

# One Day Surgery Times

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

Register soon on: [www.iaascongress2017.com](http://www.iaascongress2017.com)

### Daycare Surgery for Breast cancer

#### Bose SM

Former Prof. & Head of Surgery, PGI, Chandigarh,  
Former President: Association of Surgeons of India & Indian Association of Surgical Gastroenterology.

*(Continued from previous issue...)*

I have observed that the ability to eat and drink soon after surgery is moral boosting for the patient and also gives lot of confidence to the relations. The patient is propped up and encouraged to walk down to the toilet for emptying her urinary bladder. She is told to ask for Inj. Nimusulide or Tramadol in case of pain.

I usually visit my patient in the night at about 9 pm, the nurse informs me in detail about her condition early in the morning. My mobile phone is on round the clock, the patient is encouraged to contact me in case of need. In the morning the patient is made to sit up, brush her teeth, wash her face and have her regular breakfast. She is now on oral nimusulide for pain, and is advised to use her regular medicines for other associated medical problems. The patient is seen by me at about 9 am and discharged, advised to come to the clinic three days later for her first dressing; of course she is at liberty to call the surgeon round the call on the mobile.

Luckily, so far the protocol has worked well, no major problem has been noted, no patient had to rush back to the emergency; the only problem has been persistent ringing of my mobile phone with all the queries, right from diet to the dress, but I seem to have got used to these calls, may be I have started enjoying the phone calls.

I thought of starting the operation early in the morning, say at about 8 am, as I used to do in PGI, but my patients find it difficult to reach the hospital early in the morning, particularly if they are coming from outside Chandigarh. But soon I am going to try this on my local patients, discharging her in the evening and thus enabling her to enjoy sleep in her favourite bed and surroundings.

I feel that day care breast cancer surgery is feasible in our country and we should practice it more often, after all the best of the hospitals or nursing homes can not replace the sweet home.

### Day Care Surgery and Day Care Surgical Camps in Rural areas.

#### Tongaonkar Ravindranath R.

Past-President, Association of Rural Surgeons of India,  
Dr. Tongaonkar Hospital, Dondaicha, Dist. Dhule 425408

Introduction: - Day Care surgery is rather a difficult proposition in rural areas; the main difficulty being lack of good transport facilities. Even though there is lot of improvements in transport facilities in recent years, even today, there are many areas where there are hardly any transport facilities and the patient has to be brought to hospital either in a bullock cart, hand cart or even on hands. Therefore, to bring them in the morning and send them home by night becomes almost impossible.



Pic. 1 : Mode of transport

Secondly if something goes wrong at home especially at night there is no medical person available in the village to look after them.

Moreover, our nursing home charges are hardly Rs 50/- to Rs 100/- per day, much less as compared to the traveling charges for the patient and his 2 or 3 accompanying persons.

Eating food out side is also not a problem as they are allowed to cook food in the rooms or even in open place. Therefore, even if we wish to promote Day Care Surgery in rural areas patients refuse to accept it.

But, at the same time for last 25 years, we are arranging free Day Care Minor surgical camps every year in which around 150 to 200 patients are admitted in the morning, operated and discharged by evening.

On one Sunday patients who have lumps and bumps any where on the body like sebaceous cysts, lipomas. Neck glands, breast masses, ganglions etc. and patients with phimosis who need circumcisions, piles patients who can benefit by band ligations, and patients with any

**Hospital Administrator and Day Surgery**

surgical problems who do not need major anaesthesia, spinal anaesthesia and admission more than a day are examined screened and then asked to come on next Sunday for operation.

On the day of Operation around 10 to 12 operation tables are arranged and that many surgeons from round about areas are invited.



Pic.2: Operation Theater

The first patients are the children who need general anaesthesia. Most of the adults are operated under local anaesthesia at times supplemented with sedation or short general anaesthesia.

The operative work starts at around 8:30 AM and finished by 2-30 PM. By 4 PM almost all the patients around 200, are discharged after giving them necessary medicines.

All this is done totally Free of cost including the medicines.

On next Sunday patients are called for stitches removal. Because we take utmost aseptic precaution during surgery, there is hardly any infection.

So far we have arranged 26 such camps most of them being in our own set up but few were conducted in other towns. Around 3450 patients have been so far benefitted.

This is one of the good example of mass scale Day care Surgery and therefore presented in the first ever conference on DAY CARE SURGERY.

**Matwankar (Col.) S.K.P \***

**Adaniya Atul \*\***

\*Formerly, Director Operations, Sir H N Hospital & Research Centre & Medical Director, Dhirubhai Ambani Hospital, Lodhivali &

\*\*Assistant Medical Director, Sir H N Hospital & Research Centre.

Philosophically, the Hospital should value the rights of all patients and individuals believing they should receive an optimal standard of health care and treatment with utmost dignity and respect.

A key objective for all is to continually look for ways to improve the experience and care of patients. The aim of the ambulatory care service would be to provide patient focused care in a minimal number of visits and within the shortest possible time.

Ambulatory Care can be defined as a system by which care is provided to a patient in a non-hospital admission context in a convenient and comfortable environment for outpatient surgery patients who will be in and out of the hospital in the same day.


### Why Day Care Surgery??

Today hospital is just like any other industry. Present concept for the hospital is of visualization as a Business Center, whereby each unit has to be SELF SUSTAINING and thus VIABLE. While the sources of funding are limited the high and constantly escalating costs of treatment and delivery of care is a big stumbling block for all concerned. The unit must keep in purview the Up-gradation requirements, whereby the surplus is to be generated, which needs to be ploughed back, since the medical technology is constantly changing, with upgrades coming up with newer, faster equipment with better imagery/ utility et al.

Even the institution with the vision and philosophy of 'Not for Profit Model' need to look at the concepts of viability, with sources of funding getting meager and meager. Thus the focus shifts to the concept of Minimum COST - Maximum OUTPUT, i.e., effective and efficient utilization of resources.


The number of beds any organization shall host is equally important since this directly related to the overheads incurred. The MANTRA is for Optimization of beds since the more the beds the more the overheads incurred to sustain the services.

*(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, Hystrectomy, etc.

**Other Surgeries related to:** Paediatric, Urology, Plastic, ENT, Vascular. Chemotherapy & related treatment. (Please take prior appointment).

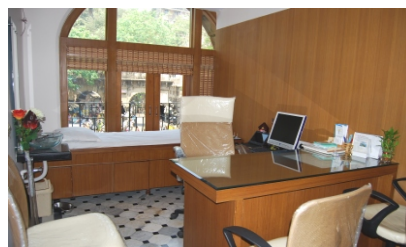


## One Day Surgery Center

**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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