



ORIGINAL ARTICLE

Analysis of Results, Quality Indicators, and Postsurgical Complications in an Outpatient Dermatological Surgery Program[☆]

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Abstract

Objective: To evaluate the results of an outpatient program for major dermatological surgery in patients with a range of skin conditions.

Methods: We undertook a retrospective, observational study of patients who underwent scheduled dermatological surgery as outpatients in a public hospital between 2004 and 2007. The most common procedures were excision of basal cell or squamous cell carcinoma with or without graft reconstruction. The rates of substitution (of inpatient procedures), cancellation, hospital admission, and readmission were analyzed along with service utilization and systemic complications arising within the first 72 h of surgery. Variables were analyzed as relative frequencies. The occurrence of complications during the study period was analyzed by chi square test.

Results: A total of 2789 patients underwent surgery during the study period, and of those, 2757 procedures were performed on an outpatient basis (overall substitution rate, 17.99%). The service utilization was 74.36%. Fourteen patients were admitted to hospital following surgery (2.62%), and of those 12 were admitted immediately (85.71%). Nine patients had serious complications (cardiovascular, neurological, metabolic, or infectious), representing a proportional risk of 1:59. Less serious complications (hypertension, nausea, vomiting, and vasovagal syncope) requiring hospital admission occurred in 25 patients.

Conclusions: Major surgery undertaken on an outpatient basis is an excellent multidisciplinary surgical care model that allows well-selected patients to be treated effectively, safely, and efficiently. A small percentage of postoperative complications of varying severity can still occur despite patients' meeting optimal criteria for success. Fortunately, however, the rate of mortality is practically zero.

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PALABRAS CLAVE

Cirugía mayor ambulatoria;
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Complicaciones;
Indicadores

Análisis de resultados, índices de calidad y complicaciones extrahospitalarias de un programa de cirugía ambulatoria en Dermatología

Resumen

Objetivo: Evaluar los resultados de un programa de cirugía mayor ambulatoria en pacientes intervenidos quirúrgicamente de diversas patologías dermatológicas en nuestro hospital.

Métodos: Estudio observacional retrospectivo que incluye los pacientes intervenidos de forma programada en el periodo 2004-2007 en un hospital público realizándose diferentes procedimientos quirúrgicos de forma ambulatoria, siendo la cirugía de exéresis de carcinomas basocelulares y espinocelulares, con y sin injerto, la operación mayoritaria. Se han analizado diversos índices (sustitución, suspensión, ingresos, reingresos), así como el rendimiento quirúrgico y las complicaciones sistémicas que surgieron dentro de las primeras 72 horas tras la cirugía. La medición de las variables se realizó mediante frecuencias relativas. El análisis utilizado para la evolución de las complicaciones en el periodo de estudio fue la Chi cuadrado de tendencias.

Resultados: 2.789 pacientes fueron intervenidos en el periodo indicado, de los que 2.757 se operaron de forma ambulatoria (índice de sustitución global del 17,99%). El rendimiento quirúrgico medio fue 74,36%. El índice de ingresos tras la cirugía fue 2,62% (14 pacientes), siendo ingresos inmediatos en el 85,71% de los casos (12). Nueve pacientes sufrieron complicaciones graves (cardiovasculares, neurológicas, metabólicas e infecciosas), representando un riesgo proporcional de 1:59. En 25 pacientes aparecieron complicaciones de menor gravedad (hipertensión arterial, náuseas, vómitos, síncope vasovagal) que requirieron ingreso hospitalario.

Conclusiones: La cirugía mayor ambulatoria (CMA) es un excelente modelo organizativo de asistencia quirúrgica multidisciplinar, que permite tratar pacientes bien seleccionados de una manera efectiva, segura y eficiente. A pesar del cumplimiento de los requisitos óptimos, existe un porcentaje pequeño de complicaciones postoperatorias de gravedad variable, aunque afortunadamente la mortalidad es prácticamente nula.

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Introduction

Minor dermatology surgical interventions are typically performed in ambulatory settings. A range of anesthetic techniques are used in dermatology, including different types of general or locoregional anesthesia, monitored anesthesia care, and local anesthesia. Important benefits are reported for both the patient and the dermatologist when procedures are performed using a range of different approaches to anesthesia in the outpatient setting.¹

The term *major ambulatory surgery* refers to surgical treatment in an outpatient setting under conditions that have traditionally required admission to hospital. The term excludes disorders that have always been treated in an ambulatory setting (mainly the excision of skin lesions), collectively referred to as minor ambulatory surgery. Major ambulatory surgery is the optimal model for multidisciplinary surgical care, as selected patients can be treated effectively, safely, and efficiently, and no hospital bed is required. The resulting reduction in bed occupancy rates reduces surgery waiting times for conditions for which admission is necessary. In an increasing number of medical-surgical specialties, including dermatology, there is a growing interest in reducing the length of hospital stays.² Patient safety does not depend so much on whether the intervention takes place in an inpatient or outpatient setting as on adherence to rigorous patient selection principles.

Even when procedures are optimally complied with, however, complications may arise after discharge, whether as a result of the surgical procedure, or because the anesthesia used in surgery exacerbates a preexisting condition. According to the literature, the most frequent complications are surgical wound infection and bleeding.³ Even so, mortality is practically zero, and the complication rate is extremely low.

This article presents the results and postoperative complications in a retrospective study of a cohort of dermatology department patients who underwent major ambulatory surgery or short-stay surgery.

Material and Methods

This retrospective observational study was conducted in a public hospital with an outpatient surgery unit that is physically and organizationally part of the hospital, but independently managed. The unit has an independent section specifically for the treatment of skin disorders (Fig. 1). The hospital's catchment area has 325 000 inhabitants. In the 4-year study period from January 2004 to December 2007, major surgery was performed on a total of 33 127 outpatients. In the dermatology department, patients who had been diagnosed were included in the surgery waiting list, and then scheduled for major ambulatory surgery, short-stay surgery, or minor ambulatory surgery, depending on the complexity of the intervention and the patient's baseline status. The following cases were classified as major ambulatory

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