Anaesthetic guideline for Day Case Total Laparoscopic Hysterectomy (TLH)

TARGET AUDIENCE	Anaesthetists in University Hospital Wishaw
PATIENT GROUP	Patients listed for Day Case Total Laparoscopic Hysterectomy

Clinical Guideline

Anaesthetic guidelines for day case laparoscopic total abdominal hysterectomy

Aim: To provide guidance for a repeatable anaesthetic method to achieve day case surgery for a select group of motivated patients. Individual elements are at the discretion of the list anaesthetist.

	Laparoscopic TLH	Notes
Patient selection criteria: Low risk of adhesions, Uterus< 20 weeks size, BMI <40, well controlled co-morbidities (HbA1C< 69mmol/mol), VSAQ>4, not anaemic (Hb checked in clinic), not chronic pain patient, no requirement of translator, responsible adult at home for first 24 hours and able to travel back to hospital in case of complication		
Pre-operative - on the day of surgery (08:00)	Paracetamol 1g(>50Kg) PO Omeprazole 40mg PO	Aim for first anaesthetic induction at 08:45 Tea and coffee with up to 15ml milk up to 2hrs pre-operatively. Pre-operative clear non-fizzy carbohydrate drinks or clear fluids until sent for (see 'Sip Til Send').
Intra-operative	Total Intra-Venous Anaesthesia (TIVA) (propofol/remifentanil Target Controlled Infusion) + Depth of anaesthesia monitoring. Rocuronium for neuromuscular blockade. Sevoflurane if TIVA not possible. Fentanyl (up to 5mcg/kg) Diclofenac 75mg IV if not contra-indicated Port site levo-bupivicaine by surgeons Consider adjuvant analgesia (Suggest: clonidine up to 0.5mcg/kg or ketamine up to 0.3mg/kg post-induction) Dexamethasone 6.6-9.9mg IV Ondansetron 4mg IV	Optimise for avoidance of Post-operative nausea / vomiting and uncontrolled pain Train-of-four monitoring suggested as per Association of Anaesthetists guidance with sugammadex reversal Surgical guidance includes operating time <90 minutes, low intra-abdominal pressures ideally <12mmHg, effort to vent intra-abdominal CO2 at end of procedure Urinary catheter to be removed prior to extubation

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	Cyclizine 50mg IV Antibiotic prophylaxis as protocol Tranexamic Acid 1g routinely Forced air warming and 500ml-1L warmed IV Plasma-Lyte.	
Post-operative **-In recovery**	Fentanyl boluses titrated to pain (6 * 25ug), oral morphine	Encourage oral intake within 2 hours Mobilise within 3 hours Bladder scan if not passed urine within 4 hours. Okay for discharge if at least one good bladder void.
TTH	Paracetamol 1g(>50Kg) QID (four times daily) Orally 7/7 Ibuprofen 400mg TDS (three times daily) Orally 7/7 Codeine 30-60mg QID (four times daily) Orally 5/7 Oramorph (Oral morphine solution) 10mg as required 4h Orally or Oramorph 5mg 4h as required if aged over 70. Low molecular weight heparin prophylaxis 4-6 weeks for oncological causes or as per surgeons for non-oncology patients. Ondansetron 4mg PRN three times daily orally. Omeprazole 20mg once daily orally for 7 days. Laxido 1 satchet daily for 7 days	Order in HEPMA as discharge protocol the please phone pharmacy to confirm. Consider reduced opiate doses and omitting Ibuprofen if age>75. Reduced opiate doses if low weight. Oramorph 100ml i.e. 20 as required doses available. 50 ml for over 70s. Consider completing patient specific chart for chronic pain patients. Written opiate weaning and discontinuation advice to patient and GP (via HEPMA order modify – add order note – Type – Note to appear in discharge letter.)

Explanation:

Elective surgeries within the National Health Service are frequently cancelled due to shortages of inpatient beds due to acute emergency admissions. University Hospital Sussex (UHS) published results of a quality improvement project (2) in 2023, during which they ran several cycles implementing and adapting an anaesthetic and surgical guideline to facilitate a same day hysterectomy pathway.

Our guideline was initially based on the UHS guideline as well as the same-day surgery section of the 2023 Gynaecology ERAS guideline (3). We circulated the

guideline around all consultant anaesthetists at University Hospital Wishaw, Day surgery staff and Pharmacists following which we made some adaptations.

A trial of the guideline at UHW has achieved a rate of 86% same-day discharge success, average pain score of 2/10 on discharge and 3/10 at 24-hour telephone follow-up. Feedback from patients has been excellent.

The guideline incorporates other elements of good practice such as the British Pain Society / Faculty of Pain medicine recommendation to avoid modified-release opiates and provide written opioid weaning advice to the patient and GP (4). NICE guidance recommending 28 days of Clexane post oncology surgery has also been incorporated (5).

References/Evidence

1. Sigrun Halvorsen, Julinda Mehilli, Salvatore Cassese, Trygve S Hall, Magdy Abdelhamid, Emanuele Barbato, Stefan De Hert, Ingrid de Laval *et al (*2022). ESC Scientific Document Group, ESC Guidelines on cardiovascular assessment and management of patients undergoing non-cardiac surgery: Developed by the task force for cardiovascular assessment and management of patients undergoing non-cardiac surgery of the European Society of Cardiology (ESC) Endorsed by the European Society of Anaesthesiology and Intensive Care (ESAIC), *European Heart Journal*, Volume 43, Issue 39, 14 October 2022, Pages 3826–3924, https://doi.org/10.1093/eurheartj/ehac270.

2. Alistair Ward, Samantha Roberts, Naomi Harvey, Emily Dana, Charlotte Goumalatsou, Melanie Tipples (2023). Implementation of total laparoscopic hysterectomy as day case surgery*: BMJ Open Quality.* 12,1 e002154.

3. Nelson G *et al*. Enhanced recovery after surgery (ERAS®) society guidelines for gynecologic oncology: Addressing implementation challenges - 2023 update. *Gynecologic Oncology*. 2023. 173 p.58-67.

4. British Pain Society (2021). *Surgery and Opioids: Best Practice Guidelines*.

5. National Institute for Health and Care Excellence (NICE) (2019). *NICE Guideline: Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism*.

Appendices

1. Governance information for Guidance document

Lead Author(s):	Dr Iain McKevitt
Endorsing Body:	UHM Anaesthetic Department
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CHANGE RECORD			
Date	**Lead Author**	**Change**	**Version No.**

		e.g. Review, revise and update of policy in line with contemporary professional structures and practice	1
			2
			3
		.	4
			5

2.You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance