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**Wishing you and your family, a Happy Diwali,
prosperous & a health new year.**

Development of Day Surgery in Italy.

Coda Andrea*

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Hernia Society. Dept. of Surgery. Presidio Sanitario Gradenigo, Torino. Italy.)

Continued & Concluded from last Issue.....

DCS patients, those without overnight stay (DS), need concentrated care within a short time frame. Therefore, the protocol pathway has to be meticulously gone through, the quality of the care is affected because, and patient's problems are neither prevented nor resolved quickly. They become anxious and suspicious, instead of confident with their situation and invariably refuse to go home. Patient's relationship with nurses and surgeons get strained because they see that other patients are receiving more attention and care, without understanding why. Sometimes, necessitating lengthy explanations.

In our institution, (Presidio Sanitario Gradenigo, Torino, Italy), in the year 2003-2004, we performed 832 inguinal hernia repair, out of which, 42 (5%) stayed back in the hospital for longer than 24 hrs. The rest were as: 387 as ODS and 393 as DS.

From 1991, we are performing repair of inguinal hernia with tension-free & suture-less method as described by Trabucco (3,4,5), 60% of which is under local anaesthesia. This technique, to our mind and experience, is the least invasive: the pre-shaped polypropylene mesh is left without any suture in the inguinal box after careful dissection of the hernia sac, which is then inverted with a suture, if direct or simply reduced, if indirect.

Only 7 ODS patients, (1.8%) could not be sent home due to complications. All DS patients, repaired under local

anaesthesia, planned as out-patient, were sent home by 7 pm. Nobody needed a re-admission in hospital after discharge.

The 7 patients, who overstayed, had an average age of 68.3 yrs and all were operated under spinal anaesthesia. The hernia types were: huge scrotal; bilateral, recurrent (posterior open approach) and one with hydrocele.

The complications that occurred in these cases were:

- Early seroma (2 cases).
- Urinary retention.
- Urinary retention with haematuria.
- Fever.
- Headache, post spinal anaesthesia.
- Cardiologic problems in ASA IV patient.

At the end, we had: 1.8% of prolonged stay in hospital, plus, 5% planned stay in hospital, longer than 24 hrs. 93.2% patients, of inguinal hernia repair, were discharged as DS, showing high patient satisfaction and very good clinical results.

Elderly patients benefit the most from DCS organization.

In our Institution, over a period of 3 yrs (2003-2005), we have performed surgery on 1,493 patients, older than 64 yrs., as DCS. In Table 1, the details of the cases have been mentioned. 3 out of 4 operated cases of inguinal hernia require overnight hospital stay.

Cases requiring wide excision for skin tumors, require overnight hospitalisation. This is only due to the extensive surgery which means a reconstruction in the form of a rotation-flap or if their general condition is poor.

In the same period (table 2), 46 patients, older than 90 years, were operated (that are comprised in the cases of Table 1). We think that it is very important for elderly patients to go back home as soon as possible and to resume normal life.

Differences between inguinal hernia operated as DS and ODS:

- DS

- Simple hernias.
- Patient in good health (ASA I-II) and with good domestic

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set-up.

- Surgeon skilled in administering Local Anaesthesia.
- Can be operated under Local Anaesthesia.
- Early ambulation.

- ODS

- More complex and complicated hernias.
- Severe associated disease.
- Less experienced surgeon.
- Spinal anaesthesia.
- Late ambulation.
- Urinary retention.
- Headache, nausea, vomiting.

In conclusion:

To get best results in DCS, it is important to:

- Carefully select the patients.
- Detailed information of the patient.
- Extensive use of local anaesthesia.
- Minimal invasive procedure (e.g. use of mesh).
- Early ambulation.
- Prevention and early treatment of systemic and local Complications.

Table 1. Patients over 64 yrs old (2003-2005)

	Total	DS	ODS
SKIN TUMOR	818	742	76
INGUINAL HERNIA	450	117	333
NON-ING. HERNIA	29	12	17
PROCTOLOGY	45	20	25
VAR. VEINS	107	13	94
OTHERS	46	26	18
Total	1493	930	563

Table 2. Patients older than 90 years (M: male F: female) (2003-2005)

	Total	DS	M	F	ODS	M	F
SKINT.	43	38	10	28	5	2	3
HERNIA	3	-	-	-	3	2	1
TOTAL	46	38	10	28	8	4	3

References

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Peri-operative analgesia in Day care surgery


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Minimally invasive surgical techniques and day care anaesthesia are growing hand in hand. Advances in anaesthetic and surgical techniques along with escalating healthcare costs have resulted in an ever increasing number of surgical procedures being performed on a daycare basis in India as well as worldwide. Recent surgical advances include the use of endoscopic approaches for procedures such as microdiscectomy, tubal interrupt and carpal tunnel release, knee and shoulder reconstruction, laparoscopic assisted vaginal hysterectomies, gastric funduplications, splenectomies, adrenalectomies, pulmonary lobectomies are few of the major surgeries which are performed on 23-hour admission basis.


Major advances in anaesthetic techniques include the use of anaesthetic agents of short duration and regional nerve blocks.

To be continued, in the next issue.....



Surgery & discharge on same day for:
Hernia, Piles, Fistula, Fissure, Diabetic foot, Pilonidal sinus, Ingrown toe nail, Lipoma, Sebaceous cyst, Abscess, Circumcision, Vasectomy, D & C, Tubal Ligation, Diagnostic Lap; etc. (In selected cases)
Extended stay: Appendix, Gall stones, Hystrectomy, etc.

Other Surgeries related to: Paediatric, Urology, Plastic, ENT, Vascular. Chemotherapy & related treatment. (Please take prior appointment).

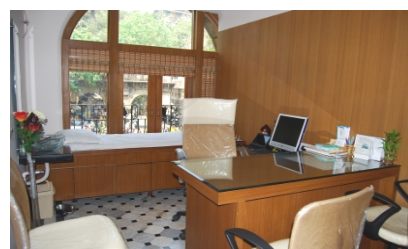


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