

One Day Surgery Times

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**Day Surgery - National and International.
From the Past to the Future.** *Lindsay Roberts,
Australia. Continued...*

So much for the past and the present - what about the future? Day Surgery has not yet reached its full potential in Australia or anywhere else for that matter. Currently, approximately 50% of all operations/procedures are carried out as day

surgery although considerable variation from hospital to hospital and surgeon to surgeon still remains! Unquestionably, freestanding day surgery centres are the most patient and cost efficient facilities and it is from these centres that the absolute costs of day surgery practice can be collated. Certainly, the most inefficient model is to have day surgery patients spread throughout hospitals occupying acute beds so called "day surgery wards" are not much better. In both models, patients are utilising expensive acute beds, equipment and services and this is more so in the public than the private hospital system. The ideal would be to integrate dedicated free functioning day surgery units within hospitals such that they operate the same as a freestanding centre. An obvious and even better model would be to build the freestanding centres on the campus of hospitals.

So what is the ultimate potential for day surgery? In 1999, Twersky and Showan predicted that by 2005, 82% of all surgery in the USA would be carried out as outpatient (day) surgery and 24% of this would be office-based surgery. Unbelievable yes, but they are heading that way!

The Australian Day Surgery Council is a unique council totally dedicated to day surgery, just as the Australian Day Surgery Nurses Association is totally dedicated to day surgery nursing. They are unsurpassed as the most informed bodies on all aspects of day surgery in Australia and will continue to provide their proven expertise for day surgery to achieve its ultimate potential. This will be an onerous challenge as the further expansion will include the most major operations capable of being carried out in day surgery compatible with the highest levels of quality and safety that have already been set and which must be protected.

essential to introduce the concept of extended (overnight) recovery in day surgery centres/units and post-discharge convalescent limited care accommodation facilities (medi motels). Both concepts are important for more major operations however limited care accommodation facilities have the added advantage of allowing socially stressed patients eg elderly, solitary, disabled etc and those from rural and remote areas, who would otherwise require admission to acute bed hospitals, to be treated in day surgery followed by a couple of days convalescence before returning home. An added advantage is the cost of limited care accommodation which is approximately half that of acute hospital beds. The Australian Day Surgery Council has published standards for these concepts however the health insurance industry has failed to provide a facility rebate for either!

Office based surgery in purpose built units, which are extensions of medical practitioners consulting rooms, is not yet established in Australia largely due to the failure of health insurers to provide a facility rebate. A large number of more minor operations/procedures, possibly 20-25% could be carried out in such units and the Australian Day Surgery Council has published comprehensive "Guidelines for the Accreditation of Office Based Surgery Facilities" to ensure that standards of quality and safety are not compromised. The absence of an office based surgery rebate is a major disincentive and as such, many of these patients are currently treated in day surgery centres/units at much greater cost.

An important generally acknowledged sequela of day surgery has been its influence on medical education especially the teaching of undergraduate clinical skills. The big majority of patients with surgical conditions and pathology so essential for teaching clinical skills are now treated in day surgery and for all practical purposes are not available to medical students. This is a cause of frustration and concern to clinical tutors (surgeons) and students alike. One solution is the development of large day surgery centres/units in teaching hospitals to which the majority of clinical education would be transferred while retaining some teaching in acute bed wards. This matter is deserving of urgent consideration by medical schools.

In order to achieve this further expansion of day surgery it will be

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In the international forum, the greatest challenge is to assist the **DAY SURGERY "MY PERSONAL JOURNEY"** introduction and expansion of ambulatory surgery into those countries where this high standard procedural service, provided in centres/units of low capital and ongoing costs, has not yet been

introduced or is in its earliest stages of development. To achieve this, the International Association for Ambulatory Surgery needs to expand its membership to include such countries. The International Congresses on Ambulatory Surgery are important forums for the propagation of knowledge, experience and expertise in this most valuable procedural service.

In Summary:

Ø Day Surgery in Australia and many other countries is established as an indispensable procedural service within the nation's health care system.

Ø It has not yet reached its ultimate potential and the introduction of extended (overnight) recovery; limited care accommodation facilities (medi motels) and office based surgery units should be vigorously supported.

Ø There is now an imperative for the Commonwealth Department of Health and Ageing to formalise the recategorisation of procedural services and for health insurers to introduce facility rebates for these concepts.

Ø The Australian Day Surgery Council is unsurpassed as the most informed body on all aspects of day surgery in Australia and will continue with its activities and in its advisory role to achieve these goals.

Ø There is sound logic in and great potential for developing dedicated day surgery centres/units in teaching hospitals to become the focus of teaching clinical skills in the medical education curriculum.

Ø The challenge for the International Association for Ambulatory Surgery is to promote and stimulate the development of day surgery in those countries where this valuable procedural service has not yet been introduced or is in its earliest stages.


Lindsay Roberts was Chairman of the Australian Day Surgery Council from 1990 to 2000 and President of the International Association for Ambulatory Surgery from 2001 to 2003.

When I obtained my fellowship in Plastic and Reconstructive Surgery in 1984 the notion of Day Surgery did not exist. We were treating our multiple skin cancers under general anaesthesia with at least an overnight stay and all the big reconstructive procedures including Abdominoplasties, Breast Reductions and Facelifts were done in hospital with at least a three day stay. As my surgical practice developed in the Ipswich and West Moreton region, it became clear to me that a number of these procedures could be done as day cases. I therefore slowly converted all the skin cancer surgery to become day cases but I was unwilling to perform reconstructive procedures in day surgery for many years.

In 1995 it became obvious, to control my own surgical destiny, I should consider building a Day Procedure Centre. At that time in Australia there existed only 30 of such centres. These were mainly owned by surgeons and distributed in the capital cities of Brisbane, Sydney and Melbourne. I therefore designed and built a Day Procedure Centre consisting of consulting rooms and one theatre. This centre was designed to appear like the surrounding buildings with a "cottage" feel dating back to the architecture of the 1860's. I was able to enact my personal attitude towards day surgery procedures. This involved treating patients in a dignified and homely manner with attention to detail of personalized quality service within a "state of the art" technological centre. Patients were given dressing gowns and pyjamas rather than the sterile hospital gowns, they were admitted only half an hour before their procedures and they were given thorough pre-operative and post-operative care instructions. All patients were rung on the day after surgery to ascertain that they were well, and understood their post-operative instructions.

In order to encourage my colleagues of various surgical disciplines to participate in the Day Surgery Centre, I set up a legally constituted unit trust which would allow them to benefit from performing procedures at my centre. Slowly the centre grew from my involvement with an Ophthalmologist to include another Plastic Surgeon, a General Surgeon performing Endoscopy, Maxillofacial Surgeons, Urologists, and all Dental Practitioners who performed general anaesthesia procedures.

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).



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