

Laparoscopic Cholecystectomy Care Pathway

Version: 2

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Introduction

This pathway was developed by an interdisciplinary clinical group from SickKids using research knowledge, clinical experience and consensus agreement. This pathway is a general guideline and does not represent a professional care standard governing providers' obligations to patients. Care is revised to meet individual patient needs.

Target Population

- Children aged 2-18 years old who have undergone a laparoscopic cholecystectomy by the General Surgery Team;
- Patients are to be removed from this pathway if there are significant underlying disease, significant postoperative complications (e.g. bowel obstruction or prolonged TPN) or a change in diagnosis; and
- **If a patient has Sickle Cell Disease please consult hematology for guidance on fluids, oxygen, and pain management. These patients are pre-admitted the day before surgery***

Target Users

- Surgeons, residents, fellows, nurse practitioners, physician assistants and nurses on ward.

Laparoscopic Cholecystectomy Care Pathway Expected Date of Discharge: within 24 hours post-op

	PRE-OPERATIVE	IMMEDIATELY POST-OPERATIVELY	POST-OP DAY #0	DISCHARGE
GOALS	<ol style="list-style-type: none"> 1. Hydration maintained 2. Adequate pain control 3. Patient prepared for OR 4. Child/family are advised of pre-op bath. Wipes to be used upon arrival. Refer to procedure document 	<ol style="list-style-type: none"> 1. Afebrile 2. Adequate pain control 3. Ambulating as tolerated 4. Able to tolerate clears (immediately post-op) 5. Incision intact, no drainage; dry and intact 	<ol style="list-style-type: none"> 1. Afebrile 2. Adequate pain control 3. Ambulating 4. Able to tolerate diet 5. Incision dry & intact 	<ol style="list-style-type: none"> 1. Afebrile 2. Adequate pain control 3. Ambulating 4. Able to tolerate diet 5. Incision dry and intact 6. Child/ caregiver teaching completed 7. Family understands discharge teaching
PHYSICAL EXAM	<ul style="list-style-type: none"> • Obtain history • Complete physical exam • Assess vital signs • Complete pain assessment (refer to Pain Assessment Guidelines) • Ensure child has adequate pain control (refer to Pain Management Guidelines) 	<ul style="list-style-type: none"> • Complete pain assessment every 4 hours • Ensure child has adequate pain control (refer to Pain Management Guidelines) • Monitor vital signs as per BPews • Obtain accurate in and out • Complete wound assessment • Complete abdominal assessment • Assess for jaundice 	<ul style="list-style-type: none"> • Complete pain assessment every 4 hours • Ensure child has adequate pain control (refer to Pain Management Guidelines) • Monitor vital signs as per BPews • Obtain accurate in and out • Assess for jaundice • Complete wound assessment • Complete abdominal assessment • Remove surgical dressing but leave steristrips 	
DIET & IV FLUIDS	<ul style="list-style-type: none"> • Ensure NPO 	<ul style="list-style-type: none"> • Clear fluids to diet as tolerated • Administer D5W/0.9 NaCl with 20mmol KCL/L at maintenance • Bolus as indicated • Refer to Fluid and Electrolyte Guidelines 	<ul style="list-style-type: none"> • Clear fluids to diet as tolerated • Administer D5W/0.9 NaCl with 20mmol KCL/L at maintenance until adequate oral fluid intake • TKVO once adequate oral fluid intake 	<ul style="list-style-type: none"> • Diet as tolerated
LABS & MEDICATION	<ul style="list-style-type: none"> • Complete CBC and differential • Cross and type 	<ul style="list-style-type: none"> • Labs as clinically indicated • If pain/fever, administer acetaminophen as indicated • Ketorolac/ibuprofen every 6 hours as needed for pain • Morphine as indicated 	<ul style="list-style-type: none"> • Labs as clinically indicated • If pain/fever, administer acetaminophen as indicated • Ketorolac/ibuprofen every 6 hours as needed for pain 	<ul style="list-style-type: none"> • If needed, provide prescription for oral medication
ACTIVITY & EDUCATION	<ul style="list-style-type: none"> • Activity: as tolerated • Consent for surgery • Pre-op procedures for child and caregiver 	<ul style="list-style-type: none"> • Activity: out of bed to chair and ambulating in hallway X5 • Review when diet will start • Review need for pain management • Review need for mobility • Review need for parental involvement in care 	<ul style="list-style-type: none"> • Activity: out of bed to bathroom and ambulating in hallway at least 5 times • Review incision care: leave steristrips until they fall off or remove after 10 days • Review bathing: may shower 48 hours after surgery and wash incision gently with soap and water • May swim 48 hours post-op • May return to normal activities of daily living as tolerated • Review signs and symptoms of wound infection: fever, redness around incision, drainage from incision, increasing pain around incision, and fluid accumulation under incision 	<ul style="list-style-type: none"> • Review when to call surgeon's office: wound infection, vomiting, fever, jaundice, and/or pain • Confirm follow up appointment with primary surgeon 6-8 weeks post-op (if indicated) • Book appointment with family doctor/pediatrician within 1 week • Review post-op day # 1 teaching

[PRINTABLE VERSION](#)

Related Documents

[Care of Patients Receiving Continuous Infusion of Opioids](#) ==> 

[Care of Patients Receiving Patient Controlled Analgesia](#) ==> 

[SickKids Formulary](#)

[Fluid & Electrolyte Administration in Children](#) ==> 

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Guideline Group and Reviewers

Guideline Group Membership

1. Anna Kazimierczak RN (EC), MN-NP (Paediatrics), NP General and Thoracic Surgery

Internal Reviewers

1. Annie Fecteau MD Pediatric Surgeon

Implementation Plan

- Education and awareness building by General Surgery Program (Surgeons, NPs, fellows, Physician Assistants, Nurse Educator, Nurse and Allied Health) at: fellow orientation (once per year) nursing orientation (every 3 months), and residents orientation (every month).
- Surgeons to communicate any updates in practice to Division of General Surgery.

Attachments:

[lap chole final 2019.pdf](#)