

**Poster 38:** Assessing Patient Satisfaction with Same-Day Discharge and Pain Management Following Robotic Gynecologic Oncology Surgery

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Topic

Quality & Healthcare Systems

Objectives

To evaluate patient-reported satisfaction and perceptions of same-day discharge following robotic gynecologic oncology surgery.

Methods

This prospective survey study included patients undergoing robotic-assisted gynecologic oncology surgery, categorized into same-day discharge and overnight admission cohorts. Overnight admission was per patient preference and not medical necessity. Satisfaction was assessed using the validated Surgical Satisfaction Questionnaire (SSQ-8), including pain control, return to baseline, and global satisfaction. Additional Likert-scale items evaluated discharge safety, satisfaction, and perceived recovery impact. Continuous variables were compared using Mann–Whitney U tests and categorical variables using Fisher exact tests.

Results

Ninety-two patients were included, with 76 (82.6%) discharged same-day and 16 (17.4%) admitted overnight. Same-day discharge patients had lower rates of postoperative narcotic prescriptions (34.2% vs 68.8%,  $p=0.02$ ), with no difference in reported use ( $p=0.14$ ). Rates of emergency department visits or readmissions were similar (7.9% vs 12.5%,  $p=0.62$ ). Median SSQ-8 pain control scores were 10 (IQR 9–10) for same-day discharge and 10 (IQR 8.25–10) for overnight admission ( $p=0.66$ ). Median return to baseline scores were 13 (IQR 11–15) in both groups ( $p=0.87$ ), and median global satisfaction scores were 15 (IQR 15–15) in both groups ( $p=0.85$ ). Median discharge perception scores were similarly high, including safety [5 (IQR 4–5) vs 5 (IQR 3.75–5),  $p=0.86$ ], satisfaction [5 (IQR 4–5) vs 5 (IQR 3–5),  $p=0.75$ ], and perceived recovery impact [5 (IQR 4–5) vs 5 (IQR 3–5),  $p=0.87$ ] (Figure 1).

Conclusions

Same-day discharge after robotic gynecologic oncology surgery achieves high patient satisfaction without increased healthcare utilization post-operatively. Reduced narcotic prescribing following same-day discharge did not compromise patient-reported outcomes, supporting broader adoption of same-day discharge initiatives while advocating for judicious opioid use post-operatively.

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