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IS THERE A PLACE IN DAY-SURGERY FOR LAPAROSCOPIC PROCEDURES?

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Laparoscopic surgery has represented a radical change in the treatment of many diseases. It has been accepted as the gold-standard in the treatment of gallbladder stones, gastroesophageal reflux disease (GERD) and adrenal glands neoplasms because of the reduction of postoperative pain and pulmonary dysfunction, shorter hospital stay and more rapid return to normal activities. The aim of this study is the evaluation of the feasibility of the laparoscopic approach in the so-called "one-day surgery" for the above-mentioned diseases. From March 1990 to June 1999 1798 laparoscopic procedures have been performed in the 1st Surgical Department of the University of Turin; surgical procedures for morbid obesity and colonic neoplasm have been excluded from this study. Data concern 1520 cholecystectomies (1191 cases of symptomatic gallstones, 262 acute cholecystitis, 51 empyemas and 16 adenomyomas of the gallbladder); 205 antireflux procedures (187 total funduplications and 18 partial funduplications); 73 adrenalectomies with transperitoneal approach for Conn's Syndrome (21 cases), for Cushing's Syndrome (9 cases), incidentally discovered adrenal mass of more than 5 cm of diameter (18 cases), pheochromocytoma (8 patients), malignant neoplasms (5 cases) and other adrenal neoplasms (12 patients).

Overall postoperative mortality rate of laparoscopic cholecystectomies (LC) was 0.06% (1 death out of 1520 LC); overall morbidity rate was 1.9%. Major postoperative (p.o.) complications were recorded in 9 out of 1520 LC and occurred mainly in the 2nd postoperative day: 4 hemorrhages, 3 minor biliary injuries and 2 bowel perforations (1 duodenal and 1 colonic). P.o. stay after laparoscopic cholecystectomy is actually 48 hours. No deaths and no major complications occurred for GERD procedures: the average hospital stay for these patients was 3,2 days. In the last two years the p.o. stay was 2 days. Perioperative mortality rate for adrenalectomies was 1,6% and morbidity rate was 9.8%; the average hospital stay was 4,2 days (10% of the patients were discharged in 2nd postoperative day).

In conclusion in our experience laparoscopic approach for gallbladder lithiasis, GERD and adrenal gland neoplasm is safe; the appearance of abdominal symptoms in the first p.o. time must suggest possible complications. Postoperative stay after LC is usually 48 hours while discharge at the 24th hour may be discussed in a selected group of patients. A postoperative stay of 48 hours is actually possible for patients submitted to laparoscopic funduplications too: a 24 hours p.o. stay is not yet accepted. Discharge at the 24th hour could be discussed also in a highly selected group of patients submitted to laparoscopic adrenalectomy for instance in patients without adrenal hormone secretion. The "one-day surgery" could be performed in the near future for some laparoscopic procedures but it will require a close supervision at home by the surgical team and the family doctor.