

## **ADSCON 2005**

**First National Conference on: The Future of Modern Surgery.  
17th April 2005, INHS Asvini, Mumbai.**

### **ORGANIZING COMMITTEE:**

**Chairman:** Dr. D. D. Gaur.  
**Secretary:** Dr. T. Naresh Row  
**Treasurer:** Dr. Kishore Adyanthaya, Dr. Parvez Sheikh  
**Installation:** Dr. Nisha Khushlani, Dr. M. S. Kothari.  
**Reception:** Dr. Chaitan Bhatt, Dr. Rahul Shroff.  
**Catering:** Dr. Sangeet Gawhale. Dr. Upenrda Mehta.  
**Scientific:** Dr. Paras Jain, Dr. Niranjana Agarwal  
**Banquet:** Dr. T. R. Row, Dr. Sanjay Gangwal, Dr. Prasham Shah  
**Exhibition:** Dr. S. N. Agarwal, Dr. Manish Bansal.

### **Presidential Address:**

**DR. M.M. BEGANI, Founder President of The Indian Association of Day Surgery. Mumbai, India.**

Respected Chief Guest Rear Adm. M.P. Taneja, Guest of honour Dr. Vijay Khole, Vice-chancellor, Mumbai university.

Chairman of the Organising Committee Dr. D. D. Gaur, Organising secretary Dr. Naresh Row, invited colleagues, friends, ladies and gentleman.

I welcome you all to the Inauguration of 1<sup>st</sup> National Conference and Installation of the Executive committee of Indian Association of Day Care Surgeons.

Historically, Sushurata, one of the oldest surgeon in the world, performed many surgeries, which were ambulatory.

Revival of day care surgery has taken 3 decades.

Friends, Day care surgery, Day surgery, Ambulatory surgery, Day care are the various terms used for the same system of health care delivery in different part of the world. Today day care surgery is the need of the hour and of the country. U.S.A., Canada and European countries want to cut costs of hospitalized treatment; our country can barely afford hospitalization.

In the USA, 60% to 65 % cases are being performed as Ambulatory surgery; U.K. has a target to reach 75% surgeries in Day Case. I had visited various centres in these countries in last 20 years.

I had the opportunity to attend the British Association of Day Surgery Conference in Oct. 2003, held at York and exchanged our Indian Experience of Day care Surgery; we had earlier published our Indian experience of Day care surgery in their Journal.

Though Day Care surgery is being performed in India since many years, but, its potential has not been used to the fullest. To increase the awareness and to make it an established specialty,

Dr. Naresh Row, came up with the idea of founding the Indian Association of Day Surgery, this is his brain child. He is dedicating whole hearted for this cause and has taken it as mission to propagate it across the country so that the common man in near future can get the benefit of this health care system.

Many of my colleagues ask us what is the need of separate day care association. Friends unless we have this association with the aims of promoting this concept we cannot think and act in that direction. In our country we are doing 10% cases as day care – i.e. we are in infancy.

In last 2 years we have done various activities in form of CME'S, Guest lectures in various specialty organization, posters, paper presentation, publications in national and international journals, distributing hand bills, news in paper and magazines. We had got the best poster award in Srinagar North chapter of ASI conference in June 2004.

Our efforts will be to educate: a) Medical fraternity; b) Govt. health policy maker; c) NGO's; d) Medical Insurance companies; e) Public at large, about day care surgery, its advantages and benefits, to all. It will be a great humanitarian service to the nation, if we can make available the benefits of day surgery to the common man. I appeal to each one of you, including media present here, to understand the benefits of day surgery and get involved in propagating this movement of health care delivery system to its (fullest) optimum capacity which is the need of the country today and the future.

A friend, a well motivated, well selected patient, undergoing surgery as day care, recovering in the comfort of his home, is a boon for the patient, especially to the children who are psychologically disturbed by hospitalization. It is beneficial to the patient, health care providers, insurance companied and to the nation. Once again thank you all for coming here and giving us the encouragement to propagate this movement in our country.

Thanks for patient hearing.

Jai hind!

## **WELCOME AND INTRODUCTION.**

**Row T. Naresh, Hon. Gen. Secretary, The Indian Association of Day Surgery, Mumbai, India.**

With a population of over a billion people. With an ever increasing cost of medical care, especially surgical care. With only 17 per cent of all health care expenditure in our country borne by the government, making it one of the most privatised health care systems in the world. With a spending of 0.9% in the Public sector, 4.2% in the Private sector, totaling 5.1% of the GDP. With our stand of 171<sup>st</sup> in expenditure on its Public health care system; contrasting with the rank of 18<sup>th</sup> in the world, in terms of expenditure in the Private Health Care sector. With a doctor-patient ratio of 1:1800 and the hospital bed-patient ratio of 1:1259. With an estimated shortage of 42,000 beds in just the government hospitals which cater to 60% of the population.

With a mere 11.23% of True Day Surgery cases being performed from a sample study in Mumbai. Keeping in mind the safety of the patient, economical benefits, there is little doubt that, like anywhere in the world, Day surgery will be the Future of Modern Surgery, in India too. We welcome you and embark on this journey, in history, of Day Care Surgery.

## **INTRODUCTION TO DAY SURGERY.**

**Bapat RD, Consultant General Surgeon, KEM hospital, Mumbai, India.**

***"Surgery is the first and the highest division of the healing art, pure in itself, perpetual in its applicability, a working product of heaven and sure of fame on earth" - Sushruta (400 B.C.)***

Indeed how prophetic these words of Sushruta are!

Surgery as we see today has evolved from Day Care surgery to begin with. However it over a period of time lost its place to the clerics of the church. The cottage hospital, soon took over which made way for the army hospital. The present form of public hospital was evolved in the early nineteenth century, and now what we see is monolithic five star hospital cultures. Modern medicine is becoming techno-intensive, hence cost intensive. The chariot of Surgical specialties is getting driven by techno industry and pushing the cost of therapy sky high.

Necessity is the mother of invention. Increasing cost due to increased overheads, shortage of the availability of beds led to resurgence of concept of Day Care Surgery. Thus Day Care Surgery has come a full circle. Day care surgery as many feel, is not a shortcut surgery, but instead is a natural progression of Routine safe surgery, to be practiced after having gained a certain degree of expertise. It should not only meet the necessary pre-operative, intra-operative and post-operative pre-requisites that are a must for Routine surgery, but also meet the infrastructure required of the operation theatre.

It is very important to weigh the Risk Benefit Ratio prior to recruiting patient for Day Care Surgery. The benefit of Day Care Surgery far outweighs the risk involved, provided the patient selection is done properly. The Ultimate Success is Patients satisfaction.

## **SYMPOSIUM: ACROSS THE SPECIALITY – THE PRESENT SCENARIO:**

### **1. ENT & DAY SURGERY: DOWN MEMORY LANE.**

**Bhatt Chaitan, Consultant ENT surgeon, N. K. Shah Nursing Home, Mumbai, India.**

ENT as a specialty grew in our country in the middle of the 20<sup>th</sup> century. Until then, General Surgeons took care of most of the operations we associate with this specialty. On finding its own ground, ENT was among the first to adopt the daycare regime. It began with Tosillectomies being done on a daycare basis. Since that made up for the bulk of operations being done by the ENT Surgeons, daycare regimes were soon devised for the other surgeries being done by them. Progress in Anesthesiology was in tandem with developments in surgery and today an overwhelming proportion of ENT Operations are done on a daycare basis.

### **2. PROGRESS OF OPHTHALMOLOGY TO DAY SURGERY.**

**Shroff Ashok, Consultant Ophthalmologist, Shroff Eye Clinic, Mumbai, India.**

### **3. DAY CASE GENERAL SURGERY.**

**Shah BR, Consultant General Surgeon, Ambulatory Surgery Clinic & Hernia Centre, Mumbai.**

Ambulatory Surgery is now over 50 years old and over 50 % of elective general surgery is done as day care, all over the world. We are also almost on par. Social psychological, economic concerns and insufficient healthcare delivery system have been a major impetus for its growth in India. Fear factor is almost gone and it is accepted equally well by profession and people in urban or rural setting. With changing attitudes and advances in surgical and anaesthetic methods, medicines and materials, a lot of major surgery has come into the arena. From major hospitals to modest nursing homes, for adults as well as children, under local or general anaesthesia.

It has been one of the most significant advance in routine surgery in recent years.

Even though it is largely chosen for non-emergent non-infected, surface operations, with increasing experience, a lot of infected emergent and intra-abdominal material can be comfortably managed.

Our medical insurance companies still exhibit a primitive approach by compulsory demanding 24 hours hospitalization. They are doing now what U. S. A. did 20-30 years ago, we hope they get enlightened and learn from what U.S. Medclaim is doing now.

They pay more to day care surgeons than to a surgeon who hospitalizes longer for a similar problem. There is a saving in hospital bills, cost of treating hospital acquired infections and a loss of manpower working days. It is in their business interest as well as a service to the nation.

Don't worry. It is wisdom's nature to arrive; sooner or later.

### **4. RECENT ADVANCES IN PLASTIC SURGERY.**

**Gupta AK, Consultant Plastic Surgeon, Bombay Hospital, Mumbai, India.**

## **5. ORTHOPEDICS AND DAY SURGERY.**

**Ghawale Sangeet, Asso. Prof., Dept. of Orthopedics, J.J Hospital, Mumbai, India.**

Day Surgery in Orthopaedics, is steadily gaining popularity amongst orthopaedic surgeons, as the patient is discharged on the same day of the procedure from the hospital.

Changing practice patterns, including utilization of Day care centers, have resulted in improved efficiency and increased revenue. Required anesthesia may be regional, local or general.

Selection of a patient for day care surgery is as per the standard guide lines. Selection of Anesthesia is dependent on surgical requirements, patients considerations and facilities at the center. Surgeries suitable for day care surgeries should have minimal risk of post operative haemorrhage, recovery from anaesthesia should be smooth, post operative pain should be easily controlled and rapid return to normal fluid and food intake should be encouraged.

Patient should understand procedure properly and follow the discharge instructions. A responsible relative of the patient, who is also instructed should be with the patient for atleast 24hrs. Following Surgeries in orthopaedics are practiced as day Surgeries.

1. Minimally invasive and arthroscopy surgery for the spine, hip, knees, shoulders, ankles, elbows and wrists.
2. Kyphoplasty/vertebroplasty (cement injections) for osteopathic fractures – same-day procedure offering rapid relief for back pain.
3. Total and partial joint replacement.
4. Spine surgery instrumentation.
5. Hardware removal.
6. Ganglion/cyst/bursa excision.
7. Manipulation and plaster for deformity.
8. Close reduction and plaster for fractures.

The developments in Surgical and Anaesthesia equipments and its continuous upgradation has definitely reduced surgery time. Due the same one can safely practice minimal access Surgeries. Improved nursing care also plays a important role in quicker rehabilitation of patient.

Recent studies have confirmed that ambulatory orthopaedic surgery is safe, efficient, cost effective, leading to wider acceptance by orthopaedic surgeons.

## **6. DAY CASE GYNACOLOGY SURGERY.**

**Pai-Dhugat PB, Consultant Gynecologist, Bombay Hospital, Mumbai, India.**

## **7. DAY SURGERY LAPAROSCOPY.**

**Surg. Com. Naidu CS, Consultant GI Surgeon, INHS Asivini, Mumbai.**

## **8. PROGRESS OF UROLOGY IN DAY SURGERY.**

**Gaur D. D., Consultant Urologist, Bombay Hoapital Institute of Medical Sciences, Mumbai, India.**

Most minor surgical procedures like vasectomy, hydrocelectomy, drainage of scrotal abscess, urethral calibration, cystoscopy with or without biopsy, cystolithotripsy, URS, ESWL etc are being performed for ages as day case procedures in the field of Urology. However, the possibility of the same being carried out for the major or the supra-major procedures became apparent mainly due to the development and refinement of the endourological and laparoscopic techniques. Nevertheless, there were some other factors as well, which made it possible for this to happen to patients undergoing major and supra-major procedures. Improved surgical techniques, use of robots in urology, better postoperative pain management, better patient information and escalating hospitalization costs were also responsible for evolution

## **13. DAY CARE IN NEUROSURGERY.**

**Deopujari CE, Consultant Neurosurgeon, Bombay Hospital, Mumbai, India.**

Unlike other branches of surgery the concept of "Day Care Surgery" almost did not exist until a few years ago. Cranial and spinal surgeries are thought to entail a lot of pre operative work up and in-

hospital post-operative care. However, with precise imaging, application of minimally invasive and non-invasive techniques, it is now possible to treat some neurosurgical disorders on a day care basis.

Non invasive techniques in the form of stereotactic radiosurgery are very effective in treating small brain tumors in a well defined location, such as, acoustic neuromas. It is also successful in over 80% patients with deep arterio-venous malformations and has now become a standard of practice. Gamma knife and X-knife are the two varieties available in Mumbai, while Cyber knife and Protonbin therapy is available in few universities abroad for Steriotactic Radiosurgery (SRS).

Endovascular treatment by coils for certain intracranial aneurysms and embolisation of arterio-venous malformations is now being performed as a Day Care Procedure at many centers.

SRS for biopsies of intracranial lesions, drainage of a cyst can also be performed under LA as a Day care procedure if the patient is easily accessible to the doctor at home.

Peripheral nerve surgery such as ulnar or median nerve decompression is being performed as day care procedures satisfactorily for a long time. Microdiscectomy, endoscopic disc surgery or percutaneous discectomy, also require only one day hospitalisation as no bone removal is necessary in most patients. The post operative period is pain free and mobilization and physiotherapy can be started from the very next day at home.

#### **14. RECENT ADVANCES IN DAY CASE ONCO-SURGERY.**

**Desai PB, Consultant Onco-Surgeon, Breach Candy Hospital, Mumbai, India.**

#### **15. DAY SURGERY A BOON TO PAEDITRIC SURGERY.**

**Adyanthaya Kishore, Consultant Paeditric surgeon, Bombay Hospital, Mumbai, India.**

Ambulatory Surgery stands as one of the most important development in the evolution of surgical care in children. It is safe, efficient, and cost effective and offers unique clinical and psychological benefits to young patients. Organization of ambulatory surgical centers has become common place only in last 20 years, despite its advantage which has been mooted since early twentieth century. Scottish Surgeons to overcome the shortage of bed and long delay in admission started performing surgeries on children as out patients. But they soon realized the advantages but rest of the world was slow in realizing it. Finally the fear of cross infection and rising cost of medical treatment made ambulatory surgery popular.

Patient selection is the crux of successful ambulatory surgery and is done in the initial out patient visit. All children ASA I and ASA II can be done as Day Cases. Premature children under six months of age are usually contraindicated for day case because of post operative apneas. Comprehensive and well presented information using terminology that parents understand is essential for success of ambulatory surgery. Investigations, consent and clear written instructions about withholding of feeds should be given

Approximately 60% of surgeries performed by pediatric surgeons can be and should be performed on ambulatory basis. Common feature of all these operations is prolonged observation, parenteral medication is not needed.

When patient demonstrates stability in ambulation and orientation he can be discharged with clear written instructions of do's and don'ts, medications, what are the complications to expect and where to reach. They are also told about the follow up.

Right patient selection, quality patient care and patient education are fundamental to success all ambulatory surgical program.

## **ON THE FLIP SIDE: OPEN HOUSE DISCUSSION:**

### **1. MEDICAL-LEGAL ASPECTS OF DAY SURGERY.**

**Kapoor Lalit, Consultant General Surgeon.**

### **2. HOSPITAL ADMINISTRATOR & DAY SURGERY.**

**Matwankar (Col.) S.K.P. , Director Operations; Adaniya Atul, 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.

### **5. NURSING IN DAY CARE SURGERY**

**Matron Veronica D'Souza, Bombay Hospital Institute of Medical Sciences**

A patient needs nursing during his hospital stay in the hospital. The role of the nurse is to understand the process of illness and contribute skillfully towards the patient's recovery. A systematic approach to the planning and delivery of nursing care in the operation theatre ensures continuation of care to the patient.

1. Assessment.
2. Implementation.
3. Evaluation.

When the patient visits the doctor again, with no queries and discomfort, you have achieved your goal of a good nurse.

### **6. INSURANCE FOR DAY CARE SURGERY.**

**Suri. RC, Manager, The Oriental Insurance Company Ltd., Mumbai, India.**

The insurance policies are very clear on two points pertaining to Day Care surgery. The hospital or nursing home has to be registered with the local municipal body, should have a fully equipped facilities with an operation theater equipped to tackle major cases and emergencies. Cases which are being done in accordance with the advanced technologies can be discharged within 24 hours.

## **SEMINAR: TEAM APPROACH: ESSENCE OF A SAFE & SUCCESSFUL SURGERY.**

### **1. HEALTH CARE MANAGERS.**

**Rear Admiral Singh VK, Commanding Officer, INHS Asivini, Mumbai, India.**

### **2. PHYSICIANS ROLE IN AMBULATORY SURGERY.**

**Sorabjee Jahangir, Consultant Physician, Bombay Hospital, Mumbai, India.**

### **3. THE SURGEONS ROLE.**

**Sheikh Parvez, Consultant Surgeon, Charak Clinic Nursing Home, Mumbai, India.**

The surgeon's role in the team of performing & looking after ambulatory surgery, is that of a captain in the ship. The whole team performs on the orders of the surgeon & in turn the surgeon has to bear responsibility for his entire team. The patient's contact with the team is through the surgeon & he expects the surgeon to provide all the answers besides curing his disease.

The surgeon has the following responsibilities:

1. He should ensure that the patient has been explained about the surgery & its complications & also the limitations about day care surgery
2. He should be sure that the particular surgery can be done as day care & also be prepared to manage complications, if any.
3. He should ensure that the day care centre is properly equipped for the surgery to be performed.

4. He should ensure that the patient is fit for surgery. There are no shortcuts to pre-op fitness.
5. There must be a good understanding & co-operation between the team members; namely anaesthetist, theatre staff, etc. to ensure a good working environment.
6. He must ensure personally that the patient is fit to go home on discharge.

The credit for a successful surgery is always attributed to the surgeon, but a surgery gone wrong – even if it is due to an anaesthesia complication – can bring discredit to the surgeon.

#### **4. MAINTAINING STANDARDS.**

**Gangwal Sanjay, Consultant Onco-Surgeon, Bombay Hospital, Mumbai, India.**

Delivering of surgical care is as important as to provide and maintain high standards. The safety and success of your surgery and thus, your patient, is safeguarded by following simple criteria's and protocols, devised for the purpose. Patient selection, fully equipped operation facilities, etc. are the mainstay for maintaining high standards.

#### **5. MARKETING.**

**Bansal Manish, Managing Director, R.G. Stone Clinic, Mumbai, India.**

The "A" word - Advertising for many years has been frowned upon by the medical community. Every member of a practice is a *marketing specialist* every day, whether consciously or unconsciously. If your focus is on THE PATIENT and the PATIENTS NEEDS, you are practicing the MARKETING CONCEPT.

In short Medical marketing is: "Every business decision you make, and every action you take, to attract patients to your services, and keep them there." What we have to do is determine what the needs and wants of our patients are, and do our best to satisfy them. This has to be done by putting yourself in the patient's place, remembering that, "the quality of the feast is not judged by the chef." The majority of your patients are (or will be) sophisticated, comparison-shopping *consumers* of health care, who are armed with facts, from various sources who will assess your medical practice and compare it to other practices where they have previously been and will evaluate your practice against standards THEY consider important.

Thus we have to remember and accept that a patient's good perception of your practice cannot be bought with all the advertising dollars possible.

#### **6. NATIONAL PROGRAMS.**

**Gill GS, IAS, Principal Secretary, Medical Education & Drug Dept., Maha. State.**

#### **7. TRAINING: PATIENT, SURGEON, ANAESTHETIST, STAFF.**

**Begani M. M., Consultant Surgeon, President, The Indian Association of Day Surgery, Mumbai.**

The biggest obstacle to the future growth of Day Surgery is a failure to recognize its benefits.

The training of surgeon starts from his undergraduate level, when they are exposed to the magic of surgery. Once they are into their post graduate training, they are ready and more open to accept and adapt to the concept of day surgery. The day is not far, like everywhere else in the world, we too will have Degrees and Diplomas or Certificate courses in Day surgery. The anaesthetists are traditionally trained to follow the all-or-non law, but adoption to TIVA along with local, makes a very comfortable and safe combination, is something they will have to be taught. Nursing care during the training increases the efficiency of the staff nurse in preparing the patient and completing all the formality for discharge. Therefore, making it easy to train the patient and encourage them by the reassurance of a safe and successful day surgery.

#### **8. FAMILY PHYSICIAN IN DAY SURGERY PATIENTS CARE.**

**Kshirsagar Sunita, Hon. Secretary, Indian Medical Association, Mumbai. India.**

Day Care Surgery concept, which is newly introduced by the surgeons in the Health Care of the patients, is a concept, which gels perfectly with the pace of the world today.

In today's fast moving world when time is a premium-but-Health cannot be ignored the Day Care Surgery Concept comes as a boon for patients - as patients are given maximum health care in minimum time without compromise on quality and with minimum economic burden.

Patients always attached lot of fear and apprehension to the word "Surgery"- as surgery involved – stay in the hospital with added botheration to the family members and the increased financial involvement. With the introduction of Day Care Surgery all the above factors are taken care of, and hence the patients are more amenable to their surgical treatment.

As this seminar focuses on team approach - let us realize that the word 'TEAM' stands for "Together Everyone Achieves More".

Our team here compromises of The Surgeon, The Anesthetist, The Nursing Staff, The Physico Threrapist and The Family Physician.

Family Physician's role hence is of paramount importance as – even in this era of super specialization patients' repose tremendous faiths in their family physician and feel more closeness with them - because of which the family physicians acquire a vital position in this team approach.

## **MY EXPERIENCES:**

### **1. A-V FISTULA: DAY CARE SURGERY FOR HEMODIALYSIS IN CHRONIC RENAL FAILURE PATIENTS.**

**Singh Devender, Pinjala R K, Reddy LRC, Vani, Department of Vascular and Endovascular surgery, Nizam's Institute of medical sciences, Hyderabad, India.**

**Aim:** Vascular access for chronic hemodialysis is a life line and an Achilles's heel. Prompt availability of a well functioning and a stable vascular access remains a disturbing problem due to socioeconomic reasons especially in our population. Day care surgery for these patients is a new modality in the armamentarium of renal replacement therapy. We report this study to highlights the necessity and importance of Day care surgery for chronic renal failure patients.

**Key word:** vascular access, A-V fistula, Day Care surgery.

**Material and Methods:** this study consists of 130 patients between January 2004 and December 2004.

All the patients were first seen by the nephrologists. Males dominated the study and most of the patient belonged to the fifth and sixth decade. Majority were hypertensive, whereas 35% were diabetic and 14% had coronary artery disease.

**Results:** Radio –cephalic fistula in a non-dominating limb was the preferred option (68%), whereas brachio-cephalic fistulas were also considered for diabetic patients. All the operations were done as a day care procedure. There were no complications requiring admission after the procedure.

**Conclusion:** Renal replacement therapy, in a renal failure patient remains a frustrating affair due to financial reasons. Carefully planned access, as a day care surgery seems to be the novel approach particularly in our type of set up. Pre- admission screening, instruction about post surgery care at home and follow up to monitor recovery remains the key to success.

### **2. DAY CARE SURGERY FOR BRAIN TUMOURS**

**Bhattacharjee Suchanda, Panigrahi Manas, Purohit A K, Dept of Neurosurgery, Nizam's Institute of Medical Sciences, Hyderabad, India**

**Aim:** Brain tumors are puzzling till date in many aspects, but, the diagnosis and treatment are continuously improving in this era of advancing technology. Stereotaxy or stereotactic procedure is one modality of minimally invasive neurosurgery, where brain tumors can be diagnosed or even treated in certain cases on a day care basis.

**Key Words:** Brain tumors, sterotactic, Day Care surgery.

**Material and Methods:** We report our experience of utilizing stereotactic procedures to manage brain tumors in our institution on a day care basis without any in hospital admissions. We did one hundred and ten cases of stereotactic procedures for brain tumors from January 2002 to November 2004, of which fifty cases were done on a day care basis. These cases were screened on OPD basis and minimally investigated.



**Results:** We did diagnostic biopsies in thirty cases with a diagnostic yield of 88.88%, cystic aspiration in ten cases with complete aspiration in 60% and partial decompression in 40%, and abscess tapping in another eight cases with partial decompression in all of them. All except for two cases were discharged the same evening after the procedure was over. The two cases required admission as they deteriorated post procedure.

**Conclusion:** Stereotactic procedure is a simple, minimally invasive, time effective technique where diagnosis or even treatment of the brain tumors can be done. It is also cost-effective by cutting down the hospital in-admission expense. It is indeed, one of the finest advances in neurosurgery.

### **3. ENHANCING SAFETY FOR LASIK IN INDIAN EYES USING THE 400HZ WAVEFRONT TECHNOLOGY**

**Shroff Anand, Perfect Wave LASIK centre, Shroff Eye Surgery, Mumbai, India.**

**Aim:** To give an overview of the recent advances in Laser Vision correction (wavefront or custom LASIK) and the advantage of the same over conventional or standard LASIK.

LASIK is a method of reshaping the external surface of the eye (cornea) to correct low, moderate and high degree of nearsightedness, astigmatism and far sightedness. The coupling of third generation excimer laser hardware and software with modern surgical techniques that use the most advanced instrumentation; have made LASIK a safe and consistent procedure, resulting in its widespread acceptance as an alternative to spectacles and contact lenses. In this paper, we also counteract myths regarding safety of recent LASIK procedures with scientific basis.

**Material and Methods:** A study group of 240 eyes. The patient ranges from 21 – 56 years (mean 29.2 yrs.). The refractive errors ranged from -1 D sph to -9.5 D sph (mean -4.72 D). Wavelight Allegretto Wave Eye Q 400 Hz Laser with Moria M2 microkeratome used.

**Discussion:** Highlighting the key points in the difference between WaveFront-Guided (custom) LASIK vs Classic (Conventional / standard) LASIK and their results. Classic LASIK corrects lower order errors such as spherical and cylindrical refractive errors.

However, higher order errors affecting the quality of vision and may not significantly affect the Snellen visual acuity. It is the subtle deviations from the ideal optical system, which can be corrected with wavefront procedures. Furthermore, in certain cases Standard LASIK treatments could lead to an increase in the magnitude of higher order errors, unpredictable results may occur.

**Conclusion:** Results with wavefront procedures are superior to Classic LASIK. Wavefront guided procedures help avoid a number of side effects like glare and poor night vision since they remove higher-order errors of the eye (aberrations) that regular LASIK (based solely on the glass prescription) often misses. Wavefront-guided treatment also helps retreat patients suffering from complications of or unhappy with earlier refractive surgery (RK, PRK, LASIL). With this paper, we hope to increase the awareness of the newest advances in LASIK amongst all doctors.

### **4. DAY SURGERY & FREE DAY SURGICAL CAMPS IN RURAL AREAS**

**Tongaonkar RR, Tongaonkar Rajesh R, Dr Tongaonkar Hospital, Dondaicha, Dhule, Maharashtra, India.**

**Aims:** 1.To discuss problems of Day Surgery in Rural Areas.  
2. To narrate the 25 years of experience in arranging Free Day Care Surgical Camps in Rural areas.

**Discussion:** Even though the rural surgeon can do "Day Surgery" there are problems in the rural areas which prohibit him to do it. They are mainly transport facilities, economic conditions, availability of medical help in rural areas, etc. These are discussed here. The author has conducted "Free Day Care surgical camps" in rural areas for 25 years. His experience of 22 such camps is given. Few video clips have been shown. Economics of the camps have also been given.

**Conclusion:** This will appraise the audience about the conditions of Day surgery in rural areas and will motivate many more surgeons to conduct such camps either in rural areas or in slums in big cities to help poor people.

## **5. DESIGN AND WORKING OF A SMALL BUSY DAY CARE UROLOGY CENTRE** **Lalmalani J G, Lalmalani Rekha, Yadhav Devidas, Mumbai, India.**

**Aims:** To explain the design and working of a small urology day care centre in downtown, Mumbai.

**Material and Methods:** We set up a full fledged urology centre in South Bombay, in 1998. the entire setup is housed in a 680 sq. feet office block in a commercial building in Tardeo, and houses a 300 sq ft. Operation theater with Lithotripsy machine, Image intensifier, Boyel's apparatus, endocamera. A small recovery room with 3 beds; an autoclave room, doctor's consulting room and waiting area. The staff consists of the Urologist, an anesthesiologist, a resident doctor, 2 OT boys, a nurse cum receptionist.

**Results:** In the last 6 years we have performed 1200 new lithotripsy cases, over 900 cystoscopies, 650 ureterorenoscopies, and many other cases including Visual Optical urethrotomy, retrograde pyelography, D-J Stenting, AV fistula, urethral dilatation, testicular biopsies, vasectomy, percutaneous nephrostomy. The clinic is opened at 8:30 am and closed by 5:30 pm, and the patients are discharged by then.

**Discussion:** South Mumbai is an expensive area with real estate values of Rs 10,000/- plus, per sq ft. OT facilities in major hospitals costs a lot and the surgeon receives 15% of the total bill. Insurance companies have accepted that many cases can be done as Day care and have established a clause no.2.3, which allows lithotripsy to be done on a day care with full benefits. This paper aims to show that a small centre could be extremely cost effective and profitable.

**Conclusion:** A Daycare Urology Centre is certainly feasible and will benefit the patient, doctor and society by giving useful services on day care at low costs.

## **6. DAY CARE IN VITREORETINAL SURGERY.**

**Dudani Ajay J, Consulting Eye Surgeon, Vitreoretinal surgery & Laser Specialist.**

**Aims:** To study the effectivity of Day Care in vitreoretinal surgery in modern Ophthalmology.

**Material and Methods:** To retrospectively review study of over 1000 cases of complex vitreoretinal surgery including scleral buckling plus vitrectomy treated in a day care set up with LA-Peribulbar block and SOS sedation. Pediatric cases were also treated using ketamine and local blocks for ocular anaesthesia.

**Discussion:** All of the 1000 patients fared very well during the intra-op. and post -op. period. Pain during surgery was nil or minimal.

Hardly 5 to 10 % of patients needed sedation with Fulsed / Fortwin and were discharged within an hour.

**Conclusion:** Day Care Surgery has become the norm even in vitreoretinal surgery - as in cataract surgery. This in effect is comfortable for the patient as well as the surgeon.

## **VOTE OF THANKS.**

**Agarwal Niranjana, Treasurer, The Indian Association of Day Surgery.**