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From the Editors Desk:

Ambulatory Surgery in India

(Article Published in *The International Journal - Ambulatory Surgery, Supplementum April, 2007* Vol. 13-1:222-225. & *Day Surgery Journal of India, April, 2005, Vol. 1-1: 11-16*)

Abstract:

Ambulatory surgery in India is a new concept of modern surgical care.

Organised delivery of standardised surgical care, in the form of Day-case, is now accepted in specialities of Ophthalmology and ENT, but, in others, still confined to minor or OPD procedures.

Current trend is to establish Super-Speciality Tertiary health care facilities, which provide Coronary by-pass and Hip replacement. This is definitely required for betterment of medical care. Health ministry is working towards encouraging Medical tourism, facilitating visas for a smooth flow of patients. Last year alone has seen an inflow of 1.5 million patients for treatment in these tertiary hospitals. But, Day surgery is not really a priority for them, as yet.

Organisation of health care:

Health care in India can be summarised into public and private sector. Public hospital is utilised by almost 80% of population, but, is lacking in funding and facilities, as only 17 per cent of all health care expense in India is borne by govt., where as, private sector, caters to just 20 % of countries population, is at par with most developed countries, taking a burden of 83 per cent of expenditure on healthcare, making it one of most privatised health care systems in the world. Per capita expenditure on health is about 0.9% of the GDP. Of total population of 1,073,000,000 (over a billion), 73.87% live in villages and smaller towns, some of which are accessible only by foot. Rest 26.13% only reside in cities.

Metropolitan cities and state capitals have larger hospitals, both, Govt. and private funded. Municipal hospitals and state hospitals have District hospitals, at District headquarters, with Community Health Centres and still smaller Primary Health Centres, situated in villages. None of them have Day surgery.

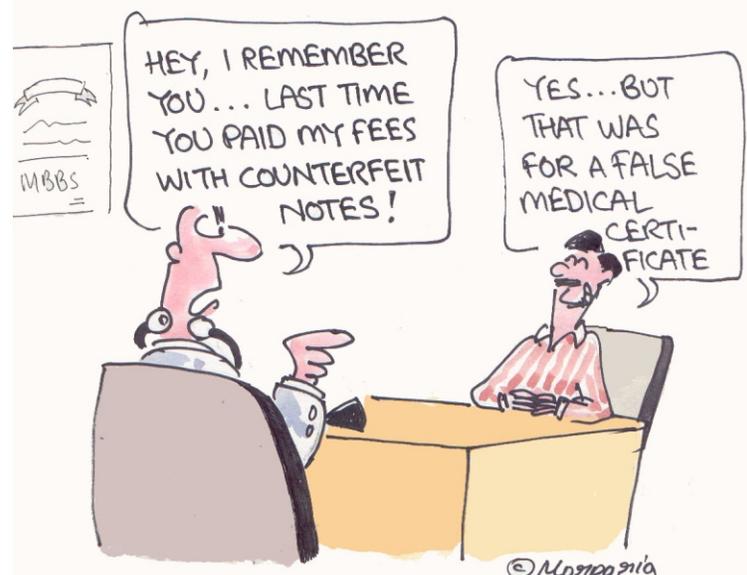
Private hospitals are usually managed by Trusts, privately funded & mostly profit making set-ups. These hospitals are well equipped

& funded, working as an industry, catering healthcare at a price. At a smaller level, there are a large number of individually owned, doctor-run hospitals, known as Nursing Homes, which are like smaller hospitals, being less expensive than larger hospitals. They range anywhere from 15 to 50 beds. Still smaller are: Clinics, with 10 beds or less, usually of single speciality, example: an Ophthalmic Clinic, managed by an Ophthalmologist. These are slowly turning into Stand Alone Day surgery units, more so, in specialised branches of Ophthalmologist, ENT, Plastic Surgery & Urological. A multispeciality Day surgery centre as part of a hospital or stand-alone, is non existent. The trend is towards retaining patients in hospital for 24 hrs.

Problems faced:

No doubt that with economic growth, paying capacity of patient has definitely improved, but, healthcare expense is still unaffordable.

Bed: Patient ration is 1:1,123, making it impossible to procure a bed in case of emergencies. The flow of patients is from villages to nearest city, to District hospitals, to larger Hospitals in state capitals & ultimately, to metropolitan cities. This drive is due to lack of basic infrastructure in villages, therefore, a belief that care is better in cities. This trend or shift is seen more in private healthcare facilities, which come at a premium.



The govt. is doing whatever they can, but still more needs to be done. Priority is not Day care surgery at present.

Statistics:

Surgical OPD of 5 leading hospitals in city of Mumbai were analysed for a year, which showed 500,654 patients from all surgical speciality, 167,222 surgeries were performed, out of a bed strength of 5,855 in all surgical ward. Number of Day Surgery cases, including OPD procedures: 77,578, i.e., 46.39%.

Most hospitals perform Day surgery as part of regular surgical list. According to latest government estimates, in city of Mumbai, doctor:patient ratio is 1:1,800 and hospital bed-patient ratio of 1:1,462.

There is on overall estimated shortage of 42,000 beds in govt hospitals, which cater to 60% population.

Health insurance:

Out of total population, just 2% are covered under Medical insurance. Mumbai, the commercial capital of India, has a population of approx. 20 million, has only 20% of its citizen covered by health insurance. A mandatory requirement of 24 hours admission or overnight stay, make it easier to disburse claims, but, defeating the concept of same day discharge. However, there is a change, in policy of one of the agencies, which has included a clause stating 'procedures performed by the advancement of technique, or utilisation of specialised equipment, e.g. LASER, etc., do not require overnight stay in the hospital'. First step in logical change that is required for the advancement of Day surgery.

Solutions:

We have established The Indian Association of Day Surgery in the year 2003, with 256 Life members so far. We have Organised 4 National Conferences, with fairly good response.

Day Surgery Journal of India is a collection of articles from all over the world, published annually. Increasing awareness: initial reaction of patients & doctor colleagues, is of surprise at no-overnight stay. Apart from holding seminars, scientific meetings, workshops and publications, a major advertising campaign is required, of course, within the permissible medical ethics.

Counseling of patients, by surgeon, makes a world of a difference to patient & relatives, in accepting concept of Day Surgery. A major concern of patients is post op. care in case of emergency, which has to be addressed with assurance from all concerned, in relation to the safety of the procedure with a good back up team in place. Training of the medical and Para-medical supporting team, like manager of centres. Establishing a chain of Surgery centres, beginning with state capitals and commercially important cities, will help in propagating Ambulatory concept.

Working towards proposing practice parameters for a better and safe Ambulatory centre, laying down operational manual for the management of a centre, is already under way.

In summery:

In a rapidly developing nation like India, with a large part of its population from low to middle income, it is but logical, to assume the tremendous benefits the concept of Day surgery, will have. A multi pronged approach and continuous dialog, with all concerned, however slow, will be the essence in working towards our goal. There is little doubt that, like anywhere in the world, Day surgery will be the Future of Modern Surgery in India too.

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