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

**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**
- Ensure NPO

**Pre-op Food & Fluids**
- Clear fluids to diet as tolerated
- Administer Enteral Feeds with 20mL Oral KCl
- Monitor vital signs as per BP waves
- Obtain accurate 
- Complete wound assessment
- Complete abdominal assessment
- Assess for jaundice

**Activity & Mobilization**
- Activity as tolerated
- Consent for surgery
- Pre-op procedures for child and caregiver

**Activity & Positioning**
- Activity out of bed to share and ambulating in hallway 5x
- Review when diet started
- Review need for pain management
- Review need for mobility
- Review need for parental involvement in care

**Post-operative**
- 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
- Complete wound assessment
- Complete abdominal assessment
- Remove surgical dressing but leave dressings

**Discharge**
- 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
- Assess for jaundice
- Complete wound assessment
- Complete abdominal assessment
- Diet as tolerated

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

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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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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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