



One Day Surgery Times

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13th IAAS, International Congress on Ambulatory Surgery
27-29 May, 2019. Porto-Portugal
www.iaascongress2019.com

ANNOUNCEMENT

Members of The Indian Association of Day Surgery are requested to:

1) Send their correct & working email ID to info@daysurgeryindia.org

As decided earlier, we are going paperless, and all communications will be via email, so don't miss out.

2) Another Issue of The Day Surgery Journal of India is due for publication in March 2019. Send in your articles in the correct format, via email, before 7th Feb. 2019.



The 13th International Association for Ambulatory Surgery Congress is being held in the beautiful city of Porto, Portugal, from 27th to 29th May, 2019.

Registration is open and for the Members of The Indian Association for Day Surgery, it is reduced to Euro 400/- till the 31st March. Abstracts can also be sent online with various accommodation offers. In fact, interested can send an email to info@daysurgeryindia.org and if we have 20 or more interested Members, we can ask for a further reduction on Registration fees.

Porto is a very colourful and quaint city in the northern part of Portugal, situated on the river Douro, and is famous for the Port wine, from where Goa gets its Wine making. If there are sufficient numbers, we could get a tour organised for Spain-Portugal, very beautiful countries. Do login and have a look.

Introduction:

Day Care Surgery (DSC) is defined as: Surgeries or invasive procedures performed and discharged on the same working day. Anaesthesia may range from Loco-regional blocks to Short GA. These major procedures, warrant a fully equipped OR with a recovery room/bay. Post-operation observation for a few hours may be necessary in most cases. Minor/OPD/Office procedures and Endoscopies are usually not considered as DCS.

DCS has gained popularity only recently, in our country. This may be due to the fact that there is lack of awareness about Day Surgery among our doctors and patients. Day Surgery has been

Review of Day Surgery cases at One Day Surgery Centre.

Abstract:

A retrospective analysis was done of 10,635 Surgical cases performed over a period of 10 years, at One Day Surgery Center, a stand-alone, Multi-speciality Day Surgery Center in Mumbai. Standard Operative Procedures (SOP) have been derived based on recommendations of IAAS and The Indian Association of Day Surgery. Protocols for Patient Selection, Preparation (including counseling) and Discharge, were prospectively followed. Cases were divided as: OPD: 2748 cases (25.83 %), Day Case: 5041 cases (47.40 %) and Extended / Short stay (upto 48 hrs.): 2846 cases (26.76 %). The Number of Day Case were found to be maximum in this analysis, with less than 0.02% complications. In conclusion, Protocols increase patient's safety and efficacy of a successful functioning of DCS Centre. One Day Surgery is fast becoming an accepted norm for dispensing planned surgeries in India also.

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In use in some developed countries, like UK, over a 100 years ago, in 1909, an article was published on Day Surgery, of 7392 children, operated in Glasgow. (1)

Therefore, a true Day Case is a patient who is admitted for an operation on a planned non-resident basis and who nonetheless requires facilities for recovery. The whole procedure should not require an overnight stay in a hospital bed. (2)

Aim:

Cases analyzed at One Day Surgery Centre was to establish feasibility, patient safety and efficacy of Protocols proposed by The International Association for Ambulatory Surgery and The Indian Association of Day Surgery.

Material and Method:

Place of study: One Day Surgery, Mumbai, India. Which has one OR and 16 beds.

All patients, prospectively admitted for surgery, between May 2007 to April 2017.

Total number of cases admitted: 10,635.

Surgical patients were divided into:

- 1) OPD (Minor) Procedures: 2748.
- 2) Day Care Surgeries: 5041. (Table 1)
- 3) Extended / Short Stay: 2846.

Medical Protocols followed:

1. Patient selection:

- Age: more than 6 months.
- Medically fit and stable patient. (ASA I, & II).
- Well-motivated and Psychologically / mentally stable.
- Provision of Toilet, transport, telephone, and Responsible career at home.

2. Patient Preparation:

- Examination and diagnosis.
- Routine investigations: Haemogram, Bl. sugar, Triple H, Urine, X-ray Chest, ECG, USG, Liver & Kidney function test if necessary. Any other test as per requirement.
- Medical Fitness Physician/Cardiologist/Diabetologist Anaesthesiologist).
- Overnight fasting.
- Bowel preparation, if necessary.
- Pre-op instruction on medication, e.g. stop Aspirin 3 days before surgery.
- Use of anxiolytic or sedative for a good night's sleep.
- Prophylactic antibiotic was given on admission.


3. Anaesthesia used:

- Local anaesthesia: 2% Lignocaine HCL with or without adrenaline, mixed with equal quantity of 0.5% Bupivacaine or Ropivacaine 7.5 mg, injected through a 27G needle. Sedation where required.
- Blocks: Pudendal, Ring, Field, Inguinal, Scrotal / Cord / Coastal / Saddle.
- Short General Anaesthesia: Inhalation or IV.
- General Anaesthesia.


4. Discharge Protocol:

- Patient should be fully conscious.
- Hemodynamically stable.
- No giddiness on standing.
- Able to walk without vomiting.
- No or minimal pain.
- Passed urine.
- Responsible patient is present to take patient home.
- No surgical complications.

- Dr. T. Naresh Row



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, Hysterectomy, etc.



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

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Patient's convenience and safety is our prime concern.

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