

AAGLhysterectomy2013

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QUESTIONNAIRE INFORMATION

- 1. Application for:** Abstract or Poster
- 2. Type of Abstract:** Clinical Study
- 3. Category:** 6. LAVH; LSH; TLH; VH (Hysterectomies)
- 4. Type of Award:** Please do not consider me for an award
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Title: Laparoscopic Hysterectomy In a Free-Standing Surgical Center

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Objective: To assess outcomes in women treated with Laparoscopic Hysterectomy in an Ambulatory Surgical Center (ASC).

Design: Prospective observational study.

Setting: Non-hospital-associated ASC and a private Gynecologic Surgery practice.

Patients: Twenty-one consecutive patients requiring laparoscopic hysterectomy.

Patient Demographics

	Total (n=21)	LSH (n=15)	TLH (n=6)
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Age (yrs)	44.8	44.2	46.4
BMI (mg/kg ²)	32.7	31.1	34.2
Indic-Bleeding	9 (43%)	8	1
Fibroid	10 (48%)	6	4
Pain	0 (0%)	0	0
Other	2 (9%)	1	1

Interventions: Laparoscopic Supracervical Hysterectomy (LSH) or Total Laparoscopic Hysterectomy (TLH) are performed. Conventional re-usable laparoscopic trays are supplemented with a Con Med, Altrus 10mm bipolar energy source, a Covidien, EndoStitch and for LSH a 13mm Lina, Xcise morcellator and for TLH a Cooper Surgical, Rumi II device. Patients are observed following surgery and sent home with arrangements in place for home nursing visits that evening and for the first three post-operative days. Oral analgesics are prescribed and trans-dermal analgesics are available as back up. Immediate ambulation, general diet and post-operative gastro-intestinal adjuvants including bicosydyl suppositories, milk of magnesia and gum chewing are employed. Patients return to the office post-operative day 4 - 6.

Measurements & Main Results: 21 patients underwent laparoscopic hysterectomy for benign indications. Average operating time was 57.14 minutes. No significant intra-operative complications were encountered and there were no conversions to laparotomy. All patients were discharged home within ninety minutes with good pain control. No Emergency Room visits or admissions were observed within fourteen days of surgery.

Results

	Total (n=21)	LSH (n=15)	TLH (n=6)
Op time (min)	58.4	52	70
EBL (ml)	118.2	109.2	140.6
Uterus wt. (g)	195.4	184.5	222.7
Conversion to laparotomy	0	0	0
ER visit or admit <14 days	0	0	0

Conclusions: Although studies have long reported the safety and cost effectiveness of same-day hospital discharge following laparoscopic hysterectomy, we here report a pioneer program of laparoscopic hysterectomy in a free-standing, non-hospital associated surgical center. Out-patient LSH and TLH in a free-standing surgical center appear both safe and practical for a wide range of women requiring hysterectomy. With the implementation of the Affordable Care Act and advent of bundled payments, appropriately selected hysterectomies can be performed in the lowest cost environment with an integrated home nursing program and early office-based post-operative care.

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