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>PRE-OPERATIVE</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>POST-OP DAY 1</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOALS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Hydration maintained</td>
<td>1. Abnormal</td>
<td>1. Abnormal</td>
<td>1. Abnormal</td>
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<tr>
<td>3. Child is admitted to pre-op bath</td>
<td>3. Able to tolerate diet</td>
<td>3. Incision dry &amp; intact</td>
<td>3. Incision dry &amp; intact</td>
</tr>
<tr>
<td>4. Child is admitted to pre-op bath Wipes to be used upon arrival. Refer to procedure document</td>
<td>4. Incision dry &amp; intact</td>
<td>4. Incision dry &amp; intact</td>
<td>4. Incision dry &amp; intact</td>
</tr>
<tr>
<td>5. Incision intact, no drainage, dry and intact</td>
<td>5. Incision dry &amp; intact</td>
<td>5. Incision dry &amp; intact</td>
<td>5. Incision dry &amp; intact</td>
</tr>
</tbody>
</table>

**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)

**GET READY**
- Ensure NPO
- Clear fluids to diet as tolerated
- Administer ENWR/FLX 50% w/20mEq KCL/L at maintenance
- IV fluids
- Refer to Pain and Electrolyte Guidelines

**MEDICATIONS**
- Complete CBC and differential
- Cross and type
- Labs as clinically indicated
- If patient has history of diabetes or CHF, administer 1000 mL of 0.9% NaCl at maintenance
- IV fluids
- Labs as clinically indicated
- If patient has history of diabetes or CHF, administer 1000 mL of 0.9% NaCl at maintenance
- IV fluids

**ACTIVITY & ADJUSTMENT**
- Activity as tolerated
- Consent for surgery
- Pre-op procedures for child and caregiver
- Activity: out of bed to shower and ambulating in hallway X5
- Review when diet started
- Review need for pain management
- Review need for mobility
- Review need for parental involvement in care

**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:**

[lap chole_final_2019.pdf](lap chole_final_2019.pdf)