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Same Day Discharge for Pediatric Laparoscopic Gastrostomy

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Same Day Discharge for Pediatric Laparoscopic Gastrostomy

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IRB Number: 17070451

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

Submitting Trainee: Pediatric Surgical Scholar (research fellow in department of surgery) and primary author

Presenting Trainee: Pediatric Surgical Scholar (research fellow in department of surgery) and third author

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background: Laparoscopic gastrostomy is a common procedure in children. Patients are admitted post-operatively to initiate feeds and perform teaching with family members. We developed a same-day discharge (SDD) protocol for children undergoing laparoscopic button gastrostomy.

Objectives/Goal:

To determine safety and feasibility of same day discharge following laparoscopic gastrostomy in pediatric patients.

Methods/Design: A prospective observational study of children undergoing laparoscopic gastrostomy button placement and were eligible for SDD from August 2017 to September 2019 was performed. Patients were eligible for SDD if they were not undergoing additional procedures requiring admission or have a planned overnight admission due to medical complexity, and received gastrostomy button education pre-operatively. Data analysis was performed in STATA with a $p < 0.05$ considered significant.

Results: Of the 150 patients who underwent elective laparoscopic gastrostomy during the study period, 62 children were eligible for SDD. The median age was 2.1 years [IQR 0.9, 4.1] and the median weight was 10.5 kg [IQR 7.6, 15.5]. Forty-one (66%) were previously nasogastric fed. The median operative time was 22 min [IQR 16, 29]. The median time to initiation of feeds was 4.4 hours [IQR 3.4, 5.5]. Fifty-one (82%) were discharged the same day with a median length of stay (LOS) of 9 hours [7, 10], while 11 (18%) were admitted with a median LOS of 28 hours [IQR 25, 29]. The most common reason for admission was for further teaching. Eleven SDD patients (22%) were seen in the emergency room within 30 days of surgery compared to 3 patients (27%) who were admitted post-operatively on the day of surgery, $p=0.68$. The most common reason for emergency room visits was gastrostomy button dislodgement.

Conclusions: Same day discharge following laparoscopic gastrostomy is safe and feasible for select pediatric patients who undergo pre-operative education, with no increase in post-operative emergency room visits compared to overnight hospital stay.