Same-Day Discharge for Elective Pediatric Laparoscopic Gastrostomy Tube Insertion is Safe and Increasing in Frequency; a NSQIP Pediatric Retrospective Review 2017 to 2021

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Abstract

Purpose:

There is limited literature reviewing same-day discharge for elective pediatric gastrostomy tube placement. Our aim was to assess the outcomes of same-day discharge following elective pediatric laparoscopic gastrostomy.

Methods:

Data from the ACS NSQIP-P registry was used to evaluate elective pediatric laparoscopic gastrostomy patients who presented from home and were discharged home with a diagnosis of failure to thrive, feeding difficulty or dysphagia from 2017-2021. Patients discharged in the first 24 hours (SDD) were compared to those discharged 24-72 hours after surgery (non-SDD) for the primary outcome of unplanned readmission within 30 days. Secondary outcomes included bleeding events, wound infection, and reoperation.

Results:

There were 5947 patients identified; 4.7% were discharged same-day. The rate increased from 2.7% (2017) to 6.3% (2021). There were no significant differences for 30-day unplanned readmission, reoperation, or any complication (Table 1). Binary logistic regression found steroid use within 30 days increased risk of serious complication (OR 2.02, 95% CI 1.29-3.15, p=0.002) and 30-day readmission or reoperation (OR 2.10, 95% CI 1.34-3.27, p=0.001). All 6 patients (0.1%) who required reoperation within 72 hours were identified prior to discharge, and none of the 16 patients readmitted within 72 hours of surgery required reoperation.

Conclusion:

Same-day discharge rates after pediatric laparoscopic gastrostomy tube placement are low but increasing. For elective patients presenting from home and discharged home, there were not significant differences in outcomes between same-day and 24-72 hour discharge cohorts. In select patients, same-day discharge following laparoscopic gastrostomy is a safe option.