

Elective Laparoscopic Adrenalectomy Outcomes in 1099 ACS NSQIP Patients: Identifying Candidates for Early Discharge

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Disclosures

- We have neither conflicts of interest nor financial ties to disclose.



Laparoscopic Adrenalectomy

- Described in 1992 by Gagner
- Improved EBL, OR time, Pain, Complications, LOS, Hernia
- Functional / Non-functional & Benign / Malignant(?)
- Transabdominal, Retroperitoneal, Single-Access, Robotically Assisted
- Physiologic impact depends on endocrine function

Same Day Discharge ?

- Limited case series of 9-22 patients
- Nonfunctional, Conn's, Subclinical Cushing's
- Exclusions variable, but include pheochromocytoma, advanced age, BMI, large lesion, ASA
- No evidence-based selection criteria
- Low volume procedure with low complication rate
- Interested in complications that are serious threat if occur after leaving the hospital

Methods

- 2009 and 2010 ACS NSQIP PUF
- 60650 as primary CPT
- Exclusions: concurrent major procedure, emergent, pre-op transfusions, pheochromocytoma
- Events = death and other events that are serious threat to life
- Evaluated for associations of pre-op and operative variables with events
- $p < 0.01$ considered significant

Limitations

- Functional characteristics of lesions?
 - Multiple potential ICDs
- Extent of function?
 - Subclinical Cushing's vs Florid Cushing's
- Which laparoscopic approach?
 - All captured as same CPT

Conclusions

- Definable variables associated with major complications.
- Early discharge and same-day discharge protocols should consider these criteria.
- Functional characteristics of lesion must be considered.

