

Day Case Surgery - an experience at Mayo Hospital, Lahore

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ABSTRACT

Day case surgery is defined as the planned investigation or procedure on a patient who is admitted and discharged on the day of surgery. Minor procedures in outpatient or accident and emergency department are not included in day case surgery. Our study emphasized the importance of careful preoperative selection of patients. Audit of minor morbidity and evaluation of patients' satisfaction for day case surgery were the corner stones in our study.

Results: 81 patients reported for admission, 80 patients were operated on the day case basis and 74 reported for follow up. Two (2.7%) patients were readmitted. Five (6.75%) patients reported that they had to call in or visit a near by doctor, one for pain.

Conclusion: Day case surgery is well accepted by our patients with a low morbidity. Day case surgery was established to reduce the cost of inpatient beds and to achieve the high patient throughput, leading to a reduction in waiting lists. Patients accept this concept readily as the day case surgery involves minimal disruption to their personal lives. These benefits are only significant if day case surgery is demonstrated to be as safe and satisfactory to patients as inpatient treatment. Postoperative pain, nausea and vomiting are the most frequent postoperative complications after Day Case Surgery

Key words: Day case surgery, Minor morbidity, Patients satisfaction.

INTRODUCTION

Day case surgery is seen as a method of improving efficiency of health services and reducing burden on the costs of inpatient beds, requires shorter hospital stay. Day surgery also has advantages to both the patient and the medical staff. From the hospital's viewpoint, recruitment of staff nurses for day work is easier, and there is a high patient turnover, leading to a reduction in waiting lists. From a patient's viewpoint, day case surgery involves minimal disruption to their personal lives. These benefits are only significant if day case surgery is demonstrated to be as safe and satisfactory to patients as inpatient treatment.

In USA, Day case surgery is termed "Ambulatory Surgery" and includes who may spend up to 23 hours in hospital, allowing a greater range of patients to be included.

AIMS

1. Audit of Day Case Surgery with reference to minor morbidity.
2. To assess the acceptance of Day Case Surgery by our population.

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OBJECTIVES

To assess minor morbidity like postoperative nausea, vomiting and pain, the patient was probed on follow up visit in OPD. Patient satisfaction was assessed on the basis of patient's opinion on follow up visits.

MATERIALS AND METHOD

The patients attending the Out Patient Department of Surgery, Mayo Hospital Lahore were included in this study. The patients who gave their consent for day case surgery were assessed for their fitness for anaesthesia and surgery on Day Case Basis. Patients were admitted on the day of surgery. The senior surgical staff performed all the operations. The patients were discharged with detailed discharge slip and postoperative instructions.

Patients were called on the following OPD day of North Surgical Unit and were interviewed about postoperative complications and their satisfaction regarding day case surgery.

RESULTS

We selected 85 patients from the OPD (out patient department) of North surgical unit I at Mayo Hospital Lahore for day case surgery. Eighty one patients reported for admission, 80 patients were operated on the day case basis and 74 reported for follow up. Two (2.7%) patients were readmitted, 01 patient due to vomiting and 01 patient could not arrange an escort. No major postoperative morbidity or mortality

reported. Post operative Nausea, Vomiting and Pain were the major cause of postoperative morbidity. Five (6.75%) patients reported that they had to call in or visit a near by doctor, one for pain, 02 for nausea and vomiting, 01 for bleeding from wound and 01 for swelling at the site of surgery. Only 03(4%) patients thought that they had been more comfortable if they were kept in the ward.

DISCUSSION

No surgery is without risk and there are some important factors in minimising the risk in day surgery, e.g. the assessment of the patient for suitability, preparation of patient, selection of surgical procedures, choice of anaesthetic technique, assessment of the patient for discharge, arrangements for follow-up and community care. These factors will be considered in determining their importance in lowering the risk of adverse effects following day surgery.

Desirable features for day case surgery unit setup are self contained Unit with its own reception, ward, operating room and recovery area, beds and theatres ratio related to surgical specialties, flexibility for changing needs, protocols for selection of analgesia and discharge criteria. Preoperative assessment and investigations should already have been carried out, but the surgeon and anaesthetist must assess the patient before taking the patient to the theatre. Anaesthesia and operating room should have monitoring, safety and surgical equipment as for the in-patient operating sites. This recovery area should be fully equipped to the inpatient standard and should be adjacent to theatre with specially trained nursing and other health care professionals. Principles for selection of procedures include procedures not associated with excessive blood loss, low risk of serious postoperative complications, Duration of surgery up to 1 hour. Pain must be controllable with oral analgesics after discharge. Procedure suitable for day case surgery include varicose veins, inguinal or small incisional hernias, small hemorrhoids, removal of foreign bodies, breast lumps, anal procedures, varicocele surgery, scrotal lesions, tendon repairs, augmentation mammoplasty, circumcision, orchidopexy and lymph node biopsies. Cholecystectomy, vaginal hysterectomy, mastectomy and tonsillectomy are performed also as Day Surgery.

With the introduction of better haemostasis, safe anaesthetics, smooth recovery and good post operative pain control more major cases are being included in this list with increasing the morbidity.

CONCLUSION

Day case surgery is well accepted by our patients with a low morbidity. Postoperative pain, nausea and vomiting are the most frequent postoperative complications after Day Case Surgery. Complication related readmission rate is low. Careful patient selection, conscientious anaesthetic management and good surgery are the cornerstones of decent day case surgery and the key for long term success.

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