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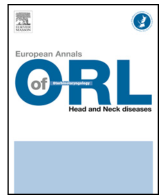

SFORL Guidelines

French otorhinolaryngology society guidelines for day-case nasal surgery

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ABSTRACT

Objectives: The French Otorhinolaryngology Society (SFORL) set up a work group to draw up a consensus document on day-case surgery in four rhinologic procedures: endoscopic middle meatal antrostomy (French National Health Insurance (CCAM) code GBPE001), septoplasty (GAMA007), and reduction of nasal bone fracture using a direct approach (LAEA007) and using a closed technique (LAEP002).
Materials and methods: Methodology followed the French Health Authority (HAS) "Methodological Bases for Drawing Up Professional Guidelines by Formalized Consensus" published in January 2006; the method chosen was the short version of the RAND/UCLA Appropriateness Method (without editorial group), as the work group topic was highly specialized, with few experts available.
Results: Ahead of any day-case sinonasal surgery, it is recommended that patient eligibility criteria be respected and hemorrhagic risk assessed; preference should be given to short procedures involving little variation in surgery time and minimizing blood-loss, and associated procedures (e.g., septoplasty + turbinectomy) should be avoided. The patient and family should be informed of specific hemorrhagic, orbital and/or neuromeningeal risks, onset of which may preclude discharge home. Uni- or bilateral postoperative nasal packing is not a contraindication to day-case management.
Conclusion: All four procedures may be performed on a day-case basis. Eligibility criteria should be systematically respected, but hemorrhagic risk, which is very specific to the sinonasal organ, is to be assessed on a case-by-case basis, as it is a major issue in this kind of management for a non-negligible number of patients.

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1. Introduction

Day-case surgery has been developed to meet governmental and public demand for resource optimization ensuring health care quality and safety. The objective is to reduce treatment time, nosocomial infection risk and admission costs.

English-speaking countries implemented day-care surgery in rhinology earlier than France. In 1992, the Royal College of Surgeons of England declared that day-care was now considered the best option for 50% of patients undergoing selected procedures, with proportions varying between specialties [1]. More recent studies reported 15% to 95% feasibility for day-case sinonasal procedures [2–4].

In 2010 in France, just over 37% of surgical procedures, taking all specialties together, were performed on a day-case basis [5]. The 1999 study by the Center for Research, Studies and Documentation in Health Economics (Centre de Recherche, d'Études et de Documentation en Économie de la Santé: CREDES) reported a huge discrepancy between the potential for day-case nasal surgery, estimated at 52–55%, and an actual implementation rate of 9% [6]. A health insurance study published in 2003 assessed the potential for crossover to day-case surgery in 18 landmark procedures in 34,015 admissions in June 2001 in 1280 health care centres: applying the 1999 eligibility criteria, nasal surgery was a field in which the observed mean weighted rate of day-case management was more than 30% less than the minimum mean weighted eligibility [7].

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Given the strength of the economic, administrative, political and social demand, the French Otorhinolaryngology Society (SFORL) took on the responsibility of promoter for day-case surgery guidelines for 4 simple and frequent nasal procedures in which day-case management is late in being implemented in France: endoscopic middle meatal antrostomy (French National Health Insurance (CCAM) code GBPE001), septoplasty (GAMA007), reduction of nasal bone fracture using a direct approach (LAEA007) and using a closed technique (LAEP002).

The task was entrusted to the French Rhinology Association (AFR), using the formalized expert consensus methodology suggested by the French Health Authority (HAS: http://www.has-sante.fr). A pilot group dealt with the logistics of the consensus conference, selection of members for the grading group and literature analysis from the PubMed database. Each article was graded for level of evidence. An initial series of guidelines was drawn up on the basis of a position paper, assessed by the grading group and modified according to the results and comments. This second guidelines series was resubmitted to the grading group, which drew up the final version.

2. Results

Guideline 1

Ahead of any sinonasal day-case surgery, patient eligibility criteria should be respected. **Strong agreement**.

Day-case surgery is regulated and should conform to a specific organizational pattern to optimize the patient's pathway and ensure that risk is no greater than in conventional admission. Patient safety should be ensured by respecting the specific day-case surgery good practice guidelines laid down by the HAS Health Authority, National Agency for Support of Performance in Health Care and Medico-Social Establishments (Agence Nationale d'Appui à la Performance des établissements de santé et médico-sociaux: ANAP) and the French Society of Anesthesia and Intensive Care (SFAR) [5,8]. Day-case surgery is patient-centered, respecting a clinical pathway from the consultation enabling selection for day-case management through to discharge. Selection is a key factor for success.

In sinonasal surgery, the use of general anesthesia and the significant risk of postoperative haemorrhage require rigorous patient selection. Patients must have understood and agreed to all of the aspects of day-case management. Home monitoring is mandatory and patients must respect the postoperative prescriptions and recommendations and be accessible to treatment in case of complications. It must therefore be ensured that the patient is accompanied home by a responsible adult, is not left alone during the night of discharge, and has a sufficient level of understanding. In the case of children, patients with mental disorder or not speaking French, it must be ensured that the accompanying adult understands the discharge procedure. Patients must not have psychiatric disorders that would prevent cooperation with the medical team. Transport and distance are not exclusion criteria; but, given the specific risks, each case is to be assessed on an individual basis and, if the patient's distance from the hospital is too great, an agreement with a nearby health care facility should be undertaken. Home access and equipment and the availability of a telephone are factors to be taken into account.

After assessment, the surgery team needs to be aware of the probability and potential seriousness of specific possible risks and the time of onset so as to determine the duration of postoperative monitoring, compatibility with the working hours of the department, suitable theater scheduling and the rate of complications during the first 24 postoperative hours.

Guideline 2

Only patients free of haemorrhage risk factors are eligible for sinonasal day-case surgery. **Relative agreement**.

Guideline 3

Due to the haemorrhage risk inherent to sinonasal surgery, day-case management should not be proposed to patients with haemostatic disorder or taking anticoagulant and/or antiplatelet therapy. **Relative agreement**.

The 2010 SFORL good practice guidelines detail the indications for and principles of endoscopic endonasal middle meatal antrostomy, so as to define the range of indications, specify the technical context and reduce the rate of complications [9]. The immediate risks comprise epistaxis and orbital penetration, either asymptomatic or impairing ocular motion and/or orbital hematoma. Immediate postoperative surveillance in the recovery room and for the first 6 hours following surgery should be alert to these possible complications.

No specific studies could be found in the literature of risk in middle meatal antrostomy as such. However, a retrospective study of 257,310 sinus surgeries (antrostomy, dacryocystorhinostomy, Caldwell–Luc, Draf, sphenoidotomy, ethmoidectomy) reported that 1.25% of patients remained in hospital for surveillance and 3.15% were readmitted during the days following surgery, in 50% of cases due to haemorrhage [4]. Another study, of 62,823 endoscopic endonasal procedures, reported 0.76% epistaxis requiring transfusion [10]. A meta-analysis in 2012 calculated the incidence of minor and major complications in 13,405 patients undergoing endoscopic sinus surgery and reported 2.4% postoperative (< 24 h) epistaxis requiring packing, 0.3% orbital haematoma, loss of vision or transient or definitive diplopia and 0.2% postoperative haemorrhage requiring transfusion [11].

No studies could be found in the literature focusing on early postoperative (< 24 h) complications after septal surgery. Several studies mentioned hemorrhagic complications, affecting 0–7% of cases, and mainly comprising septal hematoma and epistaxis at unpacking dates [12–15].

Guideline 4

Due to the hemorrhage risk inherent to sinonasal surgery, surgical techniques minimizing such risk are recommended. **Relative agreement**.

In the literature, haemorrhage risk is assessed in isolated procedures or with other associated sinus or septal surgeries. Subgroups, however, have not been compared and haemorrhage risk is difficult to quantify for a given procedure in a given population. Association (septoplasty + antrostomy, or septoplasty + inferior turbinectomy) is a frequent attitude. Standard procedure is to assess postoperative haemorrhage risk according to the extent of tissue elevation and of mucosal deterioration, especially involving erectile structures and nasal regions with a vascular pedicle.

Certain risk factors, however, seem to be established. A retrospective Spanish study of 145 patients showed that the statistically significant predictive factor for poor outcome in endoscopic day-case surgery was revision surgery: readmission rates were 3.5-fold higher for revision than for primary surgery (95% CI, 1.216–10.075; $P = 0.024$) [16]. A retrospective study from 2006 on the effects of day-case management in 432 septoplasties found 8.8% readmission within 24 hours of discharge, regardless of age, gender, history or

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