

HOME IN 3 HOURS: CONTEMPORARY LENGTH OF STAY WHEN USING A PERI-OPERATIVE CARE PATHWAY FOR MID-URETHRAL SLING SURGERY

Hypothesis / aims of study

We evaluated whether patients undergoing mid-urethral slings in an ambulatory setting could be discharged safely within 3 hours of surgery when using a strict peri-operative care pathway.

Study design, materials and methods

A retrospective chart review of all patients presenting for isolated mid-urethral sling surgery with a single surgeon at a single hospital from February 2005 to July 2007 was performed. The charts were retrospectively reviewed to determine length of stay (LOS), patient age, type of anesthesia, whether or not post-operative lab work was ordered, transfusion rate, emergency room visits within 30 days, readmissions in 7 or 30 days, and whether or not the patient was discharged with a urethral catheter. Patients we given standardized intra-operative care. Immediately postoperatively, patients were placed on a strict care pathway (Figure 1.)

Results

86 patients were included in this study. The procedures included 34 retropubic mid-urethral slings and 52 transobturator mid-urethral slings. The median age was 52 years (34-89). 79% received local/IV sedation and 21% underwent general/spinal anesthesia. 1 patient had readmission to ER within 30 days for evaluation of chest pain. 8% were discharged with an indwelling urethral catheter. No patients required transfusion. The mean LOS was 2.42 hours.

Interpretation of results

The goal of our study was to establish a clinical pathway to streamline the postoperative care of patients undergoing mid-urethral sling surgery for the treatment of stress urinary incontinence. Our results have shown that such a clinical care pathway can expedite the postoperative management of patients who have undergone this surgical procedure, while maintaining a high level of care. The low mean LOS truly reflects the expedited nature of this clinical care pathway, which did not demonstrate significant morbidity in our patient population.

Concluding message

We concluded that when a strict care pathway is followed, the tensionless mid-urethral sling can be performed safely in the outpatient setting, with a median time from arrival in the recovery area to discharge of less than 3 hours. Routine hospital admission, post-operative labs, and antibiotics are not necessary.

Care Pathway

Pre-operative

- Written & verbal orientation to the care pathway

Intra-operative

- Deep IV sedation + local anesthesia
- Bladder is filled with 200-250 mL
- No urethral catheter or vaginal pack is placed

Post-operative

- Labs ordered only for hemodynamic instability
- After first void, patient is asked to evaluate force of stream on a scale of 0-100% compared to pre-op.
- If self-reported force of stream is <50% a catheter is placed and appointment is made for removal in 48-72 hours
- No post-op antibiotics are given
- Percocet is given for post-op pain management

Figure 1.

Specify source of funding or grant	None
Is this a clinical trial?	Yes
Is this study registered in a public clinical trials registry?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	Yes
Specify Name of Ethics Committee	Cleveland Clinic Institutional Review Board
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	Yes