

## **“24” – Hours to Discharge after Robotic Surgery for Complex Gynecologic Malignancies (Standards of Care Even Jack Bauer Couldn’t Achieve)**

Sarah R. Mason RN  
*Lehigh Valley Health Network, Sarah\_R.Mason@lvhn.org*

Nicole Reimer BSN, RN, OCN  
*Lehigh Valley Health Network, Nicole.Reimer@lvhn.org*

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# "24" – Hours to Discharge after Robotic Surgery for Complex Gynecologic Malignancies

(Standards of Care Even Jack Bauer Couldn't Achieve)

Sarah Mason, RN and Nicole Reimer, BSN, RN, OCN  
Lehigh Valley Health Network, Allentown, Pennsylvania

- Problem Statement**
- Discuss implications of utilizing robotic assisted surgery for the gynecologic oncologic population.
  - Discuss nursing considerations in the care of the gynecologic oncologic patient status post robotic assisted surgery.
- Significance**
- Robotic assisted surgery is a leading edge technology fast becoming the standard of care.
  - Because it is less invasive and does not require large incisions, minimally invasive robotic procedures are ideal for many gynecologic surgeries.

Robot



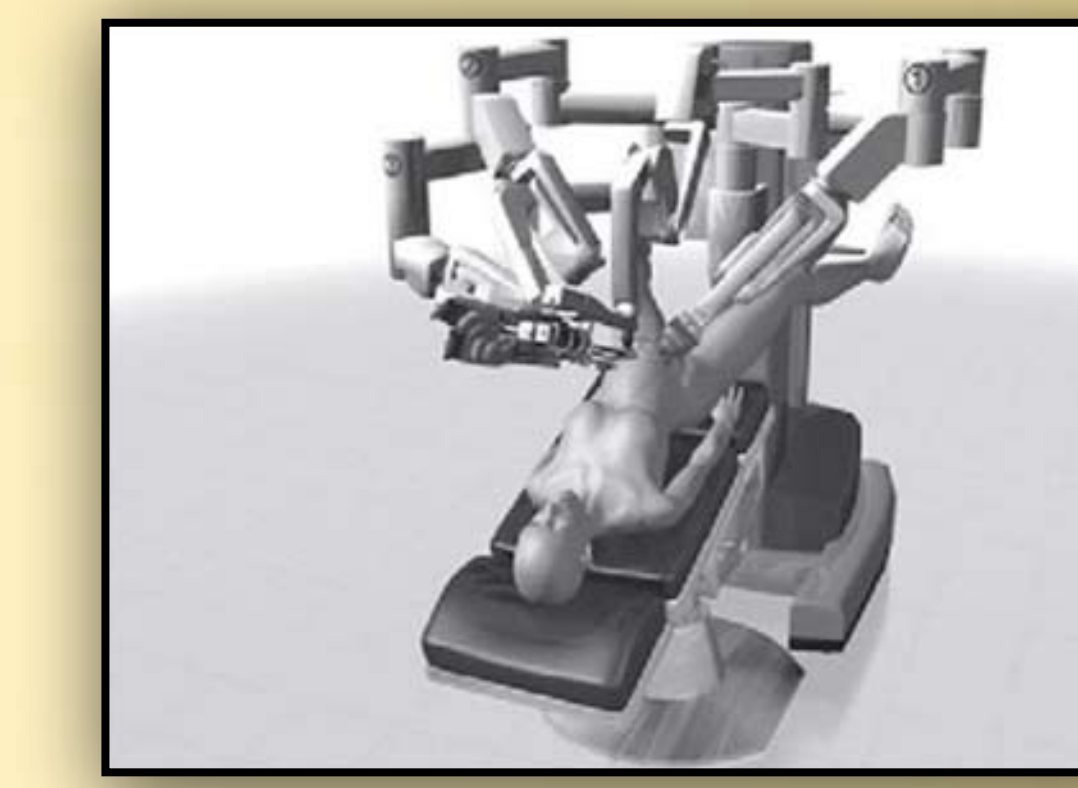
Small Instruments



Wrist & Finger Movement



Steep Trendelenberg



## 1st 12 Hours

1000

- **Admission** to Surgical Staging Unit

1200

- Operating Room
  - Steep Trendelenberg positioning
  - Specimens to pathology

1400

- PACU
  - Assessment of facial/laryngeal/scleral edema

1500

- Inpatient Unit – Assessment of:
  - Urine output  $\geq 30$  ccs per hour
  - Surgical sites
  - Nausea/vomiting
  - Oxygen status
  - IV pain control

1700

- Diet advancement to clear liquids
- Incentive spirometry teaching

## Technology Revolution for Hysterectomies

### Laparotomy

- 3–4 day LOS
- 6 week recovery

### Laparoscopy

- 1–2 day LOS
- 3–4 week recovery

### Robotics

- 24 hour LOS
- 2–3 week recovery

## 2nd 12 Hours

0400

- AM labs
  - CBC, CMP, Mag, Phos
- Urinary catheter removal

0600

- Diet advancement to regular
- Oral pain control
- Ambulation
- Post-urinary catheter removal voiding trial
- Oxygen weaning in process
- Reinforcement of incentive spirometry

1000

- **Discharge** after assuring:
  - Adequate nausea control
  - Positive bowel sounds

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