

# Day case surgery guidelines

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## Abstract

Day surgery is an ever expanding and evolving specialty, clearly defined in the UK as an admission and discharge on the same day for a selected surgical procedure, although definitions in other countries vary. Ongoing improvements in surgical and anaesthetic techniques with the advent of integrated care pathways have encouraged this to continue and encompass a wider range of patients and more complex procedures. There are clear benefits to day case surgery including quicker recovery and improved patient outcomes. Service delivery is more efficient and a more streamlined service can be achieved. Best practice tariffs have also been used to incentivize day case procedures. Common day case procedures include inguinal hernia repairs, laparoscopic cholecystectomy, tonsillectomy, pinnoplasty, and varicose vein surgery. Patient selection and pre-assessment are vital considerations for day case surgery and the Association of Anaesthetists of Great Britain and Ireland (AAGBI) recommends that anaesthesia in day surgery should be consultant-led. Regional and local techniques avoid the complications of a general anaesthetic and shorter recovery times are ideal and facilitate a timely discharge. Day case surgery guidelines are a vital resource in aiding the provision of an efficient service and improving service delivery and patient satisfaction.

**Keywords** Best practice tariff; day admissions; day case surgery; day surgery; same day surgery

## Introduction

Day surgery is an ever expanding and evolving specialty in many countries. Ongoing improvements in surgical and anaesthetic techniques with the advent of integrated care pathways have encouraged this to continue and encompass a wider range of patients and more complex procedures. The proportion of patients undergoing day surgery remains significant with the majority of UK trusts achieving the NHS Plan target of 75% of elective surgery performed as day case. The principles of enhanced recovery used by day case surgery have been extended by the Department of Health (March 2010) to inpatient surgery due to their obvious advantages. [Figure 1](#) demonstrates current day case surgery rates for 2012–2013 (4th quarter).

## What is day case surgery?

While various definitions exist there is a UK consensus that it is defined as the *admission and discharge of a patient for a planned*

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*surgical procedure within the same day.* In other nations, for example the USA, the definition may encompass procedures where discharge occurs within 24 hours of surgery. This should be borne in mind when comparing practice in different health-care systems. Day case surgery is often facilitated within dedicated day surgery units in a hospital and should involve efficient use of operating theatres and anaesthetic techniques (endoscopy and radiological procedures are not classified as day surgery). If a patient is admitted as a day case but requires overnight admission for unexpected factors (e.g. anaesthetic, intraoperative or postoperative complications), then they are no longer classified as having undergone day surgery.

## Guidelines

The Department of Health in 2002 published a key document to guide the implementation and improvement of day surgery services, identifying specific issues that might reduce the rates and impact of day surgery. More recent guidelines produced by the Association of Anaesthetists of Great Britain and Ireland (AAGBI) in 2011 have confirmed that for day surgery to be safe and effective the following are required:

- adequate preoperative preparation
- nurse-led discharge and agreed protocols
- decisions on fitness for a day case procedure should be based on the whole patient and not solely arbitrary limits such as American Society of Anesthesiologists (ASA) status, age or body mass index (BMI)
- a functionally and structurally separate day surgery unit with its own wards and theatre suites with appropriate staffing levels
- staff to be able to deal with common postoperative problems (e.g. postoperative nausea and vomiting (PONV), pain)
- readily contactable and accessible surgeons and anaesthetists
- facilities should be made available to transfer day surgery patients to an inpatient ward should there be a problem preventing discharge.

## Benefits of day surgery

The NHS Modernisation Agency has suggested that ‘treating day surgery as the norm for elective surgery’ yields significant benefits, identified as part of its ‘10 High Impact Changes’ towards making improvements in patient care and service delivery.

Some of the benefits are listed in [Table 1](#)

## Procedures

The Audit Commission in 2000 released a list of 25 procedures deemed appropriate to consider for day surgery taking into consideration length of surgery, recovery time and achievability within a day unit setting. More recently the British Association of Day Surgery (BADs) Handbook of Procedures (2009) has made available a wider and more comprehensive list of over 200 procedures from which to consider (examples in [Table 2](#)). There are procedure-specific target rates suggested for each procedure to aid planning and service provision. The decision as to which procedures are offered as day cases, however, varies across trusts – this is largely dependent on service setup, surgeon and

### Benefits of day case surgery

Service delivery	<ul style="list-style-type: none"> <li>• More efficient utilization of theatre time due to fewer variables (e.g. preoperative optimization, bed availability, anaesthetic expertise)</li> <li>• Streamlined service especially in dedicated units</li> <li>• Implications for commissioning (more cost-effective)</li> </ul>
Patient experience	<ul style="list-style-type: none"> <li>• Minimal disruption to day-to-day life</li> <li>• Reduced waiting times</li> <li>• Patient-focussed pathways</li> <li>• Lower risk of cancellation due to bed pressures or other emergency cases</li> </ul>
Clinical outcomes	<ul style="list-style-type: none"> <li>• Quicker recovery and improved clinical outcomes</li> <li>• Reduced morbidity associated with prolonged inpatient stay</li> <li>• Reduced risk of thrombo-embolism and hospital-acquired infections</li> </ul>

**Table 1**

anaesthetic availability and experience. Procedures suitable for day surgery should be of a short duration, have a low incidence of postoperative complications, have minimal anticipated blood loss and expected degree of postoperative pain that can be managed with simple analgesics and no surgical or anaesthetic factors that could delay discharge.

### Best practice tariffs (BPT)

Best practice tariffs introduced to incentivize and provide reimbursement for improved outcomes and efficiency within the NHS have been applied to day surgery. This has the main aim of encouraging a move from inpatient to day surgery and thereby increasing day surgery rates. In 2010 this was initially applied to laparoscopic cholecystectomy performed as a day case and since 2011–2012 the model has been extended to include BPT reimbursement for breast, hernia and selected orthopaedic procedures. These procedures were selected on the basis of a clinical consensus suggesting that these procedures could be performed efficiently in a day case setting.

Qualitative and quantitative evaluation by the Audit Commission for the Department of Health has found a continual rising trend in overall day case rates over the period 2010/11 and subsequently 2011/12. However, looking more closely at BPT clinical performance, it appears that despite an improving trend most of the BPT day case procedures remain short of the rate suggested by BADS. There are various possible reasons for this which may include a shortage of experienced surgeons to carry out laparoscopic procedures confidently as a day case procedure and the lack of a dedicated day surgery unit.

Current BPT procedures for day surgery are: laparoscopic cholecystectomy, repair of umbilical/inguinal (primary and recurrent)/femoral hernia, operations to treat female incontinence, therapeutic shoulder arthroscopy, bunion operations, Dupuytren's fasciectomy, endoscopic and laser resection of

### Common day surgery procedures (British Association of Day Surgery 2009)

General	<ul style="list-style-type: none"> <li>• Inguinal hernia repair</li> <li>• Anal fissure surgery</li> <li>• Injection/banding of haemorrhoids</li> <li>• Excision of breast lumps/wide local excision</li> <li>• Orchidopexy</li> <li>• Circumcision</li> <li>• Excision of skin lesions</li> </ul>
Laparoscopic	<ul style="list-style-type: none"> <li>• Laparoscopic cholecystectomy</li> <li>• Laparoscopic fundoplication</li> <li>• Laparoscopic splenectomy</li> </ul>
Vascular	<ul style="list-style-type: none"> <li>• Varicose vein stripping/ligation</li> <li>• Carotid endarterectomy</li> </ul>
Ophthalmology	<ul style="list-style-type: none"> <li>• Squint correction</li> <li>• Cataract removal</li> </ul>
Ear, nose and throat	<ul style="list-style-type: none"> <li>• Myringotomy</li> <li>• Tonsillectomy</li> <li>• Pinnaplasty</li> <li>• Reduction of nasal fractures</li> <li>• Rhinoplasty</li> <li>• Mastoidectomy</li> </ul>
Urology	<ul style="list-style-type: none"> <li>• Transurethral resection of prostate/bladder</li> </ul>
Obstetrics and gynaecology	<ul style="list-style-type: none"> <li>• Surgical termination of pregnancy</li> <li>• Laparoscopy and therapeutic procedures (diathermy for endometriosis, adhesiolysis, tubal surgery)</li> </ul>
Orthopaedic	<ul style="list-style-type: none"> <li>• Hysteroscopy</li> <li>• Joint arthroscopy/meniscectomy</li> <li>• Carpal tunnel decompression</li> <li>• Removal of internal fixation metalwork</li> <li>• Bunion/soft tissue operations</li> <li>• Excision of ganglion</li> </ul>

**Table 2**

prostate, breast sentinel node mapping/resection, simple mastectomy, tonsillectomy and septoplasty.

### Patient selection and pre-assessment

Preoperative preparation is a crucial aspect of day surgery and encompasses patient selection and pre-assessment. The patient pathway normally begins at referral from primary care, A&E or outpatient clinics, progresses via pre-assessment clinic before attendance at a hospital ward or day surgery unit for the procedure. Fitness for a day surgery procedure is no longer restricted to or limited by arbitrary functional classifications such as ASA grade and suitability should be considered on an individual basis at pre-assessment. The majority of patients will be suitable for day surgery and strategies should be employed to address any easily correctable problems that may prevent this from being the case.

The AAGBI guidelines suggest that children over the age of 1 month at full-term may undergo day surgery – this is largely

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