

DISCHARGE FROM HOSPITAL

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The discharge of patients is based on clinical indicators and the patient's fitness for recuperating in a non-hospital environment. One of the core drivers for the application of minimally invasive surgery is an earlier recovery and therefore discharge from hospital. Patients should not be discharged until they are comfortable, have passed urine and are eating and drinking. Principles of minimal access surgery /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF satisfactorily. They should be told that if they develop worsening pain or other severe symptoms they should return to the hospital or to their general practitioner. Even for more major cases, some units have demonstrated safe and feasible protocols for a 23-hour stay.

Meticulous care in the creation of a pneumoperitoneum
Controlled dissection of adhesions
Adequate exposure of operative field
Avoidance and control of bleeding
Avoidance of organ injury
Avoidance of diathermy damage
Vigilance in the postoperative period

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