Editorial
Laparoscopic Cholecystectomy: How are we doing?

Mark Skues, Editor-in-Chief

This final Edition of the year has something of a theme with daycase laparoscopic cholecystectomy being a subject in three of the papers published, in addition to one describing the development of emergency operating in the ambulatory environment.

A submission from South Wales describes the attempted implementation of a pathway by which orthopaedic trauma patients are transferred to an ambulatory area, undergo their operation, and then are discharged home on the same day. The results of eleven months of audit revealed a disappointing result, with only one patient being discharged on the same day as their operation. One hopes that persistence with the newly established pathway might bear more fruitful results in due course.

The surgical team from Milton Keynes, UK, present information on rates and success of laparoscopic cholecystectomy in obese patients, querying whether Body Mass Index complicates successful ambulatory management. With retrospective analysis of a cohort of 167 patients scheduled for ambulatory operations over a three year period, they found that there were no differences in rates of conversion to open operation, peri-operative complications or admission to hospital in the subsequent 30 days. Most importantly, their reported rate of successful daycase management for laparoscopic cholecystectomy was 83.2%. This figure correlates well with the overall data for Milton Keynes, where their hospital achieve between 65 and 70% for successful daycase management for this operation.

Vieira and colleagues present information regarding anaesthetic techniques for laparoscopic cholecystectomy, investigating whether there were any differences between anaesthesia provided for ambulatory or inpatient care. Somewhat reassuringly, they found nothing of significance between the various facets of anaesthetic care, beyond variation that development of guidelines would help to assuage. Significantly, their national rate for ambulatory laparoscopic cholecystectomy is cited as 12%.

An Indian perspective comes from Naresh Row, who cites the reasons why ambulatory cholecystectomies can present logistic issues in their particular Day Surgery facility. He presents a series of recommendations and advice to aid the ambulatory ethos, particularly in relation to this operation. It would seem that the greatest barrier to enhancement of ambulatory rates for laparoscopic cholecystectomy may be the patients themselves.

What data do we have to place this information into a national perspective? Claus Toftgaard wrote a paper that was published in this Journal providing data from 2009 [1], that was repeated for fewer countries in 2013 [2]. Data from England [3] indicates that the daycase rate was 52.8% for the 12 month period from April 2016 to March 2017. A recent publication from Belgium [4] has provided information on some other European countries for the most recent time period available (Table 1). While there seems to be healthy progress in the ambulatory rates for laparoscopic cholecystectomy, they would seem to indicate that there may be a need to influence surgical, anaesthetic and nursing colleagues across Europe of the potential benefit to patients of shorter stay surgery as well as the advantages that such care would accrue. Similarly,

Table 1 Ambulatory Laparoscopic Cholecystectomy rates.

Country	**Day Case rate %**			
Year	**2007**	**2009**	**2011**	**2014**
Denmark	43%	58%	63%	57%
Finland	25%	28%	28%	36%
Sweden	16%	17%	22%	31%
Ireland				29%
Norway	20%	88%		26%
France	0.4%	1.1%		19%
The Netherlands**	4.4%	6%	6%	
Belgium*	1.9%	3%		5%
Germany		0%	0%	0%
England	14.5%	20%	32%	45%
Scotland	3%	13%	20%	
Spain		5%		
Portugal	1.1%	15%		
Italy	1.4%	5%		

* Data for 2013 (most recent data). **Data for 2010 (most recent data).

the development of comparative indices by IAAS member countries evaluating the performance of procedures suitable for ambulatory management would assist in highlighting those countries worthy of support. Preparations for this seem to be well advanced [5] with suggestions for the ideal cohort of ambulatory procedures in place. Hopefully, we will see a publication on this subject in this Journal before too long.

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References

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