

AMBULATORY SURGERY: A WORLDWIDE CONCERN

I am pleased to invite you to the Third European and First International Congress on Ambulatory Surgery.

Eight-hundred participants from more than 40 countries took part in the Second European Congress on Ambulatory Surgery March 19-20, 1993.

This success bears witness to the growing worldwide interest in the concept of ambulatory surgery. The previous European congresses were a driving force in raising the level of awareness, resulting, in particular, in the proliferation of national and international initiatives. We have thus seen the formation of more and more national ambulatory surgery associations, a growing number of congresses, and the issuing of legislative provisions by an increasing number of governments.

The various national associations of ambulatory surgery have decided to join forces by creating the International Association for Ambulatory Surgery (IAAS). The formal establishment of the International Association for Ambulatory Surgery will take place at the Third European Congress on Ambulatory Surgery which, for this occasion, is combined with the First International Congress on Ambulatory Surgery.

The significance of this development is further illustrated by the support of the Council of Europe, the European Community and the Organization for Economic Cooperation and Development.

The objectives of the Congress are:

- To raise the level of awareness of ambulatory surgery among public authorities in order to establish adequate policies.
- To review the current status and progress of ambulatory surgery in the international arena.
- To delineate the fundamental aspects of the concept of ambulatory surgery.
- To structure and coordinate international research.

The Congress is intended for any organization or individual involved in the practice or management of health care.

We look forward to welcoming you March 16 and 17, 1995, in Brussels, capital of Europe, for what promises to be an extremely stimulating congress.

Dr Claude De Lathouwer, Chairman.

THURSDAY, MARCH 16

OPENING ADDRESSES

Cl. De Lathouwer, Chairman

M. De Galan, Belgian Minister of Social Affairs

SESSION I: AMBULATORY SURGERY IN THE WORLD

Chairmen: Fr. Sevilla Perez (SP) & W. Hartel (D)

Ambulatory Surgery in Germany.

J. Brökelmann. Bonn, Germany.

Ambulatory Surgery in Finland in 1993.

A. Alanko, M. Kekomäki, J. Permi, R. Luhtala. Helsinki University Central Hospital, South Karelian Central Hospital and the Finnish Medical Association, Helsinki, Finland.

Daycare in The Netherlands.

P. Go, D. Duwel, M. Grasveld-van Berckel, H. Koenders, N. de Zwaan. Dutch Association of Daycare and Short Stay, Utrecht, The Netherlands.

Ambulatory Surgery in the UK.

P.E.M. Jarrett. Department of Surgery, Kingston NHS Trust, Kingston upon Thames, Surrey, UK.

Impact of Healthcare Reform in the US on Ambulatory Surgery Centers.

G.D. Durant, B. Derby. Federated Ambulatory Surgery Association, Alexandria, Virginia, USA.

Ambulator

Discussion

Coffee Break and Poster Exhibition

SESSION II: CREATING AND MANAGING AN AMBULATORY SURGERY UNIT

Chairmen: P.E.M. Jarrett (UK) & T. Wilson (US)

Getting Prepared for Day Surgery.

A. Overkamp, M.A. Grasveld - van Berckel. CBO, Utrecht, Th Netherlands.

Establishing a Day Surgery Service.

D.N.L. Ralphs. Arthur South Day Procedure Unit, Norfolk & Norwich Hospital, UK. dma

Staffing of a Day Surgery Unit.

S. Penn. Day Surgery Unit, Addenbrooke's NHS Trust, Cambridge, UK.

Effective "Management Tools" for Ambulatory Surgery.

T.D. Wilson. Helian Health Group Inc., Monterey, California, USA.

Consultants Only in Our Unit - A Plea by Operating Department Personnel.

M. de la Yesa, A. Mead. Day Surgery Centre, St.-Bartholomew's Hospital, London, UK.

Multiskilling in a Day Surgery Centre. How does this affect Shift Patterns ?

J.E. Solly, P.A. Baskerville. Day Surgery Centre, King's College Hospital, London, UK.

Postoperative Care after Ambulatory Surgery is adequately delivered by General Practitioners.
D. de Jong. Dept. Surgery, Free University Hospital, Amsterdam, The Netherlands.

The Benefits of a Hospital Hotel in Ambulatory Surgery.
M.E.D. Jarrett, M. Wallace, P.E.M. Jarrett. Kingston Hospital NHS Trust, Kingston upon Thames, Surrey, UK.

Discussion

SESSION III: CLINICAL ISSUES

Chairmen: R. Twersky (US) & J.C. Warden (Aus) 0121

Postoperative Analgesia for Day Surgery.
I.J.B. Jackson, B. Mikl. Day Surgery and Treatment Unit, York Health Services NHS Trust, York, UK.

Postoperative Infections in Ambulatory Surgery: Medical and Socio-Economic Aspects.
J. Reydelet. Kornwestheim, Germany.

Outpatient Surgery in Children: Indications, Limits, Results.
G.H. Willital, J. Schleef, K. Schaarschmidt. University-Clinic for Pediatric Surgery, Münster, Germany.

Day Surgery # Day Recovery.
J. Donoghue, C. Duffield, D. Pelletier, K. Peters. School of Nursing Therapeutics, University of Technology, Sydney, Australia.

Going Home Comfortable but perhaps not staying that way?
S. McDonnell, D.J. Wilkinson. Day Surgery Centre, St. Bartholomew's Hospital, London, UK.

The Demand on Primary Health Care Following Day Surgery at a Large Inner City District General Hospital.
K.L. Kong, D.L. Child, I.A. Donovan, D. Nasmyth-Miller. City 6 Hospital NHS Trust, Birmingham & Cape Hill Medical Centre, Birmingham, UK.

Wide Variation in Daycase Practice and Outcomes in Southern England - a Comparative Audit in 15 Hospitals.
C.J. Cahill, T. Tillin, P.E.M. Jarrett. Dept. Day Surgery, Kingston Hospital, Kingston on Thames, Surrey,

Coffee Break and Poster Exhibition

SESSION IV: AMBULATORY SURGERY: PROMOTION AND OUTCOMES

Chairmen: B. Derby (US) & A. Peracchia (1)

The Promotion of Ambulatory Surgery: First Results of a Financing Experiment in Belgium. Where to go from here?
L. Borkowski (1), R. van den Oever (2,3), B. Hepp (2). (1) Master in Economics. (2) National Alliance of Christian Benefit Societies - Brussels, (3) School of Public Health, Catholic University of Leuven, Belgium.

The Impact of Day Surgery on the Community Health Care Services.
E.M. Lowry, A.D. Simpson, H. E. Glenister, D.N.L. Ralphs. Project Team, East Anglian Audit for the Practice of Day Surgery, Clinical School, Addenbrooke's Hospital, Cambridge, UK.

Increasing the Rate of Day Case Surgery in England: Role of Purchasers of Health Care. H. Ward. West Midlands Regional Health Authority, Birmingham, UK.

Surveying Day Surgery in an Australian State Evaluating a Need for Incentive or Intervention. J.C. Warden, P.F. Verdich. Royal North Shore Hospital, NSW Bois Department of Health, Sydney, Australia.

The 1993 British NHS Task Force Report on Day Surgery. D.J. Wilkinson, Day Surgery Centre, St. Bartholomew's Hospital, London, UK.

Changing Tariff Structures: Moving from Fee-for Service to Fixed Fees - the South African Experience. B. Kenyon. Day Clinic Ass., Hillbrow, South Africa.

The Cost of Day Surgery. P.E.M. Jarrett. Department of Surgery, Kingston NHS Trust, Kingston upon Thames, Surrey, UK.

Discussion

INTERNATIONAL ASSOCIATION FOR AMBULATORY SURGERY (I.A.A.S) Founding Meeting

FRIDAY, MARCH 17

SESSION V: ADVANCES IN AMBULATORY SURGERY

Chairmen: B. Devlin (UK) & P. Go (NL)

Advances in Day Surgery - the Role and Limitation of Minimally Invasive Techniques. C.J. Cahill. Department of Day Surgery, Kingston Hospital, Kingston on Thames, UK.

Trabucco's Surgical Procedure for Inguinal and Femoral Hernia. G.P. Campanelli, R. Cavagnoli, P. Pietri. Dept. of General and Thoracic Surgery, University of Milan, Hospital Policlinic of Milan, Italy.

Proctologic surgery on Ambulatory Care. H. Johanet, Ph. Marichez. St. Marie Clinic, Pontoise, France.

Hernia Surgery in a Swedish Population 1992 - 1993. Rapid Changes in Day Surgery Rate and Methods of Repair - Improvements in Outcome Necessary. E. Nilsson, Department of Surgery, Motala Hospital, Motala, Sweden.

Outpatient Laparoscopic Cholecystectomy. J.C. Raeder (1), O. Mjaaland (2), T. Buanaes (2), B. Groegard (2), V. Aasboe (1). (1) Dept. of Anaesthesia, (2) Dept. of Surgery, Ullevål University Hospital, Oslo, Norway. AUD DIINIQUA MO12232

Ambulatory Microsurgical Lumbar Discectomy. O. Andreen. Department of Orthopaedics, Section for Spinal Surgery, University Hospital of Northern Sweden, Umeå, Sweden.

Feasibility and Safety Outpatient Surgery for Lower Limbs Varicose Veins - Interuniversity Experience about 2,568 Cases.

U. Baccaglini (1), P. Sorrentino (1), G. Spreafico (1), C. Castoro (1), E. Baggio (2), O. Maleti (3), G. Biasi (4), E. Ancona (1). (1) 2nd Dept. of General Surgery, University of Padova, (2) Dept. of Surgery, University of Verona, (3) Dept. of Surgery, University of Modena, (4) Dept. of General and Cardiovascular Surgery, University of Milan, Italy.

SESSION VI: POSTER SESSION

10.30-11.30

Poster Exhibition and Coffee Break

POSTER DISCUSSION

General Issues

Chairmen: M. Grasveld (NL) & B. Kenyon (ZA)

Surgery & Surgical Specialties

Chairmen: G. Hellers (S) & M. Cl. Marti (CH)

Anaesthesia & Clinical Issues

Chairmen: J. C. Raeder (N) & P. Vercruysse (B)

Lunch Break

SESSION VII: AUDITING QUALITY AND QUALITY ASSURANCE

Chairmen: T. Ogg (UK) & L. Roberts (Aus)

Quality Control in Ambulatory Surgery: Compromise and Successes in Germany.
J. Reydelet. Kornwestheim, Germany.

How can we improve Quality Control in Outpatient Surgery.
B. Roche, M.-C. Marti. University Hospital of Geneva, Geneva Switzerland.

Quality Assessment in a Day-Surgery Unit.
R.J. Theus (1), P.M.N.Y.H. Go (1), F. van Wijmen (2). (1) Department of Surgery, University Hospital Maastricht, The Netherlands. (2) Department of Health Law, University of Limburg, The Netherlands.

Quality System for Day Care Nursing in Arnhem.
G.W.J. Gerritsen, Dr. L. de Rijk, Ziekenhuis Rijnstate, Arnhem The Netherlands.

A Quality Assurance Initiative in Day Case Surgery: General Considerations.
M. Hitchcock, T.W. Ogg. Day Surgery Unit, Addenbrooke's Trust, Cambridge, England, UK

Reasons for Patient Dissatisfaction in Ambulatory Surgery. D. Tong, F.F. Chung, D.T. Wong, C.J. Cruise, R.A. Narendrakumar.
Department of Anaesthesia, Toronto Hospital, Western Division, University of Toronto, Toronto, Ontario, Canada.

Clinical Indicators for Quality Assurance in Ambulatory Surgery Centres. Universally Acceptable?
L. Roberts. National Day Surgery Committee, Sydney, Australia.

Quality Assurance in Day Case Surgery: Closing the Audit Loop.
B.J. Watson, M. Hitchcock, T.W. Ogg, K.E.A. Dutton. Day Surgery Unit, Addenbrooke's NHS Trust, Cambridge, UK.

Discussion

Coffee Break and Poster Exhibition

SESSION VIII: ROUND TABLE: PROMOTING AMBULATORY SURGERY - GROUNDS FOR CONTENTION?

MODERATORS: Cl. De Lathouwer (B) & D.N.L. Ralphs (UK)

CHALLENGER:

Doubts and Questions

A. Vleugels (B)

DEFENDERS:

Answers and Certainties

P. Baskerville (UK)

J. Brökelmann (D)

P. Go (NL)

M. Grasveld-van Berckel (NL)

P.E.M. Jarrett (UK)

M.C. Marti (CH)

J. Redpath (US)

L. Roberts (AUS)

R. Twersky (US)

T. Wilson (US)

THE DEBATE:

1. Does Ambulatory Surgery induce:

Savings?

Transfer of workload to general practitioners and families

Banalisation and multiplication of surgical procedures, transfer or additional activity?

Increased patient satisfaction?

Reduced unnecessary preoperative tests?

Reduced nosocomial infection?

Risk of hospital closures?

Problems for teaching hospitals?

A major advance to total quality in hospital care?

Nothing new?

2. Should new dedicated ambulatory surgery units be constructed or should existing infrastructure be utilized mixing inpatients with outpatients for AS?

3. Independent centres:

Do they present more risks?

Are they more cost effective?

Do they induce waste, unfair and expensive with existing hospital structures?

Recovery inn reinventing the hospital? =

Concluding Remarks