

# One Day Surgery Times

Volume 6 no. 9

Issue: Sept. 2017

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A monthly publication of One Day Surgery India Private Limited Free for Distribution

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## ADSCON 2018

9th National Conference of The Indian Association of Day Surgery  
3rd & 4th March, 2018, at Warangal, Telangana.

### Progress and Dilemmas in Paediatric Anaesthesia in Day care Surgery

#### Dhayagude S.H.

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*Continued from last issue.....*

#### Pain Management:

for day care surgery it is extremely important part of pediatric anaesthesia. We have to consider multimodal pain management, which extends Intraoperative analgesia to postoperative analgesia. Intraoperative Fentanyl or Pethidine or pentazocine is supplemented with regional blocks or peripheral nerve blocks according to the type of surgery.

#### Penile Block:

Dorsal nerve of the penis is the most reliably blocked by bilateral injection method to overcome septation of the sub pubic space and to avoid midline vessels. Injections are made bilaterally from sub pubic margin 0.5 cm lateral to midline with short beveled 24-25G needle. It is useful to use the bone of the pubic arch as depth gauge and withdraw needle a little before aspirating, then injecting. plain Bupivacaine 0.5%, 0.1 ml/kg per injection.

Ilio-inguinal / Ilio-hypogastric block: Injection of Bupivacaine 0.25%, 0.3ml/kg, using a short bevelled 22G needle deep to external oblique aponeurosis will ensure block of both nerves at a point one finger's (patient's) breadth medial to anterior superior iliac spine.

#### Metacarpal / Metatarsal blocks:

Can be given for syndactyly or polydactyly surgery. The effect of Bupivacaine in these blocks can last for 6-8 hours.

#### Caudal-epidural block:

Single injection is very effective for orchidopexy, inguinal hernia, orthopedic surgery of lower extremity.

Bupivacaine 0.25%, 0.5ml/kg for sacral or lumbar blockade, 0.75ml/kg for lower thoracic blockade (T10) and 1ml/kg for

mid thoracic blockade (T8). Caudal block lasts for about 4-6 hours. The duration can be doubled by adding clonidine-1microgm/kg or quadrupled by adding preservative free Ketamine - 0.5mg/kg. These additives should not be used in infants. Brachial plexus block:

For upper extremity surgery is very useful and lasts for 6-8 hours. There are different approaches such as inter-scalene, para-scalene, axillary or supra-clavicular. Axillary approach is easier, safer and reliable.

22G short bevelled needle can be used and single shot injection can be given at the highest point in the axilla just above the axillary artery. 'Pop' can be felt when sheath of the neurovascular bundle is pierced. Bupivacaine 0.25% and 1% Lignocaine with adrenaline, mixed in equal volume, can be given in the dose of 0.5 to 0.75 ml/kg.

#### Sciatic, Femoral or 3-in-one block:

can be given for surgery on lower extremity. Mixture of 0.25-0.5% Bupivacaine and Lignocaine with adrenaline can be used in the quantity of 1ml/kg with a short beveled long needle.

#### Ankle Block:

It can be given for surgery on the foot. One must remember that patients with lower extremity block are prone to injury when discharged. So they should be properly looked after at home.

When it is not possible to give above blocks, surgeon can properly infiltrate the surgical wound in layers while closing and this simple method can give good analgesia postoperatively.

Postoperative analgesia can be supplemented with oral analgesics before the onset of pain when the effects of regional and peripheral blocks have worn off.

#### Oral Analgesics:

For mild pain paracetamol 10-15 mg/kg alone or in combination with NSAID can be given. Keterolac 10mg/kg or Ibuprofen or Paracetamol can be given in the form of rectal suppositories to young children every 6 hourly.

#### Complications:

Most commonly seen complications are:  
- Pain,  
- Sore throat, headache and drowsiness,

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- Postoperative nausea and vomiting, which can be prevented can be prevented by Ondansetron 0.1 mg/kg IV or Dexamethasone oil: 0.1-0.15mg/kg or Metoclopramide 0.1 mg/kg can be given. Promethazine 0.5 mg/kg may prolong recovery time.

### Croup:

This may occur immediately after extubation or within 3 hours. Treatment involves humidified O<sub>2</sub> & if severe, nebulization with epinephrine. Patients should be observed for 2-3 hours after they settle down.

### Our problems can be enlisted as:

- 1) Lack of proper organized day care facility.
- 2) Lack of proper information and understanding of the parents.
- 3) Lack of proper pre and postoperative monitored care area.
- 4) Lack of certain drugs and equipment.
- 5) Lack of insurance cover by some insurance companies.

### Discharge Criteria:

- Vital signs and conscious level normal.
- Protective airway reflexes fully regained.
- No respiratory stridor
- No active bleeding.
- O<sub>2</sub> saturation above 95% on room air.
- Nausea vomiting absent.
- Only mild pain or discomfort.
- Appropriate ambulation for age.
- Written or verbal instruction and contact number issued.
- Responsible person to take the child home.

### Conclusion:

Success and popularity of out patient surgery can be attributed to proper evaluation in the clinic, appropriate preoperative fasting, and use of newer anesthetics, anti emetics and analgesics with better monitoring in peri-operative period.

## Ambulatory surgery: The Indian perspective.

### Row T. Naresh

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President, The Indian Association of Day Surgery.  
(Article re-published)

### Introduction and History:

Medical and health care in India have two parallel systems: the public sector and the private sector. The former caters to a larger population and is almost free, but proportionately lacks in funding and trained personnel. The private sector, which serves a small urban population, is at par with the best know-how and equipment available in the world, but is expensive. Only 17 per cent of all health care expenditure in India is borne by the government, making it one of the most privatised health care systems in the world. (1)

Of the total population of 1,33 billion, in India, 73.87% live in the villages and smaller towns, some of which are accessible only by foot. The rest, 26.13%, only reside in the cities. (2)


A national census and detailed statistics of the surgical patients attending the OPDs and being operated upon has not yet been compiled by the government or any private agency.

The Western region of India, where the city of Mumbai is situated, drains a large number of patients from all over the country and abroad. Therefore, it has been taken as a 'Sample' for compilation and presentation of planned surgeries in this region.

In addition to its 20 million resident population and several million floating population, Mumbai caters to nearly 5 million patients annually. Some of the best equipped Public and Private Hospitals are situated in Mumbai.



More than 2000 years ago, Shushrut, the great Ayurvedacharya of ancient India, has documented surgeries in his compilation, which were based on the concept of Ambulatory surgery. (3) Development of Hospitals were not seen till several centuries later, when Ashoka, described the medical ethics pertaining to surgical practice and set up 'Sanatoriums' for the care of the ill, which were managed by the Buddhist monks. The famous Ashoka rock in Girnar, bears testimony to the high standards of medical care and ethics expected from the physician and surgeons of those days. We have very little data or chronological details of the innovations of our ancient surgeons, but, whatever illustrations and

*To be completed.....*



**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).

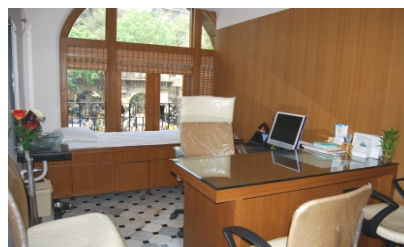
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**An exclusive Day Care Surgery Center with 24 hours nursing care & extended stay facility**

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**Patient's convenience and safety is our prime concern.**

**Printed by:** Dr. T. Naresh Row, **Published by:** Dr. T. Naresh Row, **Owned by:** Dr. T. Naresh Row, **Printed at:** Gemini Printing Press, 33/A, Kanbai wadi, Khadiikar Road, C.P. Tank, 1st fl., Opp. Pooja Cards, Mumbai-400 004. **Published at** One Day Surgery Center, 15, Sadguru sadan, Babulnath Road, Mumbai-400 007. **Editor:** Dr. T. Naresh Row