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Short-stay laparoscopic surgery: same-day depends on the workup

A few small incisions and, for many people, going home the same day or the next: laparoscopic gallbladder and hernia surgery can sound simple to plan around a trip. Whether it is depends on the evaluation behind it. This issue explains how gallbladder problems and inguinal, umbilical and ventral hernias are evaluated, what each approach can and cannot do, and how to plan recovery and travel.

Educational only. Not medical advice. One Stop Cabo Health is a medical concierge — not a hospital. Licensed physicians provide clinical care.

What “laparoscopic” and “short stay” mean

Laparoscopic surgery uses a thin camera, called a laparoscope, and long, narrow instruments passed through a few small incisions. The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) describes laparoscopic gallbladder removal as several small incisions, each less than 1 inch long, instead of the 5- to 7-inch incision of open surgery. For minimally invasive ventral hernia repair, SAGES describes 3 to 5 incisions, one-quarter to one-half inch long.

“Short stay” means going home the same day or after one night. SAGES notes that after laparoscopic gallbladder removal you may go home the same day or stay overnight, and that most inguinal hernia repairs are done on an outpatient basis. For ventral hernias, SAGES notes that some repairs are same-day surgery, while larger or more complex repairs require a hospital stay. [A short stay is something the evaluation confirms](#), not a starting assumption.

When gallbladder or hernia symptoms should not wait for a trip

SAGES describes a hernia bulge that is stuck out and can no longer be pushed back in (incarcerated), or severe continuous pain with redness and tenderness at the hernia (strangulated), as critical signs, and advises contacting a physician or surgeon immediately or going to an emergency room. For ventral hernias, SAGES lists severe, continuous pain, a bulge that is red, tender, or painful to touch, and nausea or vomiting as reasons to call the doctor’s office immediately. SAGES also lists fever and yellow skin or eyes (jaundice) among the symptoms of gallbladder problems, and notes that jaundice can happen when gallstones block the bile duct. Symptoms like these need care where you are — not a travel plan.

Gallbladder removal: evaluation first

The gallbladder is a small organ in the upper abdomen that stores bile, a liquid that helps the body break down food. Small, hard deposits called gallstones can form in it; SAGES describes this as a common condition. Symptoms can include sharp abdominal pain, nausea and vomiting, indigestion, fever, and jaundice.

How gallbladder problems are found

SAGES notes that the usual first test is an ultrasound, which uses sound waves and does not hurt. If more information is needed, a computed tomography (CT) scan or a hepatobiliary iminodiacetic acid (HIDA) scan may follow. The HIDA scan uses an injection of dye to show how well the gallbladder and bile duct are working.

When removal is usually recommended

SAGES describes removing the gallbladder as the usual treatment when gallstones cause health problems. Eating less fat may bring some relief, but SAGES notes that gallstones rarely go away on their own, and that treatments to break up or dissolve them do not usually work well. Whether surgery is right for you is a decision for you and your surgeon after evaluation.

Honest limits

SAGES notes that a laparoscopic approach might not be an option for people with severe gallbladder problems or earlier surgery in the upper abdomen. Reasons for having or switching to open surgery include a gallbladder with a lot of scarring or inflammation, scar tissue from earlier surgery, obesity, poor visibility through the laparoscope, and bleeding during surgery. SAGES is clear that switching to open surgery is not a complication: the surgeon switches when it is the safest option, and may not know until the operation has started. During surgery, a specialized X-ray of the bile duct may find stones there, which can mean an additional procedure at the time or later. After open surgery, SAGES notes a hospital stay of a few days and a return to full activities in 4 to 6 weeks, so a travel plan should allow for that possibility.

Inguinal (groin) hernia: evaluation first

SAGES estimates that about 600,000 inguinal hernia repairs are performed each year in the United States. Most inguinal hernias show up as a bulge in the groin, sometimes with pain or discomfort when lifting, coughing, or standing for a long time; some are found on a routine physical exam or with imaging. SAGES notes that a hernia does not get better or go away on its own, and that no exercise or physical therapy can cure it.

Not every hernia is repaired right away

SAGES notes that inguinal hernias are generally repaired when symptoms affect daily activities. A hernia that causes no symptoms may be observed, though most will cause symptoms within a few years. For some people, the surgeon may decide that elective surgery is not the right choice because of

other medical conditions, and may suggest a truss, an external support belt that holds the hernia in.

Open or minimally invasive, with honest limits

An inguinal hernia can be repaired through an open incision in the groin or lower abdomen, or with a minimally invasive approach, laparoscopic or robotic-assisted, often with surgical mesh. SAGES notes that minimally invasive repair usually means an easier recovery and a quicker return to work and normal activity than open repair, and that it most often requires general anesthesia. Only a thorough examination can show whether it is an option: it may not be best after a previous major abdominal operation or with certain medical conditions, and obesity, scar tissue, poor visibility, or bleeding can lead the surgeon to choose or switch to the open approach. SAGES also notes that smoking increases the risk of infection and of the hernia coming back, and that some surgeons require quitting at least 4 to 6 weeks before surgery.

Umbilical and ventral hernia: evaluation first

A ventral hernia is a hernia in the front wall of the abdomen. SAGES notes that it usually happens at the site of a surgical scar (an incisional hernia), but it can also happen at the belly button (an umbilical hernia) or elsewhere on the abdomen. Like a groin hernia, it does not get better over time and can grow larger; SAGES notes that surgery is the only way to fix a hernia, though not all hernias need to be repaired.

How it is evaluated

The American College of Surgeons (ACS) describes a history and physical exam that checks the site for a bulge, and notes that other tests may include ultrasound, a CT scan, blood tests, urinalysis, and an electrocardiogram (ECG). The ACS describes watchful waiting as an option for adults whose hernias can be pushed back in (reducible) and are not uncomfortable. According to the ACS, the type of operation depends on the hernia's size and location, whether it is a repeat hernia, your health, age and anesthesia risk, and the surgeon's expertise.

Honest limits

SAGES lists advantages of minimally invasive ventral hernia repair over open surgery, including less time in the hospital, less pain, and an earlier return to work and other activities, and adds that the results of every surgery differ depending on your health and the procedure. It might not be an option after previous abdominal surgery, when the hernia is in a place where surgery is difficult, or with certain medical conditions, and SAGES notes that a hernia may be too small or too large for a minimally invasive repair. As with the other operations, the surgeon may switch to open surgery if that is the safest option. After repair, SAGES notes that a lump or swelling from fluid collecting under the skin can appear and usually goes away on its own over a few weeks to months, and that smoking may raise the risk of infection and of the hernia coming back.

Where robotic-assisted surgery fits

Robotic-assisted surgery is a form of laparoscopy in which the surgeon controls the instruments from a console. SAGES describes it as one approach for gallbladder removal and for inguinal and ventral hernia repair. The U.S. Food and Drug Administration (FDA) lists gallbladder removal among the common procedures that may involve these devices, and notes that the device is not actually a robot, because it cannot perform surgery without direct human control, and that robotically-assisted surgery may not be appropriate in all situations. The FDA encourages patients to talk with their physician about the risks and benefits of robotically-assisted surgery and of other options, and to ask about the surgeon's training and experience with these devices. The approach follows the evaluation; it does not replace it.

Pre-surgical evaluation and your medication list

The three SAGES patient guides start preparation the same way: a full physical examination, and tests where needed to make sure you are [healthy enough for surgery and anesthesia](#). For ventral hernia repair, SAGES notes these may include an ECG, [blood tests](#), and X-rays. SAGES also notes that you may be asked to stop certain medicines before surgery, including blood thinners, some supplements, and medicines that affect the immune system. Which ones, and when, is your surgeon's decision. Before an inguinal hernia repair, SAGES asks you to tell your surgeon in advance if you have a history of difficulty urinating or an enlarged prostate.

A [pre-surgical evaluation](#) before the procedure date brings these steps together, so the operation is planned around what is already known.

Recovery and travel planning

Going home the same day is not the same as being ready to fly. After laparoscopic gallbladder removal, SAGES notes that you need to be able to drink liquids before going home and need someone to drive you home and stay with you overnight; shoulder pain from the gas used during surgery should go away in 24 to 48 hours; you can probably return to normal activity about a week after surgery; and you need to see your surgeon 2 to 3 weeks after surgery. After inguinal hernia repair, SAGES describes some soreness during the first 48 hours, longer for some people, and a follow-up appointment as your surgeon directs. After ventral hernia repair, SAGES notes that the follow-up visit is usually 1 to 4 weeks later, and the ACS notes that patients usually take 1 to 3 weeks to return comfortably to normal activity.

The Centers for Disease Control and Prevention (CDC) lists recent surgery among the factors that raise the risk of blood clots during travel, and notes that flying after surgery can increase that risk. Your surgeon should set the timing of your flight home based on your own risk. The CDC recommends seeing your own health care provider or a travel medicine clinician at least 4–6 weeks before a medical trip, and arranging follow-up care before you travel. A [written plan](#) should cover where you will stay after the procedure, follow-up visits, activity limits, and the return home.

If you are in Canada and waiting for general surgery

Canadian physicians surveyed for the Fraser Institute's Waiting Your Turn 2025 report estimated a national median wait for general surgery of 20.8 weeks from a family doctor's referral to treatment: 10.5 weeks to see a specialist, and 10.2 weeks from that consultation to treatment.

Bring your referral letter, your ultrasound or other imaging reports, and any notes from a specialist you have already seen. A specialist review can tell you whether more testing is needed, and the written plan should go back to your family physician.

If you are in the United States with a recommendation in hand

You may already have a diagnosis and a recommended operation. Before scheduling it far from home, it is reasonable to ask: Which approach is planned – laparoscopic, robotic-assisted, or open – and why? What would make a switch to open surgery more likely in my case? Is same-day discharge expected, or an overnight stay? Will mesh be used? When is the first follow-up visit, and who will see me if a problem appears after I am home? Share your imaging reports and the operative notes from any prior abdominal surgery, so the review starts from what is already known.

A short stay is not a short workup

A plan that starts with a booked surgery date answers a question before it has been fully asked. A plan worth traveling for starts with history, examination, and the right imaging, then decides whether watchful waiting or surgery fits, which approach is realistic for you, and how long you should stay before flying home.

Records for the doctors at home

The CDC recommends bringing copies of your medical records and getting copies of all your records before you return home – translated into English if needed – and arranging follow-up care before you travel. For gallbladder or hernia surgery, a useful packet includes the imaging reports, the operative report (the approach used, whether the operation was converted to open, and whether mesh was placed), the pathology report for a removed gallbladder, the discharge instructions, the medication list, and the follow-up plan.

Where a medical concierge fits

One Stop Cabo Health is a medical concierge, not a hospital. Licensed physicians make every clinical decision. Our role is ownership of the sequence: one dedicated concierge who coordinates the surgical evaluation, imaging and laboratory tests, pre-surgical evaluation, an operation only if it is indicated, and the records that travel home with you – with private hospitals in Los Cabos, on one itinerary, with one point of contact.

Diagnosis first, in general surgery too

This series began with one idea: a clear diagnosis comes before a treatment plan. Issue 01 made that case, and Issue 02 explained why pre-surgical evaluation exists. In general surgery, where the operation can be short and the hospital stay shorter, the evaluation is what makes a short stay realistic.

- [Diagnosis first: why a clear plan beats “wait and see”](#)
- [Before the operating room: why pre-surgical evaluation exists](#)
- [General surgery we coordinate](#)
- [Laboratory testing in Los Cabos](#)

Share your reports — and your questions.

[Start a confidential case](#) · [Pre-surgical evaluation](#)

contact@onestopcabohealth.com · Same-day typical reply

Frequently asked questions

What does “short-stay” laparoscopic surgery mean?

It means an operation through a few small incisions with a thin camera, after which many people go home the same day or after one night. The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) notes that most inguinal hernia repairs are outpatient and that after laparoscopic gallbladder removal you may go home the same day or stay overnight. Larger or more complex ventral hernia repairs may need a longer hospital stay.

Is robotic-assisted surgery better than standard laparoscopy?

Not automatically. The U.S. Food and Drug Administration (FDA) notes that robotically-assisted surgical devices cannot perform surgery without the surgeon’s direct control and may not be appropriate in all situations. The FDA encourages patients to discuss the risks and benefits of all options and to ask about the surgeon’s training and experience with these devices.

Does every hernia need surgery right away?

No. The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) notes that an inguinal hernia without symptoms may be observed, though most cause symptoms within a few years, and the American College of Surgeons (ACS) describes watchful waiting as an option for ventral hernias that can be pushed back in and are not uncomfortable. A hernia that is stuck out with severe, continuous pain needs immediate care.

What happens if the surgeon switches to open surgery?

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) notes that switching to open surgery is not a complication: surgeons switch when open surgery is the safest option, sometimes only after the operation has started. Reasons include scar tissue from earlier surgery, inflammation, obesity, poor visibility, and bleeding. Open surgery can mean a longer hospital stay and recovery, which a travel plan should allow for.

How do I start a general surgery case with One Stop Cabo Health?

Email contact@onestopcabohealth.com or start a confidential case on the contact page with a description of your symptoms, any ultrasound, computed tomography (CT), or other imaging reports, and operative notes from any prior abdominal surgery. One concierge typically replies the same day. Licensed physicians review your case and decide which evaluation fits, and a written plan follows.

SOURCES

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Ready to start with the evaluation?

Tell us about your symptoms and share any ultrasound, imaging, or operative reports you already have. One dedicated concierge replies, usually the same day.

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Read online: <https://www.onestopcabohealth.com/insights/short-stay-laparoscopic-surgery>