

One Day Surgery Times

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Wish you and your family a



Very Happy & Prosperous Deepawali.

From the Editors Desk:

Seasons greetings to you. It all started with surgeries performed on children. Surgeons realised that most of their little patients did very well at home, who otherwise, were very miserable in the hospital. Giving rise to same day surgery. The rest is a historic progress in the field of surgery. This issues' article is an eyeopener to most of us, enjoy.

admitted for elective surgery. Also, in 1960s, the economic advantage of outpatient surgery was realised, hastening its acceptance. This showed that about 40% of all operations in children could be performed without the need for hospital admission. Surgeries were being performed successfully as Day Care, even under general anaesthesia. Outpatient surgery or day care surgery, quickly gained momentum and surgical care of children acquired a new style.

Paediatric Surgery as Day Case:

The acceptance and success seen in paediatric patients, has now led to changes in adult surgical care, making it possible for patients to do away with overnight hospitalization. As the understanding of pathophysiology of children increased over the years, more and more cases were added to the list of surgeries performed as day case, it is now possible to perform about 70% of all operations in a day care setting.

Introduction:

When we talk about Day-care surgery, we still consider minor procedures, but, major surgeries as Day Case, are true Day-care procedures.

Types of Surgeries:

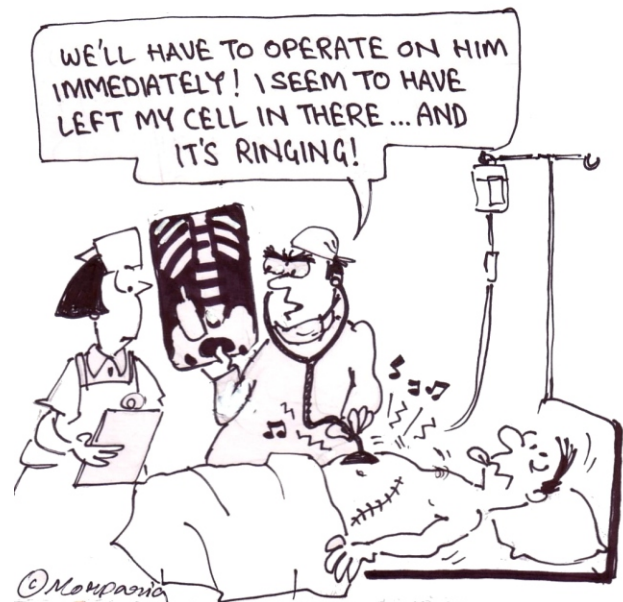
Surgeries which have been performed and recommended by experts as Day-case: (see table on the next page)
These surgeries do not require specialised nursing care, nor do they need extensive monitoring or intravenous administration of drugs. A family physician or a G.P., with a dedicated and intelligent parent, can easily manage patient care at home.

James Nicoll, performed over 7000 day care procedures in paediatric age group, over a period of 10 years. The norm at that time was to keep the patient not only overnight, but, also, in bed, for recovery. Nicoll realised, that, this was counter productive as far as the children were concerned, as well as, admitting them for certain operations "constitutes a waste of resources of a children's hospital". Therefore, his observation was that "with a mother of average intelligence, assisted by advice from the hospital sister, the child fares better than in the hospital." It was one of the biggest series of its kind, published in 1909.

History:

Ambulatory surgery: early in practice, it was realised that delays in Paediatric surgery were unacceptable. Thus, to accommodate the patient and their relatives, a new era in modern medicine began, in the form of Day Case surgery.

As an example, let us take inguinal hernia surgery in children, they did very well with simple herniotomy, without requiring hernioplasty, as was the norm. Over the years, the surgical technique evolved and became more refined. Thus, herniotomy, became the 'Gold standard' in hernia surgery for children. This fact was recognized in Australia and Europe (3,4,5), since the late 1800s, however in the United States, surgeons accepted Ambulatory surgery in children as late as 1960. Till then, they performed the traditional repair followed by seven days stay in the hospital followed by two weeks of bed rest at home! The change was due to a study in 1950s, which revealed that there was a significantly high rate of hospital related infections in children



Adenoidectomy	Muscle biopsy
Myringotomy	Ex or injection of haemangiomas
Antral puncture	Nerve biopsy
Excision of branchial arch appendages	Hickman's Catheter insertion
Otoscopy & removal of ear foreign bodies	Umbilical hernia repair
Laryngoscopy	Umbilical polypectomy
Excision of preauricular cysts	Cauterisation of umbilical granulomas
Ex. Of sinuses & dermoids	Excision of umbilical sinuses
Tonsillectomy	Inguinal herniotomy
Adenoidectomy)	Orchidopexy
Torticollis correction	Circumcision
Excision of Thyroglossal cysts	Meatotomy
Cervical lymph node biopsy	Preputial separation
Bronchoscopy & procedures	Distal hypospadias repair
Esophago/Gastroscopy & procedures	Cystoscopy
Frenulectomy- tongue	Pilonidal sinus
Gynaecomastia excision	Rectal biopsy
Exof BCG Adenitis	Anal dilation
Exof Skin lesions	Rectal polypectomy
Ex of subcutaneous swellings, cysts, etc.	Sigmoidoscopy
Removal of stitch granulomas	Colostomy revision
Suture removals	Dental surgery
	Laparoscopy / Procedures

This is now true in adult patients too. There is a major saving not only of money, but also on the number of man-hours, minimum Disruption of the families' routine. Thus, making it possible for the nursing staff to work more efficiently in caring of these patients.

Even from the children's viewpoint, the fear of staying in an unfamiliar environment and spending a night at the hospital, with unfamiliar people, compounds the stress, and delays recovery.

"A mother of basic intelligence", as has been mentioned several times, capable of providing nursing care at home, is all that the surgeon needs. In India, we still have the luxury of joint families, where, there are several family members to look after the patient. The key to success of Day-case surgery is the back-up that you can provide. Doctors' availability, at least over a telephone, with Assurance of taking care of the patient in case over night stay is required, all amount to tremendous confidence in the family of the operated child.

Case selection is of immense importance, where there are difficulties in being able to look after the patient at home, lack of basic amenities, like a telephone at home, or a remotely located home, then patient should be admitted.

Goes without saying, that, medically unfit child, with likelihood of complicating the post operative course, are obviously not suitable for day care surgery.

Pre-Procedure:

Counselling with clear instructions is mandatory for a smooth procedure. Apart from detailed explanation of the procedure itself, it is advisable to procure consent, explaining the possible complications and that they have adequately understood the risks involved. Paediatric surgery is usually scheduled early in the morning as first case, so as to minimise the starvation period. Sedation given orally at home, the night before, or early in the morning, just before the procedure itself, is helpful.

Intra-operation:

Short general anaesthesia is the most frequently used method for paediatric cases. It is safe for the child and affords adequate time for most procedures. Intra muscular sedation can be given to the patient in the presence of the child so as to minimise the anxiety of separation. Local or regional blocks are known for minimizing the depth of anaesthesia and ensuring quick recovery as well as pain relief following surgery. But, expertise is required.

The child is observed in the recovery area till he is awake, assessed again by the anaesthetist, patient can be discharged. A detailed prescription along with contact numbers for any queries and emergencies and a set of instructions is handed over to the parents at the time of discharge.

Need of the hour:

The provision of Day-care beds, or the availability of economical day-care 'package rates', with a simplified registration protocol, is the need of the hour. Day care are existing in most private nursing homes, but, major hospitals still do not recognize its value. Tedious admission and discharge procedures defeat the sole purpose of convenience of Day surgery.

At present, some insurance companies that reimburse patients for medical costs still ask for a mandatory 24 hours hospitalisation, even when there is no justification for the same on medical grounds. This is slowly, but surely changing now, more and more cases are being added to a growing list of reimbursable Day care surgeries. Insurance companies are realizing, that, an extra charge is being paid by them for the cost of overhead incurred in the overnight hospital stay.

Internationally:

In the USA, the concept of '23 hour stay' day surgery has been developed, patients are discharged following surgery within 24 hours of their admission. This has allowed them to increase the gamut of cases as well as providing adequate time for post-procedure observation in many major surgeries. In U.K., the normal trend of day surgery involves admission, investigation or treatment, and discharge of suitable patients within one working day; they have increased their surgeries to almost 80%.

In summary:

The future day surgery is likely to include more intermediate operations, such as, laparoscopic surgeries and surgeries with minimal access, which may require longer duration of post-operative stay. Approximately 70% of surgeries performed by paediatric surgeons can and should be conducted in Day Care setting. Proper selection of patients and type of surgery, parent's education and good communication with general practitioners is the cornerstone of good Day care surgical practice.

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