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

**Expected Date of Discharge:** within 24 hours post-op

<table>
<thead>
<tr>
<th>GOALS</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>POST OP DAY 1</th>
<th>DISCHARGE</th>
</tr>
</thead>
</table>
| 1. Hydration maintained  
2. Adequate pain control  
3. Observe patient for OR  
4. Child’s patient is advised of pre-op bath. Wipes to be used upon arrival. Refer to [procedure document](#). | 1. Arterite  
2. Adequate pain control  
3. Ambulation as tolerated  
4. Able to tolerate fluids (immediately post-op)  
5. Incision intact, no drainage, dry and intact | 1. Arterite  
2. Adequate pain control  
3. Ambulating  
4. Able to tolerate diet  
5. Incision dry & intact | 1. Arterite  
2. Adequate pain control  
3. Ambulating  
4. Child’s caregiver teaching completed  
5. Family understanding discharge teaching |
| PHYSICAL EXAM | | | |
| 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) | Complete pain assessment every 4 hours  
Ensure child has adequate pain control (refer to Pain Management Guidelines)  
Monitor vital signs as per BP waves  
Obtain accurate BP and HR  
Complete wound assessment  
Complete abdominal assessment  
Assess for jaundice | Complete pain assessment every 4 hours  
Ensure child has adequate pain control (refer to Pain Management Guidelines)  
Monitor vital signs as per BP waves  
Obtain accurate BP and HR  
Assess for jaundice  
Complete wound assessment  
Complete abdominal assessment  
Remove surgical dressing and drain waterproofing | |
| DVT & IV | | | |
| Ensure NPO | Clear fluids to diet as tolerated  
Administer enteral nutrition (EN) with 20ml/kg KCl at maintenance  
Roses as indicated  
Refer to [Pain Management Guidelines](#) | Clear fluids to diet as tolerated  
Administer EN/W&H (EN) with 20ml/kg KCl at maintenance until adequate oral fluid intake  
T&I/O once adequate oral fluid intake | Diet as tolerated |
| VITAL SIGNS | | | |
| | | | |
| ACTIVITY / ADJUST | | | |
| Activity as tolerated  
Consent for surgery  
Pre-op procedures for child and caregivers | Activity: out of bed to share and ambulating in hallway X3  
Review when diarrhea is confirmed  
Review need for pain management  
Review need for mobility  
Review need for parental involvement in care | Activity: out of bed to share and ambulating in hallway  
Review when diarrhea is confirmed  
Review need for pain management  
Review need for mobility  
Review need for parental involvement in care | |

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**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

### References


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Laparoscopic Cholecystectomy Care Pathway

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**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:**

*lap chole_final_2019.pdf*