

# FEASIBILITY OF SAME DAY DISCHARGE AFTER ROBOTIC ASSISTED PELVIC FLOOR RECONSTRUCTION



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## BACKGROUND / RATIONALE

- Robotic surgical procedures have increasingly become more common in the field of female pelvic reconstruction
- Purported benefits of robotic assisted pelvic floor reconstruction procedures include:
  - Shorter hospital stay
  - Quicker recovery
  - Minimal blood loss
  - Decreased postoperative pain
- Typical current practice is discharge after a one-night hospitalization
- We assessed whether same day discharge (SDD) affects the short-term safety of Robotic Assisted Pelvic Floor (PF) Reconstructive procedures, relative to those who remain hospitalized overnight

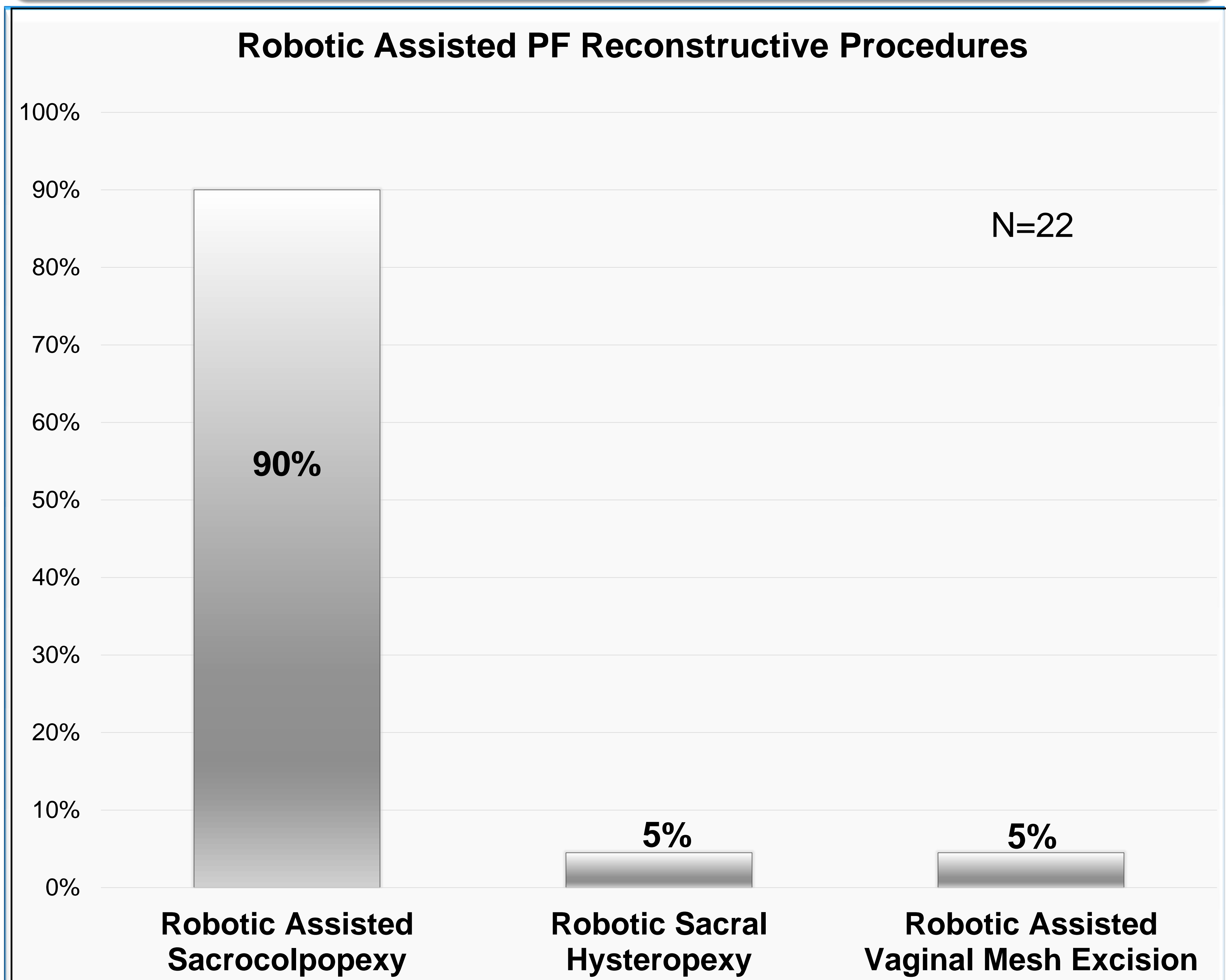
## METHODS

- Retrospective review - 22 women who underwent Robotic Assisted PF Reconstructive procedures between January 2016 and February 2017
- Same day discharge protocol for Robotic Assisted PF Reconstructive procedures initiated in July 2016:
  - Anticipatory discharge instructions provided preop
  - All trocar sites infiltrated with Marcaine 0.5% before skin incisions
  - All cases done using 8 mm assistant port
  - All patients received IV Ketorolac at end of case
  - Non-opioid analgesics were used when clinically appropriate
  - All patients received a postop phone call the night of surgery or on postop day one
- Eleven patients underwent SDD, compared to the prior 11 consecutive patients who stayed overnight
- To evaluate short term safety, we reviewed the medical record for any unscheduled Cleveland Clinic emergency department (ED) and/or office visits within 7 days of the Robotic Assisted PF Reconstructive procedure
- Demographic, perioperative, and postoperative data were compared using Student's t test and Fisher's exact test

## DISCLOSURE

- Howard B. Goldman MD – conflict of interest and/or other relationship with Axonics, Medtronic, Bioness, NewUro, BlueWind medical and Nuvectra.

## RESULTS



### Patient Demographics

Factor	Same Day Discharge (N=11)	Overnight (N=11)	p-value
Age at Intervention (years)	63.4	64.3	0.77
Body Mass Index (kg / m <sup>2</sup> )	28.8	26.2	0.20
Length of Surgery (minutes)	232	229	0.89
EBL (ml)	37	45	0.52
ASA score	2.3	2.5	0.44

### Unscheduled Visits

Unscheduled Visits	Same Day Discharge (N=11)	Overnight (N=11)
ED	0	0
Office	0	0

### Concomitant Surgeries

Surgery	Same Day Discharge (N=11)	Overnight (N=11)
Supracervical Hysterectomy	1 (9.1%)	3 (27.3%)
Transvaginal Hysterectomy	1 (9.1%)	0 (0.0%)
Synthetic Midurethral Sling	7 (63.6%)	8 (72.7%)
Anterior Colporrhaphy	0 (0.0%)	1 (9.1%)
Posterior Colporrhaphy	3 (27.3%)	1 (9.1%)

## CONCLUSIONS

- Same day discharge after Robotic Assisted PF Reconstructive procedures appears to be safe and feasible with no increase in unscheduled ED and/or office visits in the early postoperative period
- Robotic Assisted PF Reconstructive procedures were well-tolerated regardless of length of stay