

Abstract #851: Implementation of Laparoscopic Sacrocolpopexy in an Ambulatory Setting

Early outcomes from a real-world consecutive series

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KEY FINDING

88.2% of planned ambulatory cases were discharged the same day, with no readmissions.

INTRODUCTION & OBJECTIVE

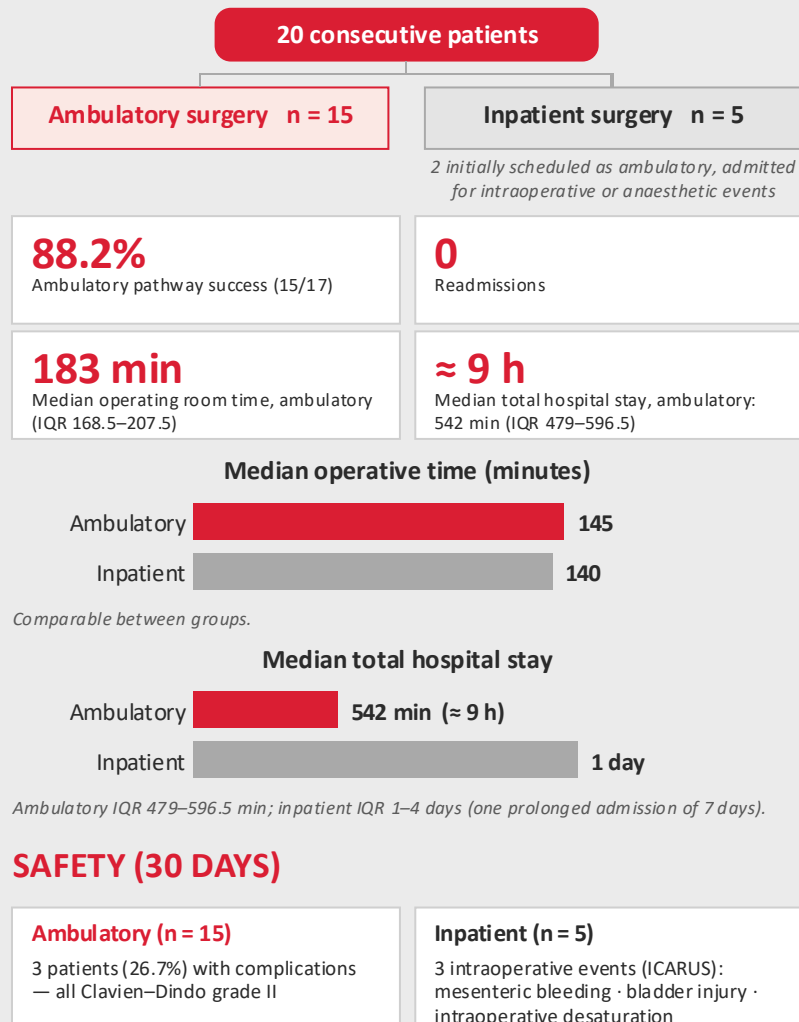
- Laparoscopic sacrocolpopexy is the gold standard for apical prolapse.
- Traditionally performed under inpatient care; advances in minimally invasive surgery and enhanced recovery protocols have enabled its transition to an ambulatory setting.
- Real-world data on its implementation remain limited.
- Objective:** to assess the safety and feasibility of laparoscopic sacrocolpopexy performed in an ambulatory setting, and to compare perioperative outcomes with conventional inpatient management.

METHODS

- Retrospective observational study of all consecutive patients undergoing laparoscopic sacrocolpopexy over a one-year period at a tertiary referral centre.
- Patients stratified by care setting: ambulatory vs inpatient.
- Recorded: baseline characteristics, surgical history, prolapse stage, estimated blood loss, operative time, operating room time (entry to exit), total hospital stay, 30-day complications (Clavien–Dindo) and readmissions.
- Cases scheduled as ambulatory but requiring admission were specifically analysed.

RESULTS

Ambulatory pathway success was 88.2% (15/17), with comparable operative times, no readmissions, and a median total hospital stay of 542 minutes (≈ 9 hours).



CONCLUSIONS Laparoscopic sacrocolpopexy can be safely implemented in an ambulatory setting in selected patients, with comparable operative times and a marked reduction in hospital stay, without increasing short-term morbidity. These findings support its adoption as part of enhanced recovery pathways in pelvic reconstructive surgery.