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, fellow and nurses on ward.
### Laparoscopic Cholecystectomy Care Pathway

#### Pre-Operative

- **Goals:**
  - 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)

- **Physical Exam:**
  - Clear fluids to diet as tolerated
  - Monitor vital signs as per BPinex
  - Obtain accurate I & O
  - Complete wound assessment
  - Complete abdominal assessment
  - Assess for jaundice

- **Activity/Intubation:**
  - Activity: out of bed to wash and ambulating in hallway 4-6 hours after surgery
  - Review need for pain management
  - Review need for mobility
  - Review need for potential involvement in care

#### Immediately Post-Operatively

- **Goals:**
  - Complete pain assessment every 4 hours
  - Ensure child has adequate pain control (refer to Pain Management Guidelines)

- **Physical Exam:**
  - Complete pain assessment every 4 hours
  - Ensure child has adequate pain control (refer to Pain Management Guidelines)

- **Activity/Intubation:**
  - Activity: out of bed to wash and ambulating in hallway at least 5 times

#### Post-Of Day #1

- **Goals:**
  - Complete pain assessment every 4 hours
  - Ensure child has adequate pain control (refer to Pain Management Guidelines)

- **Physical Exam:**
  - Complete pain assessment every 4 hours
  - Ensure child has adequate pain control (refer to Pain Management Guidelines)

- **Activity/Intubation:**
  - Activity: out of bed to wash and ambulating in hallway at least 5 times

#### Discharge

- **Goals:**
  - Complete pain assessment every 4 hours
  - Ensure child has adequate pain control (refer to Pain Management Guidelines)

- **Physical Exam:**
  - Clear fluids to diet as tolerated
  - Monitor vital signs as per BPInex

- **Activity/Intubation:**
  - Activity: out of bed to wash and ambulating in hallway at least 5 times

### Related Documents

- Care of Patients Receiving Continuous Infusion of Opioids
- Care of Patients Receiving Patient Controlled Analgesia
- SickKids Formulary
- Fluid & Electrolyte Administration in Children

### References


**Guideline Group and Reviewers**

**Guideline Group Membership**
1. Monping Chiang RN (EC), MN, FNP, NP General Surgery
2. Fatma A. Rajwani, PT, Quality Management

**Internal Reviewers**
1. Jacob Langer MD Pediatric Surgeon

**External Reviewer**
1. Sharifa Himidan MD Pediatric Surgeon, North York General Hospital

**Implementation Plan**

- Education and awareness building by General Surgery Program (Surgeons, NPs, fellows, nurse educator) 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.

**Evaluation Plan**

- Abdominothoracic Approach order set utilization
- Length of stay (LOS)
- Correlation between LOS and order set utilization

**Attachments:**

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