

# How I Do It Series NUMBER 6

## Day Case Laparoscopic Cholecystectomy

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(Original article published 2013, updated 2020)

<b>Patient Selection</b>	<ul style="list-style-type: none"> <li>• <b>Standard day case criteria</b></li> </ul>
<b>Anaesthetic Techniques</b>	<ul style="list-style-type: none"> <li>• General anaesthesia: TIVA (Total IntraVenous Anaesthesia) comprising propofol and remifentanyl as target controlled infusions. Intubation or Laryngeal Mask and IPPV ventilation. Air/O<sub>2</sub> only. Short duration muscle relaxants as these operations can take less than 20 minutes. Routine iv fluids (minimum 1000ml Hartmann's). Routine anti-emesis (iv ondansetron 4mg and iv dexamethasone 4mg) as lap. Cholecystectomy has a high incidence of post-operative nausea and vomiting (PONV).</li> </ul>
<b>Surgical Technique</b>	<ul style="list-style-type: none"> <li>• Standard positioning of patient with slight head-up tilt and table rotation towards surgeon. Use intermittent pneumatic compression for DVT prophylaxis. Local anaesthetic infiltration to all port sites before insertion of ports (20ml 0.25% chirocaine). Use of three 5mm ports and one 10mm port. Low pressure CO<sub>2</sub> insufflation (10mmHg) Meticulous washout at end of procedure. Instillation of 500ml warm saline containing 20ml 0.25% chirocaine around liver and gallbladder bed. No drains.</li> </ul>
<b>Peri-operative Analgesia</b>	<ul style="list-style-type: none"> <li>• Peri-operative analgesia utilising a multi-faceted approach with NSAID, paracetamol, iv fentanyl (250-300mcg), local anaesthetic to wound sites and local anaesthetic wash to gall bladder bed</li> <li>• Post-operative analgesia: Analgesia requirements vary hugely between patients. Group directive allows recovery staff to titrate iv fentanyl or oral morphine for rapid relief of post-operative prior to return to DCU ward. Regular paracetamol and ibuprofen.</li> </ul>
<b>Take Home Medication</b>	<ul style="list-style-type: none"> <li>• Regular oral paracetamol 1g qds and ibuprofen 600mg qds.</li> </ul>
<b>Organisational Issues</b>	<ul style="list-style-type: none"> <li>• Ensure admission to day-case ward only.</li> <li>• Early introduction of fluids, diet and mobilization.</li> <li>• Allow home even if not passed urine.</li> </ul>
<b>Common Pitfalls</b>	<ul style="list-style-type: none"> <li>• Care should be taken not to inflate stomach prior to intubation. Pain and PONV need to be treated aggressively</li> </ul>
<b>Anticipated Day Case Rates</b>	<ul style="list-style-type: none"> <li>• 90%</li> </ul>

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