

SPECIALITY: **General Surgery**  
 PROCEDURE(S): **Cholecystectomy (laparoscopic or open)**

ALOS: **Day case to 1 night**

#### INDICATIONS

- Repeated episodes of biliary pain and USS confirmation of gall stones with normal common bile ducts

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- LFTs
- Abdominal ultrasound confirming presence of gall stones
- Ultrasound, images and report required where PACs not available

#### REFERRAL CRITERIA

- As per indications
- USS valid up to 6 weeks pre-operatively
- Not suitable for referral:
  - Actual or suspected stones in common bile duct
  - Acute cholecystitis
  - History of acute pancreatitis
  - Uninvestigated abnormal LFTs
  - Patients requiring ERCP
  - Dilated common bile duct

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the results of this are to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery
- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk

- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine wound care

#### DISCHARGE CRITERIA

- Eating and drinking
- Pain controlled
- Independently mobile

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Further follow-up not usually required

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Pain free at three months
- Conversion rate to open procedure less than local average

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter including surgical approach to cholecystectomy with details of link to <http://www.nrls.npsa.nhs.uk>
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **General Surgery**  
 PROCEDURE(S): **Excision of lumps**

ALOS: **Day case**

#### INDICATIONS

- In line with NHS Somerset local policy relating to procedures of limited clinical value
- Sebaceous cyst, lipoma, fibroma, dermoid cyst, inclusion cyst, myxoid cyst

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

#### REFERRAL CRITERIA

- See indications, cutaneous or subcutaneous lumps required to be removed for clinical reasons (i.e. not for cosmetic reasons)

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No restrictions for patients having a procedure under local anaesthetic
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine wound care

#### DISCHARGE CRITERIA

- Routine

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Further follow-up not usually required

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Complete removal of lump
- Histology reported in all cases

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST-DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral

SPECIALITY: **General Surgery**  
 PROCEDURE(S): **Hernia repair (laparoscopic or open)**

ALOS: **Day case to 1 night**

<b>INDICATIONS</b>	<ul style="list-style-type: none"> <li>Inguinal, femoral, epigastric, umbilical, paraumbilical hernia</li> <li>Incisional (not extensive, less than 10 cm)</li> <li>Hernia is symptomatic or palpable</li> </ul>
<b>PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS</b>	<ul style="list-style-type: none"> <li>Clinical assessment</li> <li>USS assessment as appropriate</li> </ul>
<b>REFERRAL CRITERIA</b>	<ul style="list-style-type: none"> <li>See indications</li> </ul>
<b>EXCLUSION CRITERIA</b>	<ul style="list-style-type: none"> <li>Please refer to the UKSH exclusion criteria detailed on pages 4/5</li> </ul>
<b>PRE-OPERATIVE ASSESSMENT VISIT</b>	<ul style="list-style-type: none"> <li>Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio</li> <li>All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given</li> <li>Patient specific information given:             <ul style="list-style-type: none"> <li>EIDO procedure specific information leaflet</li> <li>Thromboembolism fact sheet</li> </ul> </li> </ul>
<b>PREPARATION FOR SURGERY</b>	<ul style="list-style-type: none"> <li>No food 6 hours prior to the procedure</li> <li>Clear fluids up to 2 hours prior to the procedure</li> <li>If the patient takes <b>aspirin</b> they should stop this 7 days pre-operatively</li> <li>If the patient takes <b>warfarin</b> they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the results of this are to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery</li> <li><b>HRT/contraceptive pill containing oestrogen</b> should cease 6 weeks pre-operatively to reduce their VTE risk</li> <li>The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions</li> </ul>

<b>POST-OPERATIVE CARE</b>	<ul style="list-style-type: none"> <li>Routine wound care</li> </ul>
<b>DISCHARGE CRITERIA</b>	<ul style="list-style-type: none"> <li>Eating and drinking</li> <li>Pain controlled</li> <li>Independently mobile</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>Follow-up call 24 hours post-discharge</li> <li>Further follow-up not usually required</li> </ul>
<b>EXPECTED CLINICAL OUTCOMES</b>	<ul style="list-style-type: none"> <li>Patient reported outcome measures as applicable</li> <li>Pain free at 3 months</li> <li>No recurrence of hernia within 1 year</li> </ul>
<b>ONWARD FORWARD CRITERIA</b>	<ul style="list-style-type: none"> <li>Not anticipated</li> </ul>
<b>INFORMATION TO GPs AT DISCHARGE</b>	<ul style="list-style-type: none"> <li>Routine letter and method of repair (i.e. Liechtenstein, mesh or laparoscopic)</li> <li>Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)</li> <li>Medication (TTOs) will be prescribed as required</li> <li>Fitness for work certificate will be issued if appropriate</li> </ul>

SPECIALITY: **General Surgery**

PROCEDURE(S): **Perianal surgery**

ALOS: **Day case**

#### INDICATIONS

- In line with NHS Somerset local policy relating to procedures of limited clinical value
- Haemorrhoids, anal fissure, pilonidal sinus, anal skin tags, (banding, sclerotherapy as well as haemorrhoidectomy)

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Patients with rectal bleeding will undergo a diagnostic flexible sigmoidoscopy at SMTC prior to the surgery, SMTC to arrange

#### REFERRAL CRITERIA

- Recurrent bleeding from haemorrhoids with no response to medical management
- Painful anal fissure not responding to medical management
- Recurrent infections of pilonidal sinus
- Irritation from anal skin tags causing skin infection and inflammation

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine wound care, aperients prescribed
- Shower/wash area after bowel movement to keep clean

#### DISCHARGE CRITERIA

- Eating and drinking
- Pain controlled
- Independently mobile
- Haemostasis

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Haemorrhoidectomy and fissures 4 to 6 weeks outpatient appointment

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures as applicable
- Resolution of symptoms at 3 months

#### ONWARD FORWARD CRITERIA

- Not anticipated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate