

One Day Surgery Times

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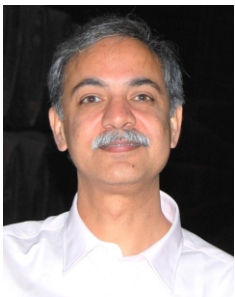
www.onedaysurgeryindia.com

**12th International Congress on Ambulatory Surgery,
8th to 10th May, 2017, at Beijing, China.**

Register soon on: www.iaascongress2017.com

Day Surgery activity

Invited for a Guest lecture on **Loco regional Anaesthesia for anal surgeries and Day Care Cproctology** to the Institutw of Contemporary Ayurved Research / Education at R. A. Podar Medical College, Mumbai, on 18-01-17.



Guest Lecture



With Prof. K Rajeshwar Reddy

Physician, Heal Thyself...

By Surg Capt. Vivek Hande, VSM, Sr Advisor Medicine & Gastroenterology, Prof & Head, Dept of Medicine. INHS Asvini, Mumbai.

A Doctor-Patient relationship is quite unique and unlike any other relationship. A Doctor can be a friend, philosopher or a guide. A Doctor could be a figure of authority or a Doctor could be a shoulder to lean. A Doctor could, at times be a set of eyes and ears for a patient and often, on matters non – medical! He could function as a sounding board or a neutral opinion giver..

It is a relationship based on trust and complete faith and to violate this, in my mind ought to be regarded as a heinous crime. The patient entrusts oneself, so utterly and completely into the hands of the physician and willingly lays his greatest asset-his health, into the hands of the healer.

When a patient or an individual seeks medical attention from a physician, it is on the basis of an implied consent. It is a delicate relationship and it is a wonderfully two way path and one learns from ones' patients as much as they gain from you. One learns how to conduct oneself and at times how not to. One learns patience and fortitude and seeing your patients and their families cope, one is strengthened.

I have had the pleasure and the privilege of many of my patients becoming my friends and well – wishers and advisers on various issues. Especially, patients who are under your care and follow up for a long time. I have elderly patients advising me to dye my hair; lose weight and get on to Yoga. I have patients telling me to change my taste in music and ask me to change the music playing in my OPD constantly – they ask me to switch on to something livlier than the Bach or Beethoven or Ghazals playing in the background! I have patients telling me to improve my handwriting and to stop using fountain pens and some who insist that I ought to use only fountain pens in the era of Ball point pens. I have had patients who have an opinion on the movies and plays I ought to watch. I have even had the privilege of being asked by a couple about my opinion on a prospective bride for their son – my neutral and wise counsel was sought! I was inducted into Golf thanks to the insistence of a Golf crazy patient of mine.

There are patients who can be very irritating and demanding and unreasonable at times. One requires all the patience and tact to remain calm and composed. There are patients who will ask the same question again and again and again in the midst of a very heavy OPD. They will paraphrase the question in a million different ways and it does become a little difficult to remain patient; perhaps that is why the patient is called a patient- he teaches you to become "patient". One understands that they are worried and concerned but still ..

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The Internet has armed the patient in many ways and it can be a dangerous tool with so much of unfiltered information floating. The internet can make the Doctor-Patient relationship interesting, irritating/infuriating or truly interactive!

Over the years, I realize that no two patients are alike in their attitude- with respect to information, disease, medication, advice or treatment. Interacting with patients and their attendants can be gratifying, rewarding, frustrating and challenging. It can make one go through the entire gamut of emotions. However, as long as one remembers, "Primum Non Nocere"-first, do no harm: you will probably do just fine!!

Adult Day Case Anesthesia- Present Day Scenario

Mangeshkar Tillottama

Consultant Anaesthesiologist.

Introduction:

When the freestanding ambulatory surgery movement was initiated there was a need to establish a strong safety profile and credibility with all involved consumers, i.e., patients, physicians, and third party payers. Consequently, only "healthy" patients were 'acceptable candidates' for ambulatory surgery. Today, the sub-specialty of ambulatory anesthesia has progressed to the total complex care of a broad spectrum of surgical patients undergoing thousands of different procedures under all types of anesthetics. The 21st century brings a new era of cost- containment to the arena of ambulatory surgery which forces the practitioner of modern ambulatory anesthesia to reevaluate our practice patterns. This article will provide an update on current controversial issues in adult outpatient anesthesia, including online preoperative evaluation, patient preparation and selection, laboratory screening, fast tracking and a discussion of a new and exciting class of peri-operative analgesics.

Value- Based Anesthesia Care: What Is It? What Does It Mean To Anesthesiologists?

The increased interest in cost-containment, limited resources and growing concerns about patient outcomes will require anesthesiologists to continually assess the cost to benefit ratio of each facet of their anesthetic practice. It has been suggested that purchasers of health care might seek to obtain "value based care essentially the best patient outcome achievable at a reasonable cost." Objective evaluations of each facet of our practice must be performed as an integrated package if health care provider groups are to remain economically viable. For example, excessive concern over drug acquisition costs, to the exclusion of the impact of the drug acquisition costs on clinical outcomes, may be penny-wise but pound-foolish.

The How's and Why's Of Preoperative Evaluation:

The continued growth of outpatient surgery has created new potential roles for the anesthesiologist which seemingly demands skills in addition to "giving a good anesthetic."

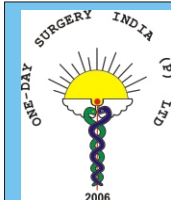
Particularly in the freestanding and office environments, it is often the anesthesiologist who is most involved in the direct medical care of the patient. We are the physicians who must ensure that the patient is properly screened, evaluated and informed prior to the day of surgery. Indeed the anesthesiologist/patient relationship which sometimes develops often takes on a primary care quality. Although sometimes difficult to arrange, the preoperative interview and evaluation by a consultant anesthesiologist (particularly in high risk patients) can be extraordinarily beneficial. In addition to lessening anxiety about the surgery and anesthesia, in most cases, the anesthesiologist will be able to identify the potential medical problems in advance, determine the etiology, and if indicated, initiate appropriate corrective measures. In most facilities, the goal is to resolve preoperative problems well in advance of the day of surgery, thereby minimizing the numbers of both cancellations and complications.

At the present time, there are several commonly used approaches to screening patients for ambulatory surgery. These include: (1) facility visit prior to the day of surgery, (2) office visit prior to the day of surgery, (3) telephone interviews/no visits, (4) review of health survey/no visit, (5) preoperative screening and visit on the morning of the surgery, and (6) computer assisted information gathering. Each system has its own advantages and disadvantages which will be reviewed more thoroughly. Patients who have been adequately screened and prepared pre operatively are much more likely to proceed to surgery in a more cost-efficient manner.

The preoperative patient testing center at the Thomas Jefferson University Hospital in Philadelphia has recently been transformed to a computerized system; Scheduling and tracking of patients is now done on the Jefferson system for routing, interviewing and tracking JeffSprint. This system makes liberal use of drop down lists, check boxes and mouse- click interactions. Thus, the use of such technology enables the clinic to process more patients everyday.


At the Cleveland Clinic and its many associated facilities, Dr. Walter Maurer has pioneered the use of the HealthQuest System. This electronic preoperative screening system can be utilized at a variety of sites including hospitals, ambulatory service centers and even surgeons offices.

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).

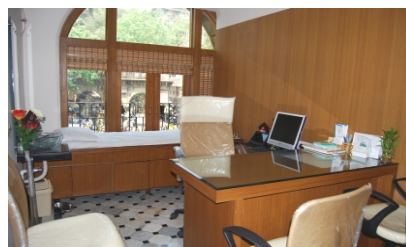


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An exclusive Day Care Surgery Center with 24 hours nursing care & extended stay facility

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Patient's convenience and safety is our prime concern.

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