

# Chirurgie van het apicale compartiment in dagbehandeling

**Ontslagen?**

**Gelukkig!**

Dag ziekenhuis!



[facebook.com/reactiespreukjes](https://facebook.com/reactiespreukjes)

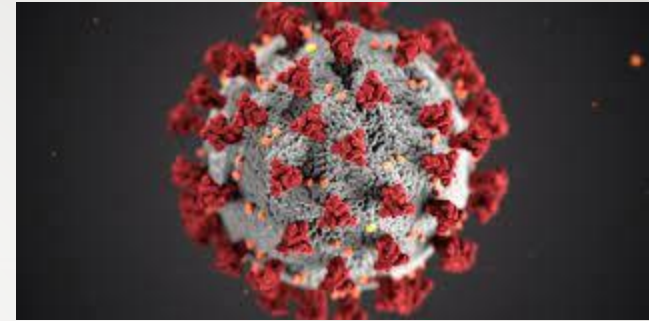
SUZANNE DEDDEN

DIFFERENTIANT UROGYNAECOLOGIE

MAXIMA MEDISCH CENTRUM

# Waarom?

- Veilig
- Kosteneffectief
- Hoge patiënttevredenheid



(obv literatuur over LH en lap chol in dagbehandeling)

1. Vaughan J, Gurusamy KS, Davidson BR. Day-surgery versus overnight stay surgery for laparoscopic cholecystectomy. The Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD006798. DOI: 10.1002/14651858.CD006798.pub4.
2. Jennings AJ, Spencer RJ, Medlin E, Rice LW, Uppal S. Predictors of 30-day readmission and impact of same-day discharge in laparoscopic hysterectomy. Am J Obstet Gynecol 2015;213:344.e1–7.
3. Dedden SJ, Geomini PM, Huirne JA, Bongers MY. Vaginal and Laparoscopic hysterectomy as an outpatient procedure: a systematic review. Eur J Obstet Gynecol Reprod Biol 2017;216:212–23.
4. Nensi A, Coll-Black M, Leyland N, Sobel ML. Implementation of a same-day discharge protocol following total laparoscopic hysterectomy. J Obstet Gynaecol Can 2017;40:29–35.
5. Korsholm M, Mogensen O, Jeppesen MM, Lysdal VK, Traen K, Jensen PT, et al. Systematic review of same-day discharge after minimally invasive surgery.

# Literatuur over urogynaecologische ingrepen

## Lapsc sacrocolpexie:

1. Kisby CK, Polin MR, Visco A. Same-day discharge after robotic-assisted sacrocolpopexy. *Female Pelvic Med Reconstr Surg* 2019;25:337–41.
2. Keller V, Rambeaud C, Binellie C, Gombaud G, Agostini A, Villefranque V, et al. Feasibility of sacrocolpopexy by outpatient laparoscopic surgery. *J Gynecol Obstet Hum Reprod* 2017;46:727–30.

## Prolaps chirurgie:

3. Romanova AL, Carter-Brooks C, Rubert KM, Zyczynski HM. 30-day unanticipated healthcare encounters after prolapse surgery: impact of same day discharge. *Am J Obstet Gynecol* 2019
4. Berger, Alexander A. MD, MPH; Tan-Kim, Jasmine MD; Menefee, Shawn A. MD  
Comparison of 30-Day Readmission After Same-Day Compared With Next-Day Discharge in Minimally Invasive Pelvic Organ Prolapse Surgery, *Obstetrics & Gynecology*: June 2020 - Volume 135 - Issue 6 - p 1327-1337

# Kisby, Cassandra K. et al Same-Day Discharge After Robotic-Assisted Sacrocolpopexy - Female Pelvic Medicine & Reconstructive Surgery 2019

- Opzet: retrospectief
- Inclusie Januari 2013 and September 2015
- Twee groepen werd geïdentificeerd
  - (1) same day or (2) postoperative day 1 or later (POD  $\geq$  1).
- Primaire uitkomstmaat: herevaluatie binnen 6 weken

Baseline

	Same-Day Discharge (n=80)	POD ≥ 1 discharge (N=192)	P
BMI (SD)	26.3 (4.5)	28.3 (5.8)	0.002
Previous hysterectomy (%)	47 (58.8)	86 (44.8)	0.036
Previous other abdominal surgery (%)	29 (36.3)	105 (54.7)	0.006
Intravenous fluids in OR (SD)	1153 (427)	1536 (545)	<0.001
OR start before 12 p.m. (%)	68 (85)	130 (67.8)	0.004
PACU duration (SD) minutes	213 (90)	158 (82)	<0.001
Estimated blood loss mL (SD)	46 (33)	66 (80)	0.034

# Baseline type chirurgie

Surgery			
Supracervical hysterectomy	33 (41.3)	96 (50.0)	0.188
Total laparoscopic hysterectomy	0 (0)	6 (3.1)	0.110
Sling	22 (27.5)	91 (47.4)	0.002*
Cystoscopy	80 (100)	192 (100)	—
Anterior repair	0 (0)	2 (1.0)	0.360
Posterior repair/perineoplasty	8 (10.0)	42 (21.9)	0.021*
Adnexal surgery	31 (38.8)	48 (23.4)	0.010*
Lysis of adhesions	7 (8.8)	37 (19.3)	0.032*
Other†	8 (10.0)	8 (4.2)	0.062

# Resultaten

	Same-Day Discharge (n = 80)	POD $\geq$ 1 Discharge (n = 192)	<i>P</i>
Unplanned encounter:	15 (18.8)	53 (27.6)	0.124
Clinic visit	14 (17.5)	47 (24.5)	0.209
Urgent care visit	0 (0)	4 (2.1)	0.193
Emergency department visit	1 (1.3)	8 (4.2)	0.220
Readmission	1 (1.3)	5 (2.6)	0.488
Routine postoperative visit	80 (100)	189 (98.4)	0.261
Unplanned phone contact:	22 (27.5)	53 (27.6)	0.986
On-call MD page	8 (10)	18 (9.4)	0.873
Nurse call	18 (22.5)	37 (19.3)	0.546
Nurse visit	3 (3.8)	9 (4.7)	0.732
Routine postoperative RN call	69 (86.3)	171 (89.1)	0.512

Data are presented as n (%).

\* $P \leq 0.05$  was considered statistically significant.

# Conclusie

- De robot-geassiteerde lapsc sacrocolpexie met aanvullende chirurgie is veilig
- Niet meer bezoeken of telefonisch contact met het ziekenhuis



# Keller V et al. Feasibility of sacrocolpopexy by outpatient laparoscopic surgery. J Gynecol Obstet Hum Reprod 2017

- Observational multicenter study
- Mei 2014 tot Mei 2016
- 4 ziekenhuizen the Conception Hospital in Marseille, the Jules-Vernes Clinic in Nantes, the René-Dubos Hospital Centre in Pontoise, and the Simone-Veil Hospital in Eaubonne
- Primaire uitkomstmaat: her-opnames en nacht opname

# Baseline

**Table 1**

Characteristics of the women and the surgery ( $n=55$ ).

	Average $\pm$ standard deviation	n (%)
Age (years)	57.3 $\pm$ 10.9	
BMI (kg/m <sup>2</sup> )	23.7 $\pm$ 2.9	
Parity	2.5 $\pm$ 0.9	
Previous surgery for prolapse		2 (3.6)
POP-Q classification (cm) ( $n=42$ )		
Ba	2.7 $\pm$ 1.8	
C	1.1 $\pm$ 4.0	
Bp	-0.1 $\pm$ 1.9	
Prolapsus Baden-Walker (grade) ( $n=13$ )		
Cystocele	3 $\pm$ 1	
Hysterocele	3 $\pm$ 1	
Rectocele	2 $\pm$ 2	
Operative time (minutes)	101 $\pm$ 30	
Number of meshes		
1 (anterior only)		14 (25.5)
2 (anterior and posterior)		41 (74.5)
Additional procedures:		10 (18.2)
Supracervical hysterectomy		4 (7.3)
Salpingectomy		1 (1.8)
Adnexectomy		4 (7.3)
MUS		2 (3.6)
Ovarian cystectomy		1 (1.8)
Vaginal colpectomy		1 (1.8)

# Resultaten

- Succes van SDD was 49/55 (89.1% (80.7–97.3%)).
- 16/55 patiënten (29%) rapporteerden 19 complicaties
- Meest voorkomende klacht is obstipatie: 13/55, hiervan hadden 11/55 een posterieure meshplaatsing
- 2/55 dysurie
- 2/55 vaginale afscheiding, niet gerelateerd aan Mesh exposure

# Resultaten

	<i>n/%</i>
Survey response rate	31/55 (56.4%)
“If the intervention had to be redone, would you be willing to undergo it again as outpatient setting?”	30/31 (96.8%)
Yes	
“Would you recommend this intervention to a friend?”	31/31 (100%)
Yes	
Patient’s post-operative subjective condition regarding the PGI-I questionnaire	
“Profoundly better”	20 (64.5%)
“Much better”	7 (22.6%)
“A little bit better”	4 (12.9%)
“No change”	0 (0%)
“A little bit worse”	0 (0%)
“Much worse”	0 (0%)
“Exceptionally poor”	0 (0%)

PGI-I: the patient global impression of improvement.



# Conclusie

- Succesrate van same day discharge was hoog
- Met hoge patiënttevredenheid

Romanova AL, Carter-Brooks C, Rubert KM, Zyczynski HM. 30-day unanticipated healthcare encounters after prolapse surgery: impact of same day discharge. Am J Obstet Gynecol 2019

- Retrospectieve analyse
- 8 Female Pelvic Medicine and Reconstructive surgeons at Magee-Womens Hospital of University of Pittsburgh Medical Center (UPMC), Januari 2016 – Oktober 2017
- In februari 2017 werd ERAS geïntroduceerd; dat wil zeggen dat de nieuwe standaardtherapie werd SDD.
- Primaire uitkomstmaat: herevaluatie binnen 6 weken

# Baseline

	Day of Discharge		P-value
	POD0 N= 258	POD1 N= 147	
<b>Demographics</b>			
Age, years	65.2 ± 11.3	67.7 ± 11.0	0.032
Body mass index, kg/m <sup>2</sup>	27.8 ± 4.89	28.1 ± 4.66	0.354
Race			0.189
<i>Caucasian</i>	244 (94.6%)	145 (98.6%)	
<i>African American</i>	5 (1.9%)	0	
<i>Unknown</i>	9 (3.5%)	2 (1.4%)	
Current smoker	11 (4.3%)	12 (8.1%)	0.107
Post-menopausal	229 (88.8%)	134 (91.2%)	0.435
<b>Any Medical Co-morbidity</b> <sup>a</sup>	140 (54.3%)	96 (64.9%)	0.037
<i>Diabetes</i>	28 (10.9%)	16 (10.8%)	0.992
<i>Cardiovascular Disease</i>	44 (17.0%)	36 (24.3%)	0.076
<i>Respiratory disease</i>	16 (6.2%)	16 (10.8%)	0.097
Chronic pain condition	53 (20.6%)	28 (19.0%)	0.704
Previous hysterectomy	154 (59.7%)	75 (51.0%)	0.091

## Procedural Factors

<b>Enrollment in ERAS</b>	168 (65.2%)	18 (12.2%)	<0.001
<b>Anesthesia type</b>			<0.001
<i>General</i>	235 (91.1%)	116 (78.9%)	
<i>Spinal</i>	16 (6.2%)	30 (20.4%)	
<i>Sedation</i>	7 (2.7%)	1 (0.7%)	
<b>Hysterectomy type</b>			0.052
<i>Vaginal</i>	55 (21.3%)	36 (24.5%)	
<i>Minimally invasive</i> <sup>b</sup>	99 (38.4%)	39 (26.5%)	
<i>None</i>	104 (40.3%)	72 (49.0%)	
<b>Major prolapse procedure</b>			0.013
<i>None</i>	18 (7.0%)	4 (2.7%)	
<i>Minimally invasive sacrocolpopexy</i>	112 (43.4%)	51 (34.7%)	
<i>Obliterative procedures</i>	55 (21.3%)	50 (34.0%)	
<i>Vaginal apical suspensions</i> <sup>c</sup>	73 (28.3%)	42 (28.6%)	
<b>Concomitant incontinence procedure</b>	10 (3.88%)	4 (2.7%)	0.827
<b>Intra-operative complications</b> <sup>d</sup>	1 (0.4%)	4 (2.7%)	0.496
<b>Hospital complications</b> <sup>e</sup>	0 (0%)	18 (12.2%)	<0.001
Post-op urinary retention	90 (34.9%)	47 (32.0%)	0.836
<b>Discharge on Thursday/Friday</b>	144 (55.8%)	49 (33.1%)	<0.001
Time to scheduled follow-up, days	31.9 ± 10.4	32.4 ± 9.1	0.868
Post-operative phone calls	2 (0 – 4)	2 (0 – 5)	0.38

# Resultaten

	Day of Discharge		P value
	POD0 N=258	POD1 N=147	
Any Visit	62 (24.0%)	39 (26.5%)	0.572
Visit severity			
<i>Grade I</i>	36 (14%)	14 (9.5%)	0.187
<b><i>Grade II</i></b>	<b>19 (7.4%)</b>	<b>23 (15.6%)</b>	<b>0.009</b>
<i>Grade III</i>	7 (2.7%)	2 (1.4%)	0.395
Any office visit	46 (17.8%)	28 (19.0%)	0.760
Any ED visit	25 (9.7%)	17 (11.6%)	0.552
Any Readmission	9 (3.5%)	7 (4.8%)	0.527
Visits per patient			0.519
0	196 (76.0%)	108 (73.5%)	
1	46 (17.8%)	29 (19.7%)	
2	14 (5.4%)	9 (6.1%)	
3	2 (0.8%)	0	
4	0	1 (0.7%)	
Patients with >1 visit	16 (6.2%)	10 (6.8%)	0.810



# Herevaluatie

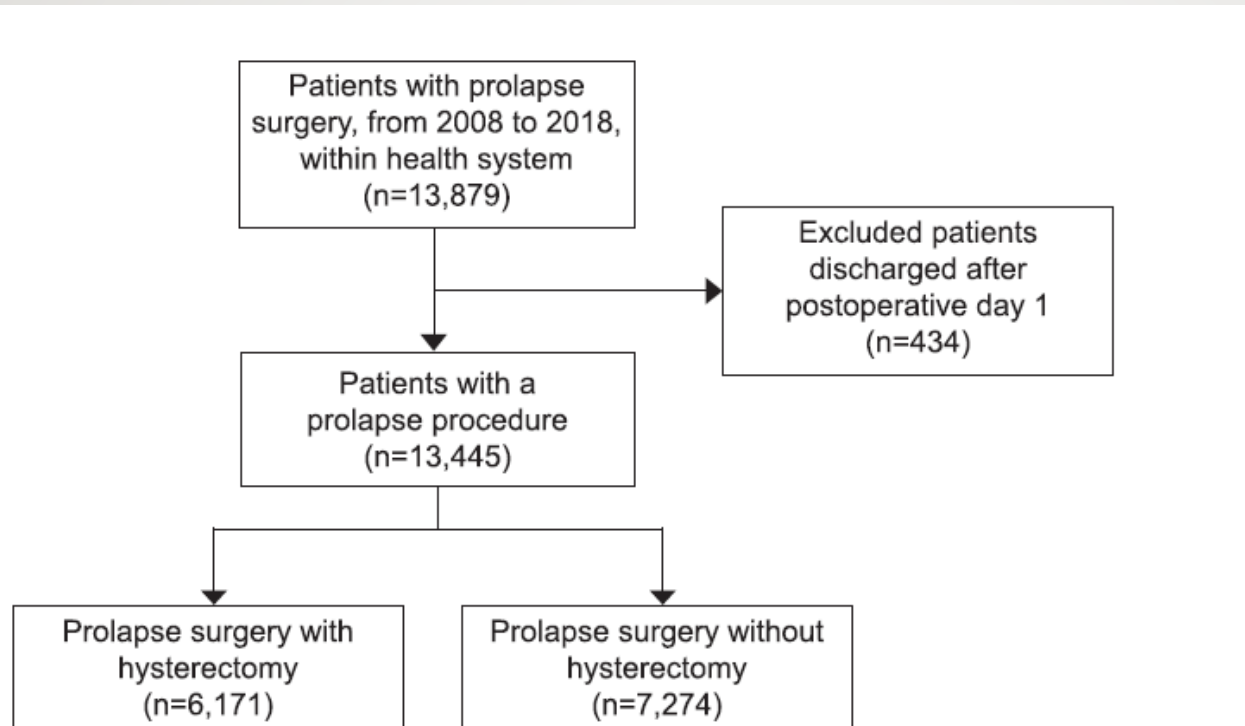
	Day of Discharge		P value
	POD0 N=80	POD1 N=51	
<b>Reason for visit</b>			<b>0.030</b>
<i>Pain</i>	27 (33.8%)	14 (27.5%)	
<i>Urologic</i>	17 (21.3%)	7 (13.7%)	
<i>Gastrointestinal</i>	9 (11.3%)	4 (7.8%)	
<i>Infectious wound</i>	4 (5%)	7 (13.7%)	
<i>Noninfectious wound</i>	9 (11.3%)	0	
<i>Vulvar/vaginal</i> <sup>a</sup>	5 (6.3%)	5 (9.8%)	
<i>Cardiac</i>	3 (3.8%)	4 (7.8%)	
<i>Bleeding</i>	1 (1.3%)	4 (7.8%)	
<i>Respiratory</i>	2 (2.5%)	1 (2.0%)	
<i>Other</i> <sup>b</sup>	3 (3.8%)	5 (9.8%)	

# Conclusie

- Herevaluatie geen verschil tussen SDD en POD1
- Dit is conform andere studies
- Hoog aantal patiënten voor herevaluatie 18-25%
- Pre-operatieve counseling hierin belangrijk

# Berger et al. Comparison of 30-Day Readmission After Same-Day Compared With Next-Day Discharge in Minimally Invasive Pelvic Organ Prolapse Surgery, Obstetrics & Gynecology: 2020

- Opzet: retrospectief
- Alle minimaal invasieve ingrepen voor prolaps met of zonder hysterectomie
- Inclusie tussen 2008-2018
- Uitkomstmaat: binnen 30 dagen herevaluatie



**Fig. 1.** Cohort construction.

*Berger. 30-Day Readmission After Same-Day Surgical Discharge. Obstet Gynecol 2020.*

# Resultaten

- During their prolapse surgery, 6,171 (45.9%) patients underwent concomitant hysterectomy and 7,274 (54.1%) did not.
- Same-day discharge increased steadily over the study period, from 20.3% in 2008 to 65.7% in 2018.
- In the complete cohort, there was no difference in 30-day readmission comparing same-day discharge with next-day discharge odds ratio: 0.79 0.60–1.03; 1.5% vs 2.0%, P=0.59.

# Resultaten

**Table 4. 30-Day Readmission Rates by Procedure Type for Patients Without Concurrent Hysterectomy**

Procedure Type	Discharge		Total	<i>P</i>
	Same Day	Next Day		
Overall	50/3,735 (1.3)	61/3,539 (1.7)	111/7,274 (1.5)	.181
Prolapse procedures				
Sacrocolpopexy or sacrohysteropexy	6/268 (2.2)	6/517 (1.2)	12/785 (1.5)	.243
Uterosacral ligament suspension or hysteropexy	5/178 (2.8)	5/272 (1.8)	10/450 (2.2)	.495
Sacrospinous ligament suspension or hysteropexy	3/286 (1)	13/694 (1.9)	16/980 (1.6)	.355
Colpocleisis	8/327 (2.4)	12/334 (3.6)	20/661 (3)	.390
Colporrhaphy only	28/2,665 (1.1)	25/1,733 (1.4)	55/4,398 (1.2)	.230

Data are n/N (%) unless otherwise specified.



# Conclusie

- Geen verschil tussen SDD en POD1.
- SDD na verschillende urogynaecologische ingrepen lijkt veilig

# Overall conclusie

- Chirurgie van apicale compartiment lijkt
  - Veilig
  - Hoge patiënttevredenheid
- Aanbeveling
  - OK eindtijd voor 12:00 uur
  - Goede pijnstilling postoperatief
  - Goede counseling preoperatief





Vragen?

