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RESULTS AND FEASIBILTY OF DAY CARE LAPROSCOPIC CHOLECYSTECTOMY

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Abstract:

Objective: *To evaluate the feasibility and outcomes of laparoscopic cholecystectomy in an independent day care surgical unit.*

Study Design: *A Case series.*

Configuration and duration: *From April 2017 to April 2018 in the Shalamar Hospital Lahore for one year duration.*

Methodology: *patients presenting with diagnosis of cholelithiasis were included and gave consent for laparoscopic cholecystectomy in the day care. Selection criteria included ASA grade I and II, age <60 years, normal liver function tests, signs and symptoms of acute cholecystitis and weight <100 kg. The duration of operation, complications, transformation, nocturnal stay, and responsible factors were analyzed.*

Results: *In 113 (88.5%) of the patients, 13 patients (13.5%) were male and females were 100. The mean age was 37.9, and laparoscopic cholecystectomy was performed. 99 of the patients (87.61%) were discharged on the same day and 14 (12.39%) were staying overnight. The reasons for overnight stay included 2 (1.77%) nausea and vomiting, drain placement (4.43%), 4 (3.54%) conversion to open type 3 (2.65%) and patient preference. Complications included 5 (4.43%) port area infections, 1 (0.88%) port area hernia, and 1 (0.88%) had minor bile leakage.*

Conclusion: *Laparoscopic day care cholecystectomy is a safe and feasible option in a separate daily care unit in a selected group of patients.*

Key words: *day care surgery, ambulatory surgery, laparoscopic cholecystectomy, ambulatory surgery.*

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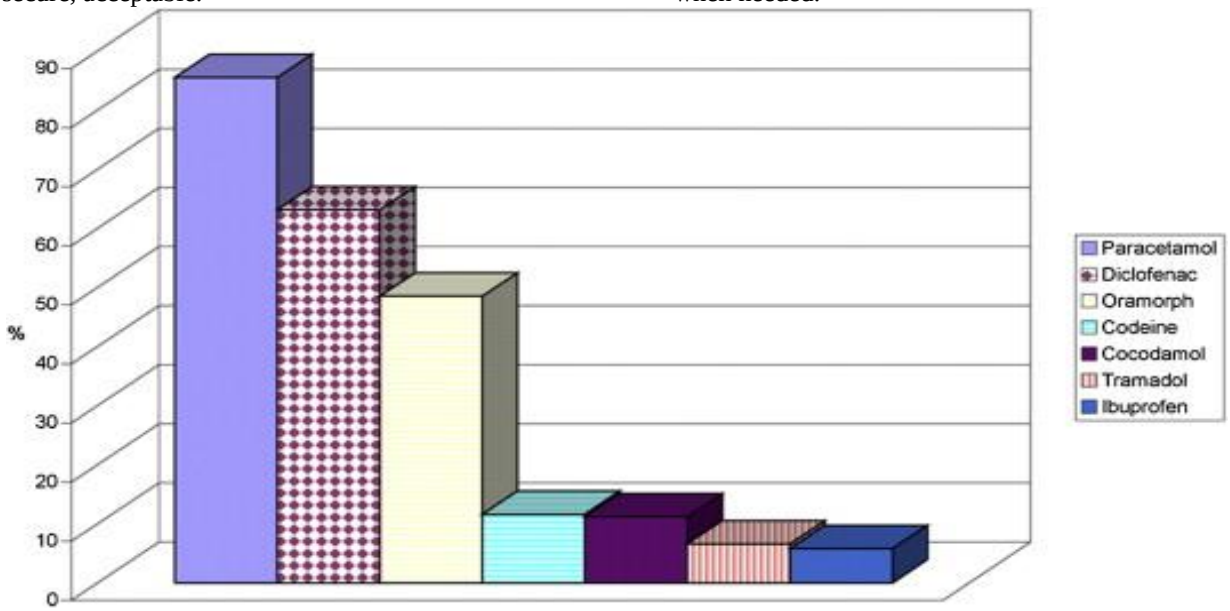
INTRODUCTION:

Laparoscopic cholecystectomy has become a better recovery, less return after surgery, and early cosmetic treatment of symptomatic gallstones due to postoperative pain and better cosmetic. Today, the potential for surgery to perform laparoscopic cholecystectomy was recognized first in 1991 when an article published in the New England Journal of Medicine lasted in only 6 hours. Fleming and Prasad presented their findings. Series that support this as a safe and cost-effective procedure. Since then, laparoscopic cholecystectomy has been studied extensively in nurseries as shown in the studies of Mjaland and other authors. Many studies have demonstrated the safety, viability and cost-effectiveness of laparoscopic cholecystectomy in day care centers and a meta-analysis of five randomized controlled trials. Gurusamy concludes that laparoscopic nursery cholecystectomy is a safe and effective treatment for symptomatic gallbladder stone. Well-developed world patients have been established at many centers selected, but the information is limited in developing countries, however, Kaman and Chauhan of India have also reported that patients and social benefits are safe and secure, acceptable.

MATERIALS AND METHODS:

This Case series was held from April 2017 to April 2018 in the Shalamar Hospital Lahore for one year duration. Laparoscopic day care cholecystectomy was recommended to all patients who met the selection criteria and was separated. The selection criteria were sixty years of age, normal liver function, less than one hundred kilograms and adequate support for the weight tests and no signs and symptoms of acute cholecystitis. The American Society of Anesthesiology I and II, namely the presence of an adult responsible for caring at home, access to the phone and the possibility of going to the hospital if necessary.

Perioperative and anesthesia regimens were standardized. The patients presented at 7.30 am and at 8 o'clock in the morning and opertaed between 6.00 and 8.00. After being checked by the surgeon. For prophylaxis, 1.5 g cefuroxime, 100 mg diclofenac suppository and Bupivacaine bottle infiltration were used. Injection in a single dose. Diclofenac sodium was administered 6 hours after surgery. The phone number of the surgeon and the manager was given to the patient to be contacted when needed.



RESULTS:

Of the 113 patients, 100 (88.5%) were female and 37.9 (range 16 (11.5%) male, 59 years) who were allocated for laparoscopic cholecystectomy (DCLC). The mean operative time was 43 minutes with an interval of 25 to 90 minutes. While 114 of these 113 patients, fourteen (12.39%) had to stay overnight, ninety-nine (87.61%) were discharged on the same day, while no hospitalizations in this study. Two open cholecystectomies (2.65%) in two patients and excessive nausea and in five postoperative vomiting (4.43%) and drainage placement in four (3.54%) (1.77% Table I.

Reason	No. %
Nausea & Vomiting	5 (4.43)
Drain	4 (3.54)
Conversion	3 (2.65)
Patient's wish	2 (1.77)

Complications occurred in seven of 113 patients studied. One patient had a small bile leak that settled and infection in three of the ports on the site, epigastric ports and two umbilicals in three (five days old) patient in three days. One patient developed a hernia in his abdomen seven months after the surgery.

DISCUSSION:

Our results show that laparoscopic cholecystectomy nursery is a reliable and feasible option, as demonstrated by Fleming in Siu Hong Kong, Keulemans and Kaman in 2000, Siu. In daily surgery, there is an effect on patient selection success rates, a high 87.61% rate, and this has been demonstrated in laparoscopic surgery, but re-admission suggests that selection criteria are sufficient. Day care surgery is safe in high-risk patients and higher risk (ASA grade III) patients. Download rates in the published literature vary between 55% and 100%. As experience grows, it is thought that laparoscopic cholecystectomy may send a broader range of patients in day care. In this study, the average age of 37.9 years is lower than 60 years and only in ASA class I and II younger than the other local studies because of the choice of patients. The average working time of 43 minutes was determined by Kara20 in 2007 in Khan, in 2005 in Lau. The operation time was reported to be an independent predictor for an unexpected and working time of more than 60 minutes with a 4-fold increased risk. Night reported causes include nausea and vomiting, pain, transformation, patient preference, drain placement, and retention. Complications and conversion rate are the same in nursery or in laparoscopic cholecystectomy as entry, but it reduces the effect on the day of surgery with acute cholecystitis, except for obese patients.

CONCLUSION:

Day Care Laparoscopic cholecystectomy is a safe and feasible option in a patient-selected group in a separate surgery day care unit.

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