



Standard Operating Procedure

Same Day Discharge (SDD)

Total Laparoscopic Hysterectomy (TLH)

Document Type:	Clinical Standard Operating Procedure
Ref:	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk For Clinical References – Contact: CTM_ClinicalPolicies@wales.nhs.uk)
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Approved By:	Health Board
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Target Audience:

People who need to know about this document in detail	All medical and nursing staff who will be involved in the care and management of patients undertaking SDD TLH
People who need to have a broad understanding of this document	Board Members, Management Board. Senior Leaders
People who need to know that this document exists	<i>All medical and nursing staff who will be involved in the care and management of patients undertaking SDD TLH.</i>

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date:
	Outcome:
Welsh Language Standard	Choose an item.
Date of approval by Equality Team:	(00/00/0000)

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Aligns to the following Wellbeing of Future Generation Act Objective

Choose an item.



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or [CTM Corporate Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

COMPONENTS:

A policy must contain the following components and must also be written to include the values and behaviours of the organisation wherever relevant:

It is accepted that for Clinical Policies and or other Written Control Documents (Procedures, Guidance etc.) the policy components below may not all be relevant.

For guidance on Clinical Policy Development please contact:

CTM_ClinicalPolicies@wales.nhs.uk

For guidance on Non Clinical Policy Development please contact:

[CTM Corporate Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

Or visit the Policy Author Page on SharePoint:

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BACKGROUND

Purpose and scope

Total Laparoscopic Hysterectomy (TLH) offers several benefits over open surgery including less pain, less blood loss, fewer complications, shorter hospital stays, faster recovery and return to normal activities, as well as reduced hospital costs. With robust pathways, patients have been able to go home on the day of surgery in other Hospital sites across the nation. This SOP is written with reference to other centres procedures to explicitly detail the steps in the pathway to ensure safe, consistent and well received care for patients undergoing 24 Same Day Discharge (SDD) TLH. This SOP applies only for the SDD TLH with or without bilateral salpingoophorectomy (BSO).

It is essential that consistent information is given to the patient and carers from the preoperative assessment through to the post-operative period from all involved nursing and medical teams.

The safety of patients' clinical care of course overrides the SDD TLH pathway and patients must leave the pathway at any time where this is clinically indicated.

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Roles and Responsibilities

This SOP should be followed by gynaecology medical and nursing staff, pre-operative assessment teams, anaesthetics, day case surgical nursing teams and any other staff who are involved in delivering care to the patients having surgery.

All health professionals are responsible for ensuring the SOP is utilised effectively and is relevant to the individual patient being treated.

In seeking further advice on any uncertainties contained in this document, or if you feel that there is new or more updated advice it is your responsibility to contact the guideline author or Approval Group manager so that any amendments can be made.

The guideline Approval Group is responsible for disseminating this guideline to all appropriate staff.

The guideline author or a named alternative is responsible for updating the guideline with any amendments that they become aware of or are highlighted to them.

Training Requirements

There is no mandatory training associated with this guideline.

Monitoring of Compliance

- All cases will be part of a prospective AMaT
- The Governance Department will collate any complaints and distribute to the relevant individuals for comments and share any learning points.
- The Service Lead will oversee any governance issues, make relevant recommendations to the directorate, and advise the Clinical Director or the directorate of any matters that require implementation.
- The Health Board reserves the right, without notice, to amend any monitoring requirements in order to meet any statutory obligations or the needs of the organisation

Complaints

All complaints should try to be resolved with the patient during any contact to avoid escalation. There concerns should be listened to and documented. If it is not possible to address any concerns at the time, or if the complaint is of a serious nature, the patient's complaint should be discussed with, the consultant in charge for the day, or the patient should be given details of how to raise a formal complaint via the local governance department.

Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
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5/9/2025	Amendments made following pharmacy input	Gynae Governance

Introduction

A Total Laparoscopic Hysterectomy (TLH) offers several benefits, and recent studies of laparoscopic procedures for benign or malignant indications have documented less pain, less blood loss, fewer complications, shorter hospital stays, faster recovery and return to normal activities, and reduced hospital costs as well as improved cosmetic outcome compared with open abdominal hysterectomy.

Benefits include:

- Improve clinical outcomes
- Improve patient experience/satisfaction
- Reduce patient risk
- Increase the number of procedures/operative day and make better use of fixed resources
- Reduce length of stay
- Reduce risk of missing treatment targets
- Build resilience into the system and provide a more reliable service that is independent of stresses on the healthcare system (i.e., bed pressure)

Aligning nationally with Getting It Right First Time (GIRFT) SDD TLH will be delivered from the anticipated cold surgery with the aim that SDD TLH will pave the way and increase the same day discharge rates for other gynaecological procedures.

This SOP applies only for the SDD TLH with or without bilateral salpingo-oophorectomy (BSO).

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Eligibility Criteria will be assessed in clinic when booking surgery

Pre-operatively (to be confirmed by the booking surgeon in outpatient clinic). It is essential that consistent information is given to the patient and carers from the preoperative assessment through to the post-operative period from all involved nursing and medical teams.

Patient Factors

- Adequately motivated, and informed with appropriate leaflets provided.
- BMI <40 – the final decision for same day discharge will rest with anaesthetist and operating surgeon
- ASA I/II.
- ASA III may be suitable if comorbidities are stable and optimised. Patient should have good functional status i.e., 4 METS or greater.
- Alcohol: consumption <35u/week, no LFT derangement, no pancytopenia or cirrhosis, patient able to stop drinking without anxiety, no history of alcohol-related fits.
- No cardiomyopathy.
- No recent ACS or CVA, no PPM, no 2 or 3-degree heart block
- Respiratory system must be stable and well controlled, no Obstructive Sleep Apnoea.
- Diabetes: HbA1c <70, not insulin dependent. May be higher risk of overnight stay if BM unstable on day of operation.
- No known Renal Disease
- No Liver Disease
- Normal FBC with no bleeding disorder (Hb above 110)
- No previous complex abdominal surgery

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- No history of voiding difficulties unless confirmed safe technique for self-catheterisation
- Total expected operating time less than 3 hours

Social Circumstances

- Distance from the operating site hospital less than an hour's travel to home in case of post-operative care.
- Adult present in the home overnight following surgery
- Access to transport overnight if required
- Working phone at home to contact

If all the above preoperative criteria are satisfied:

- Leaflet on SDD TLH procedure given to patient
- Patient informed that the case is scheduled as a Same Day Discharge
- Surgeon to complete waiting list form to include detail that surgery is to be done as day case in order to achieve day case, this is imperative – otherwise it will not be captured

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Pre-operative protocol- pre-admission to hospital

Pre admission nurse assessments

Pre-operative assessments should be carried out and made available on WCP with a view to optimising comorbidities and should also include:

- Patient engagement ensure leaflets have been provided, to manage and inform of the Same Day Discharge Total Laparoscopic Hysterectomy pathway and what the expectations are for the day of surgery.
- Pre-operative assessment staff should also inform the patient they will need a responsible adult to collect and care for them on discharge.
- Clear instructions i.e. “We will plan to send you home after surgery.”
- Given written information, if not already provided in clinic - the patient should be given the ‘Having an operation’ leaflet with links to the video on gynaecology Enhanced Recovery Pathway (including physiotherapy exercises following your surgery), the ‘Same Day Discharge Total Laparoscopic Hysterectomy’ leaflet to help with patient expectations and ‘Advice and exercises following major gynaecological surgery’.
- Education should be given around practising physiotherapy exercises BEFORE SURGERY to optimise recovery. This includes deep breathing exercises and getting in and out of bed.
- Explain there will be a requirement for patient to self-administer Enoxaparin injections on discharge and this will be explained before patient goes home.
- Helping the patient to understand their role in Enhanced Recovery which includes optimising their health and nutrition by stopping smoking, reduce alcohol consumption if >14u/week, and eating healthily.
- Fasting advice should be given in line with the Health Board policy <http://ctuhb-intranet/Policies/layouts/15/WopiFrame.aspx?sourcedoc={77210E95-5480-45DC-A44B-DEB44E552983}&file=Guidelines%20Fasting.doc&action=default>

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- Pre-assessment staff should inform the patient of benefits of same day discharge. These include; recovering at home in your own environment relieves anxieties of being on an unfamiliar ward and is far quieter; being discharged from hospital decreases exposure to potential infections; once at home the patients should not require regular use of codeine (PRN codeine 30-60mg max QDS), meaning that recovery is optimised and allows bowel habits to return to normal.
- Advise the patient that they will need to buy paracetamol and ibuprofen ahead of their admission date for post-operative analgesia (paracetamol 1g qds caution if body weight \leq 50kg ([Paracetamol | Drugs | BNF | NICE](#)) and ibuprofen 400mg TDS) If allergic to NSAID then Codeine and Laxido or any stool softeners.
- Advise that nursing staff will follow up with discharge advice after surgery.
- Explain that the patient will receive follow up phone calls after discharge (day 1, day 3 and day7 post op) and will have access to emergency gynaecology care if needed. Please inform the operating consultant gynaecologist as soon as possible, if there are any concerns that, the patient is not suitable for SDD.

Engaging the patient through patient education

Patient education includes the following:

- The patient's role in enhanced recovery: This includes optimising their health and nutrition by stopping smoking, reduce alcohol consumption if $>14u/week$, and eating healthily
- Practice physiotherapy exercises BEFORE SURGERY to optimise recovery. This includes deep breathing exercises and getting out of bed
- Managing patients' expectations and preparing them for same day discharge. Ensure there is a responsible adult with them on discharge until they are more than 24hrs post op

Benefits highlighted- i.e., resting at home more comfortable than in hospital- decrease exposure to nosocomial infections.

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Patient information leaflets

Enhanced Recovery Programme Leaflet



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SDD TLH Patient Information Leaflet



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Pre-operative protocol (Pre-admission)

- Enhanced recovery interventions
- Pre-operative information (verbal/written)
- Provide the Appropriate fasting guidance to the patient

Perioperative Anaesthetic and Analgesic protocol (NB Doses for pts >50kg)

Preoperative period

Fasting as per Health Board guidelines:

- Patient should have no food 6 hours before the start of the surgical list.
- Sips of water allowed until patient is sent for surgery. Any preoperative medications can be taken.

Premedication

- Before surgery patient should be given oral paracetamol unless clinically contraindicated or IV paracetamol intra op at the discretion of the anaesthetist.
- Advise patients to continue other regular medications as per CTMUHB NBM and perioperative medicine use guideline . ([UKCPA - Handbook of Perioperative Medicines](#))

Intraoperative period

General anaesthetic required - use of a short acting anaesthetic technique that will facilitate the patient's same-day discharge. This should include a multi-modal approach to analgesia and PONV prophylaxis which can be TIVA or Volatile anaesthetic.

- Avoid spinal anaesthetic unless specific indication, if necessary, use short-acting LA (eg, Prilocaine)

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- Standard monitoring and Depth of Anaesthesia monitor (BIS) if using TIVA
- Antibiotic prophylaxis as per Hospital Site Specific Antimicrobial guideline CTMUHB before knife to skin
- Tranexamic acid 1g at start of induction
- Antiemetic as per patient risk factors- ondansetron +/- Prochlorperazine
- Dexamethasone 0.1mg/kg
- Lung protective ventilation (tidal volume of 5-7ml/kg, PEEP 4-6cm H₂O)
- Facilitate low pressure insufflation pressure- NMBD's and PNS
- Aim for normothermia with warming likely to be necessary
- Consider MgSO₄ as adjunct for pain
- Aim for euvolaemia, 1 litre Hartmann's is typical
- Local anaesthetic infiltration to port sites/ transverse abdominal plane blocks
- Prior to emergence (e.g., during suturing to vault) - fentanyl 1-2 micrograms / kg

Recovery

- Fentanyl 25 microgram boluses administered intravenously titrated to effect. Boluses should be spaced appropriately (e.g., every 5–10 minutes) to assess effect before redosing. Maximum 8 doses implies a total of 200 micrograms,
- Ondansetron 4mg PRN/ Prochlorperazine
- Discontinue IVI asap

Post-op

- Regular paracetamol-Max 4g/24hrs

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- Oral morphine Dose every 6 hours

Age (years)	Dose
17 – 39	15 mg
40 – 59	10 mg
60 – 84	5 mg
≥ 85	2.5 mg

- Ondansetron 4mg- 8 hourly PRN first line or Prochlorperazine
- Ensure there is a clear anaesthetic handover to recovery and the ward as to whether the patient is still suitable for SDD if all discharge criteria are met. If now not suitable for SDD, this must be clearly handed over to recovery and ward staff and documented in notes. DSU recovery to contact site manager if in-patient bed needed

Discharge medications

Discharge TTH should be written and requested from pharmacy on same day before surgery commences to prevent any delays with discharge. Patient to obtain own paracetamol and ibuprofen before admission. To be advised to take:

- Regular paracetamol 1g- 4-6 hourly (maximum 4g/24 hours)
- Regular ibuprofen- 400mg TDS for 1 week
- Omeprazole 20mg daily for 1 week
- Consider Codeine (PRN codeine 30-60mg max QDS)

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- Macrogol laxative e.g. Laxido or Movicol 1 sachet bd to be dispensed from ward
- Enoxaparin to be dispensed from ward as required in line with Health Board VTE prophylaxis

Guidance: (<http://ctuhbintranet/Policies/layouts/15/WopiFrame.aspx?sourcedoc=%7BF2601954-F7E3-49118A67E39E73B6C483%7D&file=Perioperative%20Anticoagulation%20and%20Antiplatelet%20Guideline%20for%20Elective%20Surgery.docx&action=default&DefaultItemOpen=1>).

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Same Day Discharge (SDD) Total Laparoscopic Hysterectomy (TLH) Protocol

Perioperative surgical protocol

Scheduling of patient

Pre-operative assessment appointment should be arranged early in the treatment pathway to facilitate patient education, manage expectations early and allow adequate time to optimise comorbidities in time for surgery.

Patients for SDD TLH should be done on the morning list to allow time for adequate postoperative care and assessment before discharge.

Patients must be admitted to day surgical unit beds at CTMUHB Hospitals. Patients are not suitable for inpatient ward bed on admission

Laparoscopic surgical technique

Surgical techniques will vary between operating surgeons and may be patient specific. It is perfectly acceptable for individual surgeons to use their own surgical technique for entry and throughout the procedure. However, there are several specific steps which are recommended to minimise postoperative pain and facilitate prompt discharge. They include:

- Paracervical local anaesthetic block (based on dose per Kg) into the cervical stroma at the 3 and 9 o'clock positions, with a depth of 2 cm is recommended prior to the procedure. (Worcestershire Acute hospital NHS trust recommendation on GIRFT Hysterectomy Hub Future learn NHS website)
- Local anaesthetic (e.g., 20mls 0.25% bupivacaine) is recommended and can be injected to incisions - prior to incision or at the end of procedure. A maximum of 0.8mLs/kg of 0.25% solution must not be exceeded.
- Minimum size and number of ports required for procedure to be safely completed.

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- Lowest intra-abdominal operating pressure to allow adequate vision for safe surgery
- Use of energy/devices- as preferred by the surgeon
- Haemostasis check as preferred by surgeon
- Avoidance of drains whenever possible
- Removal of Foleys catheter at the end of operation while patient is still under anaesthetic

Operating Documentation

- The operating notes and electronic discharge summary must be completed while the patient is in theatre suite
- It is expected that patients with unexpected intraoperative complexity or complications will be advised to stay overnight for observation and this must be clearly documented in the operation notes
- The operation notes, anaesthetic chart, drug chart, fluid balance chart and nursing notes must be uploaded to the hospital electronic case notes (WCP) before the patient leaves the ward on the day of surgery. This can be done by the ward clerk or nursing team and it is essential to facilitate safe remote post-operative nursing review on days 1, 3 and 7.

Postoperative recovery protocol

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- Multimodal analgesia is recommended to ensure patient comfort and optimal recovery. See above.
- Consider discontinuation of IV Fluids if no PONV and patient able to sip water.
- Keep IV cannula flushed and in situ until patient ready for discharge home
- Ondansetron can be given. See above.
- Patients should be observed with routine surgical recovery observations including heart rate, blood pressure, oxygen saturations, respiratory rate, pain score and PONV score with escalation and de-escalation as per NEWS guidance.

Post-operative nursing care protocol

- Multimodal analgesia is recommended to ensure patient comfort and optimal recovery. See above
- Recommend earliest discontinuation of IV Fluids if no PONV and patient able to sip water.
- Keep IV cannula flushed and in situ until patient ready for discharge home
- Ondansetron first line can be given. See above.
- Patients should be observed with routine surgical recovery observations including heart rate, blood pressure, oxygen saturations, respiratory rate, pain score and PONV score with escalation and de-escalation as per NEWS guidance.

Enhanced recovery interventions

- Early oral fluids/diet (to prevent insulin resistance and a catabolic state and to encourage an anabolic state).
- It is essential to minimise nausea.
- Minimise opioids.

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- Encourage to use oral analgesia as first line therapy, with an eye on same day discharge.
- Early mobilisation- sitting, walking with minimal support
- Catheter should be removed at the end of the operation and Discharge criteria for laparoscopic surgery followed. Discharge Criteria Guidelines following Laparoscopic Surgery.docx
- Thromboprophylaxis: Clear details of the recommended regime should be documented in the surgical notes. VTE form must be completed. Nursing notes must document that patient has been educated about the method and need for self-injection at home.
- Codeine analgesia to take home
- Laxatives/stool softeners as routine
- Patients should be seen on the postoperative ward by the operating surgeon and anaesthetist as required. Operation note should state home after review. (NB surgeon must be prepared that DSU may contact them to review sooner than they were expecting – in order to maximise discharge).

In line with the guideline, patients who do not empty their bladder successfully should be catheterised with an indwelling Foley catheter and arrangements made for them to return to the Gynae Assessment Unit for a trial without catheter (TWOC). These arrangements should be made via Gynae team. The need for an indwelling catheter because of bladder emptying difficulties does not prevent a same day discharge but such patients should have a medical review before discharge home.

Preparation for discharge

- Ensure nursing checklist criteria met- see below
- Patient Information Leaflets should have been given at start of SDD TLH Pathway but before discharge please check patient still has information.
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- Patient information leaflet on Gynaecology Enhanced Recovery
- Advice and exercises following major gynaecological surgery
- Discharge Advice after Gynaecological Surgery
- Ward specific discharge leaflet
- Check patient contact details for postoperative nursing calls after discharge
- Gynae emergency contact details must be given to all patients. They can contact the unit directly on Via Switch board to on call gynaecology team 24hours a day.
- Advise that operating surgeon or surgical nurse practitioner (RN) will call the patient following day (day 1) and again on days 3 and 7.
- The operation notes, and discharge summary must be uploaded to the hospital electronic system (WCP) before the patient leaves the ward on the day of surgery. This is done by the operating team and it is essential to facilitate safe remote post-operative review on days 1, 3 and 7.

Clinical Discharge Criteria (nurse led) for Same Day Discharge TLH

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(The patient should **NOT** be discharged by a nurse if non-compliant with any of the criteria unless reviewed and sanctioned by a member of the medical staff).

THIS FORM MUST BE COMPLETED AND PRINTED FOR PATIENT NOTES

Discharge Criterion	Complied (Tick box)	Actions, at earliest opportunity, if non-compliant
Uncomplicated surgery		
Surgery performed without complications (to be defined by surgeon). Postop plan mentions- for same day discharge		Contact surgeon to discuss whether safe for SDD
EBL <500ml (surgeon happy with haemostasis)		If EBL >500mls patient must remain in hospital overnight for observation and FBC day 1 post op.
No conversion to laparotomy		If open procedure patient is no longer suitable for SDD and leaves the pathway. The patient must remain in hospital overnight for observation
Post-operative observations¹		
Complied with NEWS chart- stable and staff normal vital signs and ability to maintain levels >94% on room air		Escalate to medical oxygen saturation
Post-operative progress¹		
Acceptable tolerance of oral fluids and light diet		Consider medical review
Adequate control of nausea and vomiting		Consider medical review
Adequate pain control		Escalate to medical staff

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Voiding spontaneously and emptying the bladder satisfactorily - question patient. If TWOC fails – home with catheter in situ, return next day for TWOC.		Escalate to medical staff
Post-operative examination and tests		
Observation and vital signs satisfactory every 30mins for 1 hour then every 60mins for 2 hours and then one more set of Obs before discharge.		
Timely completion of satisfactory clinician review i.e. abdominal examination by clinician if soft, minimally tender, no more than moderately distended (i.e., not tense) and unremarkable (dry and non-gaping) port site for wounds		Escalate to medical staff
Medications to take home		
TTO's prescribed by the medical staff and given to patient with instructions for use		Escalate to medical staff to arrange TTOs
Routine analgesics- patient's own paracetamol 1g QDS, patient's own ibuprofen 400mg TDS (with food, from day after surgery unless contraindicated) Max 7 days		Escalate to medical staff to arrange TTOs
PRN codeine 30-60mg QDS.		
Routine stool softeners- laxido or Movicol		Escalate to medical staff to arrange TTOs

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<p>Exceptional (only if requested and prescribed by medical staff)- please tick all that apply:</p> <ul style="list-style-type: none"> • Opioids- note codeine is part of the discharge TTOs • Antiemetics • Antibiotics • Hormone replacement therapy • Low molecular weight heparin (clexane/dalteparin)- according to standard gynaecology VTE protocol 		<p>Ignore and strike through if no exceptional TTOs prescribed</p> <p>VTE prophylaxis as per VTE Health Board Guidelines.</p>
<p>Post-discharge care</p>		
<p>Someone at home to act as a carer for the next 24-72 hours</p>		<p>Not suitable for SDD</p>
<p>Patient phone number already available on WCP recorded to receive a post-operative phone call from the Gynaecology team the next day</p>		
<p>Written patient information and emergency contact numbers given</p>		

Minimal 4-hours post-operative observation. Escalate to medical staff if unsure or thought to be abnormal

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Post-Discharge Follow up Protocol

Patients should refer to the patient information leaflet “Discharge advice following your surgery”. **Patients details to be kept on the acute Gynaecology handover sheet and handed over to on call team for follow up contact Day 1,3 and 7.**

They should contact the Gynaecology Wards on Tel; Bridgend 01656752325, Merthyr Tydfil / RGH 01685726805 to access further advice in case of any queries or concerns. Ward nurses to advice accordingly or refer to acute gynaecology on call team.

Patient information leaflets

Patient information leaflets are to be given, but please check at post op discharge that patient still has leaflets on:

- Same Day Discharge Total Laparoscopic Hysterectomy
- Patient information leaflet on Gynaecology Enhanced Recovery
- Advice and exercises following major gynaecological surgery
- Discharge Advice after Gynaecological Surgery
- Ward specific discharge leaflet

Care After Discharge

- Patients will be contacted by a surgical care practitioner on days 1, 3 and 7 post operatively.
- The Standardised Post Op Questions will be utilised to ensure a full post-op assessment and appropriate action plan where needed; this will also enable retrospective audit.
- It is anticipated that the RN making post-op phone calls will be part of the team Delivering SDD TLH
- The completed Standardised Post Op Questions will be scanned into the patient electronic record (WCP) at the time of the phone call to enable accessibility should any post-op complications arise.

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This document must be printed into the patient notes

Date of surgery:		Type of Surgery: (when extended to other types of surgery)											
Post op recovery questions (please circle)		Day 1	Day 3	Day 7									
1	Are you having any trouble breathing	Yes	No										
2	Is your voice sounding the same as usual to you?	Yes	No										
3	Do you have any of the following...?	Sore throat	headache	dizziness	muscle weakness								
		If yes to any, describe symptoms and advice provided											
4	Are you experiencing any pain?	Yes	Sometimes	No									
		If yes, describe symptoms and advice provided											
5	What are you using for pain relief?												
6	What would you say your pain score is on a scale of 0 – 10 after pain relief?	None 0	1	2	3	4	5	6	7	8	9	10	Excruciating

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7	Have you found that you have wanted or needed more? Stronger pain relief?	Yes	Sometimes	No
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	If yes / sometimes, describe pain and advice provided			
8	Have you experienced any vaginal bleeding?	Yes	Sometimes	No
	If yes, describe symptoms and advice provided			
9	Have you experienced nausea or vomiting?	Yes	Sometimes	No
	If yes, describe symptoms and advice provided			
10	Are you eating and drinking as normal?	Yes	Sometimes	No
	If no, describe symptoms and advice provided			
11	Are you able to empty your bladder as normal?	Yes	Sometimes	No
	If no, describe symptoms and advice provided			

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12	Are you able to empty your bowels as normal? (Any diarrhoea or constipation)	Yes	Sometimes	No
	If no, describe symptoms and advice provided			
13	Do you have a fever?	Yes	No	
	If yes, document temperature if taken and document advice provided			
14	Have you noticed any of the following around your surgical wound?	Pain	Reddening	Swelling
	If yes to any, describe symptoms and advice provided			
15	Are you able to take care of your own personal hygiene needs unaided?	Yes	Sometimes	No
16	Are you feeling more tired than usual?	Yes	Sometimes	No
	If yes, describe symptoms and advice provided			

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17	Are you able to sleep well?	Yes	Sometimes	No	
	If yes, describe symptoms and advice provided				
18	How would you describe how you are feeling since your surgery?	Relaxed Depressed	In Control	Anxious	Low
	Document any advice/signposting provided				
19	Are you beginning to return to usual home activities?	Yes	Sometimes	No	
	Document any advice provided				
20	Have you had your Clexane injection (if prescribed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
21	Have you needed to contact EGAU since discharge	Yes <input type="checkbox"/>	If yes, why?		
		No <input type="checkbox"/>			
22	Did you experience any problem contacting Gynae Team?	Yes <input type="checkbox"/>	If yes, why?		
		No <input type="checkbox"/>			

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23	Have you been readmitted to hospital?	Yes <input type="checkbox"/> If yes, why? No <input type="checkbox"/>	
Name of person completing form (print)			
Signature		Date	
Designation		Time	

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References







- Huang, J. et al, Less is More: Clinical Impact of Decreasing Pneumoperitoneum Pressures during Robotic-Assisted Gynecologic Surgery, Journal of Minimally Invasive Gynecology, Volume 25, Issue 7, S9 - S10 [Less is More: Clinical Impact of Decreasing Pneumoperitoneum Pressures during Robotic-Assisted Gynecologic Surgery - Journal of Minimally Invasive Gynecology](#)
- Patient information leaflet Worcestershire worcsacute.nhs.uk/~documents/documents/patient-information-leaflets-a-z/laparoscopic-hysterectomy-same-day-discharge-surgery/?layout=file
- Best practice day case hysterectomy delivery guide GIRFT [FINAL-gynaecology-best-practice-daycase-hysterectomy-guide-Oct23.pdf](#)

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Resources

Title	Link
Same Day Discharge Total Laparoscopic Hysterectomy	 Laparoscopic Hysterectomy same d
Patient Information Leaflet on Gynaecology Enhanced Recovery	 SDD%20%20TLH%20 enhanced%20recove
Advice and Exercises Following Major Gynaecological Surgery	
Discharge Advice After Gynaecological Surgery	
Video On Gynaecology Enhanced Recovery Pathway (Physiotherapy Exercises Following Your Surgery)	TBC
Ward One Discharge Booklet	 (
Ward One COVID SOP	 Ward One COVID Review (2).docx SOP
Patient Experience Audit Questions	SDD TLH Patient Experience Audit Questions v2

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Table of abbreviations

Abbreviation	Meaning
TLH	Total laparoscopic hysterectomy
SDD	Same day discharge
BSO	Bilateral Salpingo-oophorectomy
SOP	Standard operating procedure
QII	Quality improvement initiative
GIRFT	Getting it right first time
ASR	Acute surgical review
CTMUHB	Cwm Taf Morgannwg University Health Board
ACS	Acute coronary syndrome
CVA	Cerebrovascular accident
PPM	Permanent pacemaker
METS	Metabolic equivalents
BMI	Body mass index
ASA	American society of anaesthesiologists
LFT	Liver function tests
RS	Respiratory system
OSA	Obstructive sleep apnoea
HbA1c	Glycosylated haemoglobin
BM	Blood Glucose Monitor
FBC	Full Blood Count
QDS	To be taken 4 times daily
SR	Sustained Release
NBM	Nil by mouth
TIVA	Total intravenous anaesthesia
PEEP	Positive end expiratory pressure
BIS	Bispectral index
NMBA	Neuromuscular blocking agents
PNS	Peripheral nerve stimulator
PRN	Pro re nata (as required)
NSAID	Non-steroidal anti-inflammatories

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MR	Modified release
VTE	Venous Thrombo-embolism
PONV	Post-operative nausea and vomiting
NEWS	National early warning system
EGAU	Emergency Gynae Assessment Unit
TWOC	Trial without catheter
EBL	Estimated Blood Loss
TTO	To Take Out (medications)

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