

Outcomes of Outpatient Hernia Surgery at a Tertiary Referral Center: Results of a Standardized Pathway



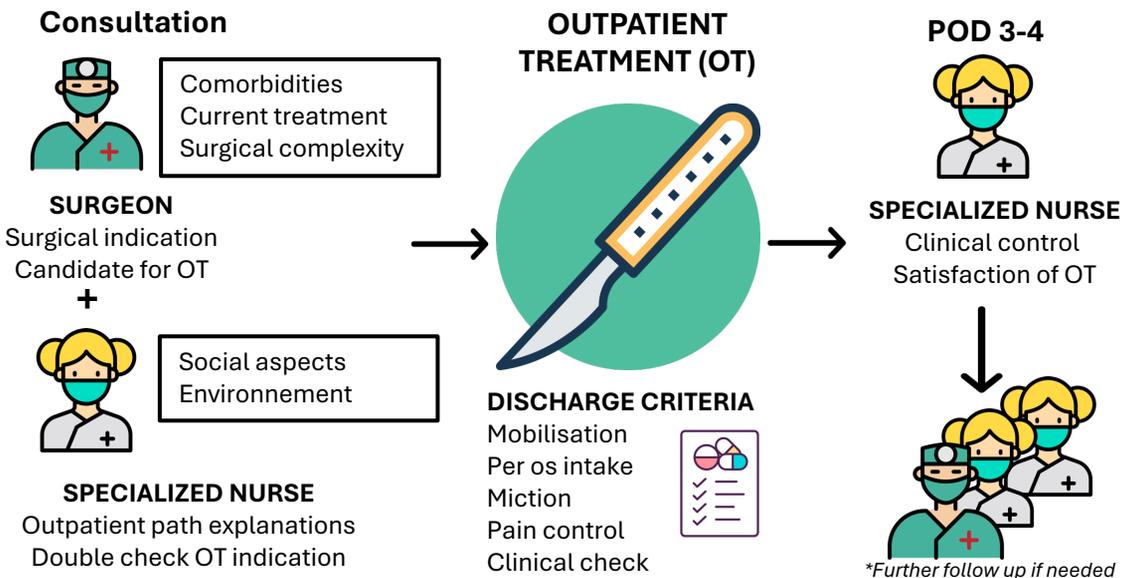
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Background and Aim

Outpatient hernia surgery is increasingly practiced, in a global effort to optimize patient comfort and outcomes as well as healthcare costs. Standardized patient selection criteria and postoperative pathway are key to limit the risk of unplanned hospital admissions after surgery. The aim of the current study was **to assess the outcomes of our standardized outpatient hernia surgery program** and identify factors potentially contributing to outpatient treatment failure (OTF).

Institutional Clinical Pathway



Materials and Methods

All adult patients undergoing outpatient hernia repair in our center between 06.2013, and 12.2019 were retrospectively assessed. Primary endpoint was the **rate of OTF**, defined as unplanned admissions due to intraoperative complications, or unplanned readmissions and/or medical consultations due to postoperative complications or inadequate pain management within the first 72 hours. Demographic and surgical characteristics were compared with the χ^2 , Fisher's or Student's t-test as appropriate, with a significance threshold at $p < 0.05$.

Results

Overall, 405 patients were included. Mean age was 50 years (SD 15), and 85% (n=345) were male. OTF was observed in 3% of patients (n=12). **ASA class** was higher in OTF patients (ASA 2-3 in 75% OMF versus 40% non-OMT patients, $p=0.039$). **Bilateral inguinal hernia repair** was performed in 41.7% OTF versus 10.4% non-OTF patients, $p=0.009$, whereas **mean operative duration was longer** in OTF patients (43.1 min versus 65.8min, $p=0.019$). Postoperative complications were observed in 5.7% of patients (50% in OMF versus 4.3% non-OMF patients, $p < 0.001$).

Conclusions

The implementation of a standardized pathway has achieved favorable outcomes in outpatient hernia surgery, with a low overall OTF rate of 3%. Patient- and procedure-related characteristics need careful assessment to optimize patient selection.