Letter to the Editors

Recovery after laparoscopic day surgery

We read with interest the recent article regarding unplanned admissions following day surgery (*Ambulatory Surgery* 1994; **2**: 43–8). In our unit we are performing day-case laparoscopic cholecystectomy, laparoscopic inguinal hernia repair, and diagnostic and staging laparoscopy. We too found that nausea, drowsiness, anxiety, coexisting medical problems and the lack of a carer at home were the most common reasons for patients being admitted for overnight stay.

We have avoided some unnecessary admissions by pursuing the following principles.

1. All patients are called to a preadmission clinic where their suitability for day surgery is assessed. Age above 60 yr, lack of a carer at home, and the presence of concomitant medical illness leading to an ASA grading of more than II were considered contraindications for day-case laparoscopic surgery.
2. Laparoscopic procedures are new and patients' perceptions of what is involved vary widely. Psychological preparation and satisfactory preoperative counselling is important. This is done during the preadmission clinic where the details of stay and operation are explained to them. They get to see the ward and meet the doctors and nursing staff who will look after them when they come in. This reduces their anxiety about the procedure. Premedication can then be avoided.
3. For induction and maintenance of anaesthesia, all patients receive propofol, which speeds up recovery and has a lower incidence of nausea and vomiting[1].
4. In addition, all patients receive prophylactic antiemetics during and after the operation.
5. Prior to the surgical incision, all patients receive preemptive analgesia[2] in the form of per-rectal diclofenac and local infiltration of bupivacaine with adrenaline.
6. Shortly after their return to the ward, the patient is seen by one of the doctors and informed about the success of the operation. The patient is encouraged to drink fluids, walk to the toilet to pass water, etc. This visit by the doctor reassures the patient and ward nursing staff.
7. In the evening, the patient is seen by the surgeon who did the operation, and suitability for discharge is assessed. Decisions taken by the operating surgeon/consultant are more readily accepted by the patient and lessen the anxiety associated with 'early' discharge.

Following the above principles has minimized the postoperative admission rate after day-case laparoscopic procedures and the very few cases which do require admission are due to surgery-related problems.

Arun Prasad FRCS
Robert JE Foley FRCS
Department of Surgery
Bedford Hospital,
Bedford, MK42 9DJ,
UK

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References

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2 Campbell WI. Analgesic side effects and minor surgery. Which analgesic for minor and day case surgery? *Br J Anaesth* 1990; **64**: 617–20