

One Day Surgery Times

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11th International Congress on Ambulatory Surgery
will be held on
10th to 12th May 2015
in: Barcelona, Spain
More details on website soon.

General Assembly:

This years GA meet of all the member countries was in Barcelona, on the 3rd of May, 2014.

Participants from 20 countries were required to present a brief report on the progress of the activities of their respective country, pertaining to Day Surgery. I spoke on our recently concluded National Conference and the initiation of newer addition to our scientific activity.

Report on the success of the training program conducted in Europe was tabled. Progress of arrangement of the next IAAS Congress 2015, in Barcelona, was given by the Spanish organisers and a visit to the Convention center, where the congress is to be held was taken, followed by a lovely dinner at a restaurant next to one of Gaudi's creation was the highlight of the meeting.

There has been tremendous progress in Day Surgery world over. With more and more innovative methods being used to increase the gamut of surgical cases and improvement in anaesthesia techniques.

China, a recent member of IAAS, has come as a surprise to many of us. The development of Day Surgery and its impact, in China, is an exemplary state, evident by what a government policy can do in implementation of any concept. It would not be out of place to say that, among the developing countries, China is far ahead as far as Day Surgery is concerned. Its infrastructure seems to be at par with its population. Well, the 2017 IAAS Congress will be held in Beijing,

then, we will see it for our selves.

We had an invitation to visit the old town of Padova, the university city, situated on the north eastern side of Italy, very close to Austria and the Swiss border.

This was on personal invitation of Dr. Carlo Castoro, Past President of IAAS, who has visited us twice as guest speaker at two of our National Conferences.

Ambulatory Surgery Department is presently situated in the old University hospital at the center of the city. Here, the likes of Prof. Bassini, described the repair of Inguinal hernia, which is most popular method, used to work and teach. The policy decision in Day Surgery were devised in this unit and now implemented all over Italy.

Padova is also well known for Galileo Galilee, the famous astrologer, who taught at the university. It also has the oldest Anatomy dissection theater, which we had the opportunity to visit.

Day surgery is very well accepted and advanced in their center, with patients coming from all over the country. I am publishing an article on Day Surgery by Prof. Castoro in a series of two, for you to read.

- Dr. T. Naresh Row



The General Assembly



With Prof. Castoro in Venice.

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Day Surgery: Making it Happen, Key issues in the implementation and development of Day Surgery services.

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Introduction

Day Surgery, rather than inpatient surgery, is increasingly being considered the norm for all patients undergoing elective surgery.

The treatment of appropriate non-emergency cases by day surgery can be advantageous not only for the patients and their families but also for health care providers and the communities they serve more patients can be treated more effectively and more efficiently.

Despite these widely accepted considerations, there are considerable variations in the rates of day surgery across Europe and worldwide.

The development of high quality day surgery services in European countries is now considered a health care priority for the Governments. For this reason a joint initiative of the International Association of Ambulatory Surgery and of the European Observatory on Health Systems and Policies led to the publication of the Policy Brief *Day Surgery: Making it Happen*. This policy brief is intended for policy-makers and health care professionals exploring how day surgery can respond both to the needs of hospital administrators and to the surgical care needs of specific patients and to help those who wish to expand the provision of day surgery. It identifies the major prerequisites for a successful expansion of day surgery and will be of particular value to health professionals and policy makers where day surgery is still in its infancy.

This policy brief can be of particular value also for non European Countries and most of the content can be useful for developing Countries facing challenging health care problems.

In this short paper we will summarize the content of the policy brief *Day Surgery: Making it Happen* with a prospective view to the specific needs of developing countries.

State of the Art

Results of a recent survey conducted in 19 countries showed an extremely wide variation in the percentage of day cases among countries (Toftgaard and Parmentier 2006). The range varies between less than 10% (Poland) and over 80% (United States and Canada). A closer look at these figures also

Reveals large variations between procedures in the various countries, ranging from 0% to over 90%.

This variation can also be seen within countries, between hospitals in the same country and between departments and specialists in the same hospital. There are a number of reasons for this diversity including the following: regulations and incentives in different countries, financial reimbursement of day surgery, resistance to change and individual practices of surgeons and anaesthetists. The latter is often a factor in variations within the same country.

Day surgery covers a wide spectrum of procedures in all surgical specialities, from operations under local anaesthesia to major ones under general anaesthesia.

Improvements in surgical and anaesthetics techniques have brought about an ever-widening range of procedures which are suitable for day surgery; a good example is nowadays the expansion of laparoscopic and minimally invasive surgery.

Nevertheless some basic principles are to be applied when considering a procedure appropriate for day surgery:


- reduced surgical trauma
- abdominal and thoracic cavities should only be opened with minimally invasive techniques
- postoperative pain should be manageable with oral analgesia
- no significant risk of blood loss
- no rigid time limits exist but length of procedure should be restricted to less than two hours

Day surgery is increasingly being considered the first choice for all elective surgical operations but it is necessary to have a system in place for selecting patients carefully, taking into account surgical, medical and social criteria. Which patient is then suitable for day surgery? We should perform the right surgical operation in the right patient. A fundamental pragmatic question to consider is whether the management or outcome would be improved by pre- or postoperative hospitalization. If not, the patient should undergo treatment on a day basis. Criteria of choice must be adapted to the single patient in a particular local setting. Social criteria for instance may vary widely in different situations; home circumstances and easy access to a telephone or transportation in case of emergency are important elements.

Day surgery outcomes


The rationale of day surgery is that it is as safe, if not safer, and of the same quality as inpatient surgery for the same procedure.

(To be continued.....)



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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