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

**Pre-Operative**
- 1. Hydration maintained
- 2. Adequate pain control
- 3. Patient prepared for OR
- 4. Child/Infant is advised of pre-op bath. Wipes to be used upon arrival. Refer to procedure document

**Immediately Post-Operatively**
- 1. Ambulate
- 2. Adequate pain control
- 3. Ambulation as tolerated
- 4. Able to tolerate fluids (immediately post-op)
- 5. Incentos intact, no drainage, dry and intact

**Post-OP Day 1**
- 1. Ambulate
- 2. Adequate pain control
- 3. Ambulating
- 4. Able to tolerate diet
- 5. Incentos dry and intact
- 6. Child/Infant teaching completed
- 7. Family understandings discharge teaching

**Discharge**
- 1. Ambulate
- 2. Adequate pain control
- 3. Ambulating
- 4. Able to tolerate diet
- 5. Incentos dry and intact
- 6. Child/Infant teaching completed
- 7. Family understandings 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)

**DRIB**
- Ensure NIPO
- Ensure IV site

**Medication**
- Complete CBC and differential
- Cross & type
- Lab with coagulation profile
- Lactate as clinically indicated

**Activity Restriction**
- Activity as tolerated
- Consent for surgery
- Pre-procedure preps for child and caregiver

**Activity Restriction & Restoration**
- Activity: out of bed to share and ambulating in hallway 1X
- Review when diet starts
- Review need for pain management
- Review need for mobility
- Review need for parental involvement in care

**Fluids & Electrolytes**
- Clear fluids to diet as tolerated
- Administer Enfamil formula with 20ml/kg/day KCL maintenance
- Monitor vital signs as per BP
- Obtain accurate and out
- Complete wound assessment
- Complete abdominal assessment
- Assess for jaundice

**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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