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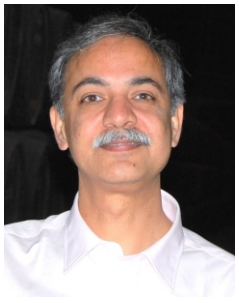

Peri-operative analgesia in Day care surgery

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Continued & concluding part ....

Future prospective in pain management: Advances in day care surgery have presented a new set of challenges and goals for the anaesthetists. Newer inhalational agents and improved anaesthetic drugs with minimal emetic sequelae and new drug-delivery techniques, may improve the outcome of day care surgery in future. Development of target-infusion anaesthesia will smoothen the maintenance of day care anaesthesia. Advances in opioid therapy with introduction of Trefentanil and Mirfentanil are expected. Patient-controlled approaches to drug-delivery systems like trans-dermal iontophoresis and intranasal or transmucosal delivery are under evaluation.

Post lumbar puncture headache has reduced to less than 1% by the use of 26-27 gauge pencil-point spinal needles. Futher improvements in needle and catheter technology have made central neuraxial block safer. Nerve stimulation techniques will make the administration of peripheral blocks easier.

Introduction of Ropivacaine and Levobupivacaine have improved the safety of regional techniques. Other newer developments involve the use of local anaesthetics encapsulated in lipophilic membranes, which allow its sustained release, thus prolonging the analgesia lasting several days after single injection.

Conclusion:

Daycare surgery is cost effective, quality approach to surgery that has expanded rapidly in recent years. Improved anaesthetic techniques, better planning, patient education and enhanced ability to deliver adequate analgesia in the out patient setting are the major contributors. The success of day care surgery depends upon effective control of postoperative Pain and minimization of side-effects such as sedation, nausea and vomiting. Inadequate analgesia is a problem in post-operative period, the most common cause being under-treatment.

The growth of day care surgery requires both, a rapid return to street fitness and the provision of analgesia appropriate to the nature of surgery undertaken. Balanced analgesia in day care surgery commonly involves intraoperative administration of short-acting opioids and wound-infiltration with local anaesthetic supplemented in postoperative period by an oral non-opioid analgesic. Recent improvements in pharmacological knowledge concerning pain medication have made it possible to provide more individualized pain treatments for adults and children.

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Adult Day Case Anesthesia- Present Day Scenario

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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 pror 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.....

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