materials and methods

We retrospectively reviewed the charts of 22 women who underwent robotic assisted pelvic floor reconstructive procedures between January 2016 and February 2017. A same day discharge protocol for robotic assisted pelvic floor reconstructive procedures was initiated in July 2016. Our same day discharge protocol included: anticipatory discharge instructions provided preoperatively, all trocar sites infiltrated with Marcaine 0.5% before skin incisions, all cases done using an 8 mm assistant port, patients received IV Ketorolac at end of case, non-opioid analgesics used when clinically appropriate and all patients received a postop phone call the night of surgery or on postop day one. To date, eleven patients have undergone same day discharge. These patients were compared to the prior 11 consecutive patients who stayed overnight. To evaluate short term safety, we reviewed the medical record for any unscheduled emergency department and/or office visits within 7 days of the robotic assisted pelvic floor reconstructive procedure. Demographic, perioperative, and postoperative data were compared using Student's t test and Fisher's exact test.

Results

Patient Demographics:

Factor	Same Day Discharge (n=11)	Overnight (n=11)	p-value
Age at intervention (years)	63.4	64.3	0.77
Body Mass Index (kg/m ²)	28.8	26.2	0.20
Length of Surgery (minutes)	232	229	0.89
EBL (ml)	40	45	0.52
ASA score	2.3	2.5	0.44

Unscheduled Visits in the Early Post Operative Period:

Unscheduled Visits	Same Day Discharge (n=11)	Overnight (n=11)
Emergency Department	0	0
Office	0	0

Interpretation of results

In our series, 91% (20/22) of patients underwent robotic assisted sacrocolpopexy. Two patients (9%) had a different robotic assisted pelvic floor reconstructive procedure, one had a robotic assisted hysteropexy and the other a robotic assisted vaginal mesh excision. Concomitant robotic assisted supracervical hysterectomy was performed in 27.3% (3/11) of the patients in the overnight group, whereas 9.1% (1/11) of the same day discharge patients underwent a supracervical hysterectomy. There were no significant differences between groups with regards to age, BMI, ASA score, surgery start time or duration; estimated blood loss, concomitant sling surgery, early complications, NSAID use, or comorbidities. Ultimately, patients in the same day discharge group were no more likely than the overnight group to require an unscheduled emergency department or office visit in the early postoperative period. Indeed, both groups had no unscheduled emergency department and/or office visits within 7 days of undergoing a robotic assisted pelvic floor reconstructive procedure.

Concluding message

Same day discharge after robotic assisted pelvic floor reconstructive procedures appears to be safe and feasible with no increase in unscheduled emergency departments and/or office visits in the early postoperative period. Robotic assisted pelvic floor reconstructive procedures were well-tolerated regardless of length of stay.

Disclosures

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