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

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(Standards of Care Even Jack Bauer Couldn’t Achieve)
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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.

1st 12 Hours
• Admission to Surgical Staging Unit
• Operating Room
  - Steep Trendelenberg positioning
  - Specimens to pathology
• PACU
  - Assessment of facial/laryngeal/scleral edema
• Inpatient Unit – Assessment of:
  - Urine output ≥ 30 ccs per hour
  - Surgical sites
  - Nausea/vomiting
  - Oxygen status
  - IV pain control
• 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

04:00
• AM labs
  - CBC, CMP, Mag, Phos
• Urinary catheter removal

05:00
• Diet advancement to regular
• Oral pain control
• Ambulation
• Post-urinary catheter removal voiding trial
• Oxygen weaning in process
• Reinforcement of incentive spirometry

10:00
• Discharge after assuring:
  - Adequate nausea control
  - Positive bowel sounds

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