

Day case surgery guidelines

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Abstract

Day surgery is a continually developing and expanding specialty throughout the world. Technical improvements within surgery and anaesthesia allow increasingly complex procedures to be performed as day case surgery, with advantages to hospital and patient. The NHS Modernisation Agency recommends 75% of all surgical procedures performed in a Trust be as day case procedures. Day case surgery guidelines exist to assist and encourage departments in running an effective service. Day surgical units must select appropriate cases based on patient, surgical and social factors, via a preoperative assessment service usually run by specialist nurses, consultant surgeons and anaesthetists. Stable medical conditions such as hypertension and diabetes mellitus do not preclude day case surgery. Patients are assessed individually. The obese patient must be carefully screened before being listed for day case surgery. Both general and regional anaesthesia have been shown to be safe and effective in day surgery patients. Achieving good analgesia and antiemesis is vital in ensuring patients are discharged on the day of surgery. Nurse-led discharge based on local departmental protocol is common practice. Both patient and GP must be issued postoperative instructions. Future expansion is likely to see selected emergency and semi-elective surgical patients managed as day case procedures.

Keywords Ambulatory surgery; day case surgery; day surgery; day surgery guideline; preoperative assessment

Introduction

Day surgery, or ambulatory surgery, is a continually developing and expanding service throughout the world. The implementation of day case surgery continues to grow as surgical and anaesthetic techniques improve, early mobilization and enhanced recovery programmes become more widely accepted and financial constraints dictate the provision of healthcare.

Within the National Health Service (NHS), there is a drive to consider day surgery as first-line, rather than inpatient surgery,

with the NHS Plan recommendation that 75% of all elective surgeries be performed as day case procedures.¹

Lessons learnt from the development of day surgery programmes have now been incorporated into inpatient surgery to enhance patient recovery, reduce length of stay and improve patient experience.

This article is designed to provide an overview of current guidance, focussing on patient selection and clinical management of day surgery patients.

What is day case surgery?

In the UK, day case surgery is defined as 'admission and discharge on the same day as surgery, with day case surgery as the intended management'. Although technically meeting the criteria, day case surgery does not include endoscopy, radiology or outpatient procedures.

Day case surgery in current practice can be performed in an acute hospital setting in conjunction with inpatient surgery, or can be performed separately in an isolated site, as long as arrangements are made for transfer of patients to an acute site in the event of unforeseen complications.

Day surgery history and guidelines

Day case surgery is not a new concept. It was described as early as 1909, when James Nicoll of the Royal Hospital for Sick Children in Glasgow published a case series of common surgeries performed as day case procedures in children.² There was little uptake of his methods at the time, and it was not until the 1970s and 1980s when the paradigm began to shift.

In 1985, the Royal College of Surgeons published guidelines that advocated increasing utilization of day surgery, and ensuring there was senior surgical input in cases. In 1990, the Audit Commission published its 'NHS Value for Money' report, in which it highlighted selected operations that should be considered as day case procedures, in order to reduce waiting lists and save the costs associated with inpatient admission.³ As day surgery services expanded, the Department of Health in 2002 launched a task force to optimize uptake of day surgery, and combat common barriers to its implementation.⁴

In 2004, the NHS Institute for Innovation and Improvement published the document '10 High Impact Changes for Service Improvement and Delivery', through which the clinician was encouraged to consider day above inpatient surgery for selected procedures. In 2009, the Department of Health (DoH), in accordance with the British Association of Day Surgery (BADs) introduced the 'best practice tariff' to provide further financial incentive to manage patients on a day case basis.

Current guidelines released by BADs and the Association of Anaesthetists of Great Britain and Ireland (AAGBI) in 2011 and the Royal College of Anaesthetists (RCoA) in 2016 provide guidance to assist and encourage departments to run an effective and practical service. They focus on:

- management of the service
- provision of facilities, including postoperative support facilities
- documentation
- safe patient selection
- anaesthesia for day-surgical patients

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- postoperative recovery and discharge
- training and education
- clinical governance,

Advantages of day case surgery

Day surgery has, for some time, been shown to have advantages over inpatient surgery for patients. These include shorter length of stay, early mobilization, lower initial postoperative pain, lower risk of postoperative infections and increased overall patient satisfaction.^{5,6} It has also been shown to be beneficial for organizations through lower costs, decreased use of inpatient beds for elective cases and by providing increased scope of roles for nursing and auxiliary staff, thereby increasing staff satisfaction.^{1,5,7}

To obtain maximum benefit from adopting a day surgical strategy, well-established protocols and procedures must be in place. Policies on nurse-led discharge, postoperative symptom control (including pain, nausea and vomiting), and management of chronic diseases such as diabetes mellitus, all enhance the patient journey by minimizing delays and decreasing psychological stress and anxiety. This streamlines the process by anticipating next steps, rather than taking a reactionary approach to management. The use of established enhanced recovery programmes as standard also aids day case compliance rates by encouraging early mobilization and return to normal diet, facilitating early discharge home. Having a well-trained, motivated multidisciplinary team in one dedicated facility, either on the main hospital site or separate day case hospitals is considered to be the gold standard.⁶

Adopting a different mind-set when dealing with day case surgery may also play a part in its success, both from a clinician and patient perspective, where the goal of timely discharge is firmly at the forefront of thinking. This is reflected in the need for careful selection of patients and procedures that can be treated in this way.

Procedures suitable for day case surgery

In the last decade, the scope of procedures suitable for day case surgery has increased significantly. This is due to technical and technological advances in both anaesthetic (e.g. regional anaesthesia) and surgical (e.g. laparoscopy, single site surgery) fields. There has been increased uptake of minimally invasive techniques across the breadth of surgical sub-specialities (e.g. trauma and orthopaedics), with increased availability of the equipment necessary to perform these 'keyhole' techniques. By gaining experience over the years, confidence has grown through the establishment of day case units. As such, a shift has occurred in operative planning from 'can this be a day case?' to 'what is the justification for inpatient admission?' The NHS Institute for Innovation and Improvement, through the Modernisation Agency, challenges trusts to see day case surgery as the norm, rather than inpatient surgery, and suggests that 75% of all surgical procedures should be performed in a day case setting. Data on current rates of day case surgery are difficult to collect and can vary widely between different locations.^{1,6}

Currently, the Healthcare Commission only audits day case rates for 25 selected procedures, listed in Table 1. This is a limited list, no longer representative of the true extent of day

The 25 surgical procedures audited by the Healthcare Commission

Orchidopexy	Bunion operations
Circumcision	Removal of metalware
Inguinal hernia repair	Extraction of cataract with/without implant
Excision of breast lump	Correction of squint
Anal fissure dilatation or excision	Myringotomy with/without grommets
Haemorrhoidectomy	Tonsillectomy
Laparoscopic cholecystectomy	Sub-mucous resection
Varicose vein stripping or ligation	Reduction of nasal fracture
Transurethral resection of bladder tumour	Operation for bat ears
Excision of Dupuytren's contracture	Dilation and curettage/hysteroscopy
Carpal tunnel decompression	Laparoscopy
Excision of ganglion	Termination of pregnancy
Arthroscopy	

Table 1

surgical procedures. However, the British Association of Day Surgery collects data on over 200 procedures and provides anticipated day case rates for each,⁸ allowing trusts to compare their performance as part of clinical governance.

Design of day surgical units

Design of day surgery units varies between departments, however, two common themes exist – day surgery patients are either integrated onto inpatient surgical facilities or lists, or are managed in standalone day surgery facilities.

The DoH in 2007 released the HBN 10-02 document,⁹ providing best practice guidance for day surgery unit facilities in the UK. The document includes recommendations on:

- availability, layout and location of patient facilities
- facilities for staff
- capacity planning
- infection control
- patient privacy and dignity
- cultural and religious considerations
- access for patients with disability
- design considerations, including noise attenuation and lighting
- energy conservation.

This guidance is aimed at Trusts designing new facilities, but also guides existing units in optimizing patient experience through a day surgery unit. An example of optimal patient journey through a day surgery unit is demonstrated in Figure 1.

Patient selection

Despite encouragement from the NHS to consider day surgery as the 'norm', in order to run a safe and effective day surgery programme, careful consideration must be given to the selection of appropriate patients. Not only must the nature of surgery be suitable to allow the patient to return home on the same day, but

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