

## POLICY

# Laparoscopic Cholecystectomy in Non-Hospital Facilities

## Purpose

This policy outlines the requirements for NHMSFAP facilities to perform laparoscopic cholecystectomy.

## Policy

- **Standard instruments:** The majority of cases can be completed with a standard set of laparoscopic instruments.
- **Conversion to open procedure:** Facilities **must** have a basic set of sterile laparotomy instruments to allow conversion to an open procedure should the need arise.
- **Redundancy:** A second set of sterile laparoscopic instruments including laparoscope, light source with cord and insufflator **must** be available should the procedure start and an instrument fails or becomes contaminated.
- **Common instruments on hold:** There are common scenarios that warrant several instruments and disposables to be readily available. The non-hospital facility general surgery group must outline other instruments required to be available and this must be documented in facility policy. The following are recommendations only and facilities may use different versions:
  - a. Cholangiography: The surgical and imaging equipment for both pre-operative and intra-operative indications is strongly recommended but not mandatory. If an unexpected intra-operative cholangiogram is needed to define uncertain or atypical anatomy but is not available, transfer to hospital should be considered.
  - b. Large clip applier: 12 mm instrument capable of delivering a larger clip typically used when a cystic duct too large for the standard clip to occlude is encountered. A port large enough for 12 mm instrument is needed.
  - c. Endo loop suture: Similar applications to (b) above which allows for tying off a larger structure.
  - d. 10 mm stone scoop for when a perforation of the gallbladder is made and stones escape. This large mouthed instrument helps retrieve them more easily.
  - e. Needle driver (possible with 'V-lock sutures'), can repair a small bowel or other inadvertent injury.

- f. Fascial closure device (disposable or reusable) to deal with port site bleeding.
- g. MIS suction needle tip: This 5 mm instrument with a hollow needle tip is used to decompress a gallbladder that is too distended to grasp.
- **Transfer to a hospital facility:** Surgical indications for transfer may include conversion to an open procedure for post-operative care or an intra-operative common bile duct injury needing referral and definitive repair.
- **Patient selection:** Those with acute cholecystitis, known common duct stones, jaundice, active gallstone pancreatitis, or those with suspected neoplasia of the gallbladder are not candidates for a non-hospital facility.
- **Reportable incident:** Conversion to an open procedure with or without transfer to hospital requires reporting to the NHMSFAP as per existing policy.

## Responsibility

Role	Responsibility
General surgeon(s)	Identify equipment required at non-hospital facility
Medical director	Ensure NHMSFAP policy is followed at non-hospital facility Ensure general surgeons have reviewed required and optional equipment and this is documented in facility policy Ensure reportable incidents are submitted to the NHMSFAP in accordance with the <i>Patient Safety Incidents Reporting</i> policy
NHMSFAP	Periodic review of policy