

24th November 2023
9.00—17.00

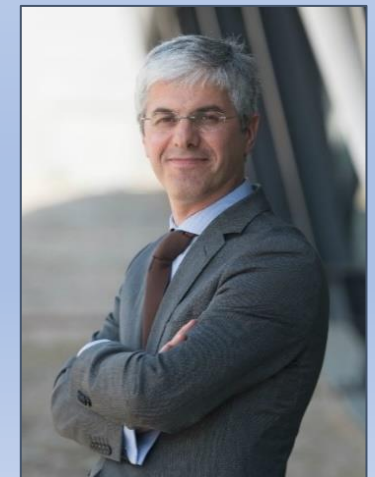
The IAAS Conference:

Streamlining the Ambulatory Surgery Pathway

Vienna House by Wyndham Diplomat Prague Hotel
Prague, Czech Republic



Definitions and Evolution of AS



DISCLOSURE

I HAVE NO DISCLOSURE FOR THIS PRESENTATION

BIG DISCLOSURE

“Ambulatory Surgeon”

- Ambulatory General Surgeon since 2004

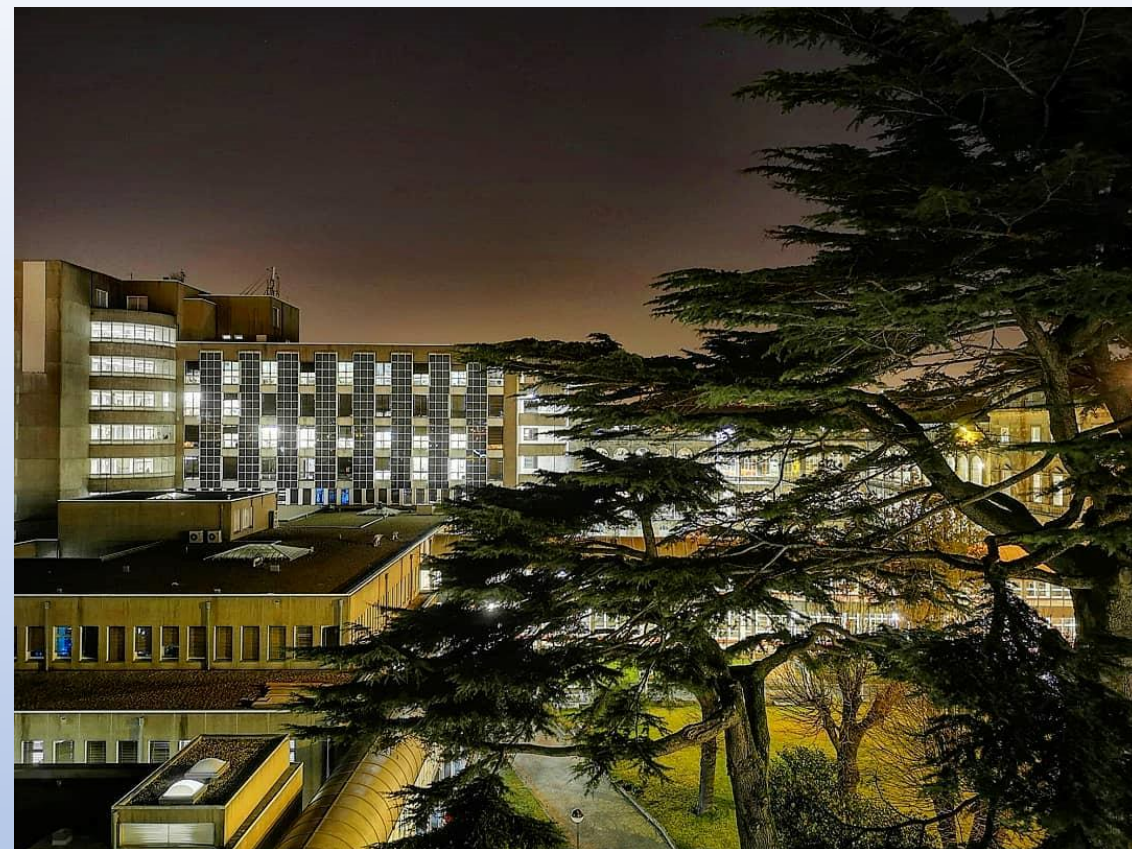
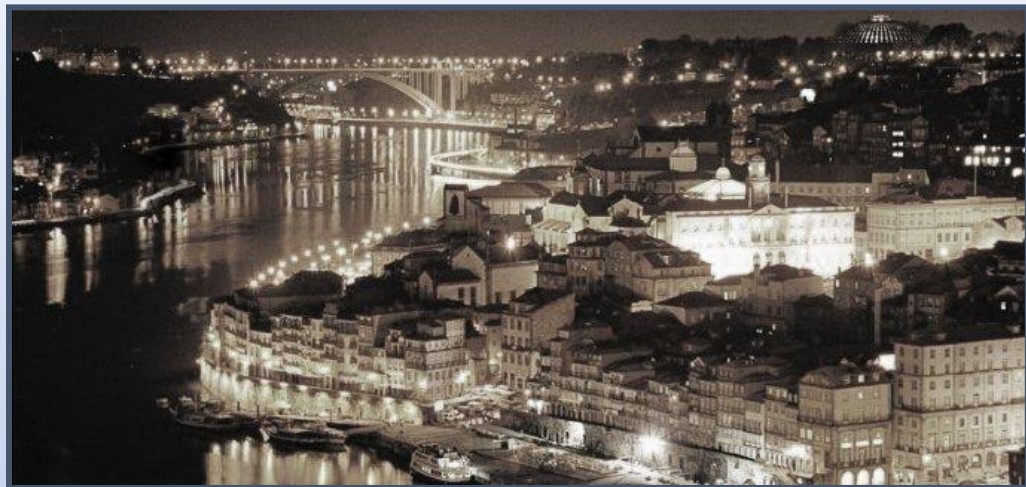
- President APCA - 2010
- Consultant General Surgery - 2014
- Director General Ambulatory Surgery Department - 2017


CICA - Hospital Santo António – CHUniversitário do Porto

- Invited Professor ICBAS – Universidade do Porto - 2008
- International Association Ambulatory Surgery – GA -2010
- President IAAS – 2022 to 2024

- E-mail: presidente@apca.com.pt



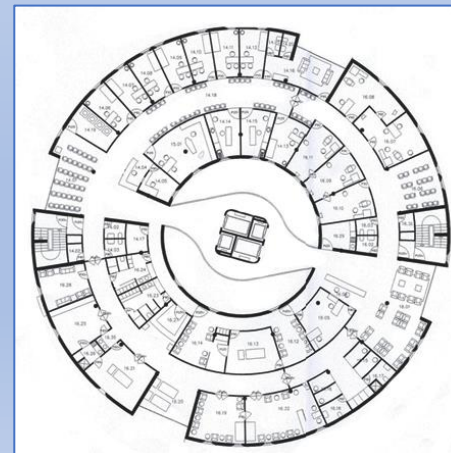


 INSTITUTO DE CIÊNCIAS BIOMÉDICAS ABEL SALAZAR
UNIVERSIDADE DO PORTO

U. PORTO


centro hospitalar
do Porto


Serviço
Cirurgia Geral de Ambulatório





***STREAMLINING
THE AMBULATORY SURGERY PATHWAY***

Ambulatory surgery has experienced tremendous growth during recent years.

- more complex procedures
- more complex patients

Thanks to innovation in surgery, anaesthesia and nursing but above all thanks to interdisciplinary teamwork we can guarantee safe home discharge for everybody all over the world!!!



Definitions and Evolution of AS

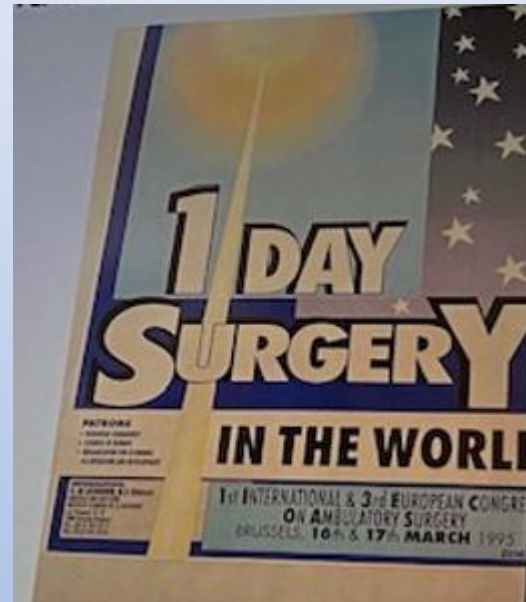


	Day Hospitals Australia
	Ambulatory Surgery Center Association (ASCA)
	Belgian Association of Ambulatory Surgery (BAAS)
	Brazilian Society of Ambulatory Surgery (SOBRACAM) (Sociedade Brasileira de Cirurgia Ambulatorial)
	British Association of Day Surgery (BADS)
	China Ambulatory Surgery Alliance (CASA)
	Croatian Society for Day Surgery
	Danish Association of Day Surgery (DSDK) (Dansk Selskab for Dagkirurgi)
	Dutch Association of Day Care & Short Stay (NVDK) (Nederlandse Vereniging Voor Dagbehandeling En Kortverblijf)

	Finnish Ambulatory Anaesthesiologists Suomen Päiväkirurgiset Anestesiologit (SUOPA)
	Finnish Association for Ambulatory Surgery (Nursing)
	French Association of Ambulatory Surgery (AFCA) (Association Française de Chirurgie Ambulatoire)
	German Association for Ambulatory Surgery (BAO) (Bundesverband für Ambulantes Operieren e.V.)
	Hungarian Association of Ambulatory Surgery (HAAS)
	Indian Association of Day Surgery
	Italian Federation of Ambulatory Surgery (FIDS)
	JSSSA (Japanese Short Stay Surgery Association)
	Norwegian Day Surgery Association (NORDAF) (Norsk Dagkirurgisk Forum)
	Portuguese Association of Ambulatory Surgery (APCA) (Associação Portuguesa de Cirurgia Ambulatória)
	Society of Ambulatory Anaesthesia (SAMBA)
	Spanish Association of Major Ambulatory Surgery (ASECMA) (Asociación Española De Cirugía Mayor Ambulatoria)

<https://www.theiaas.net>

- | | |
|-----------------------------|--------|
| 1 – Brussels – Belgium | - 1995 |
| 2 – London – UK | - 1997 |
| 3 – Venice – Italy | - 1999 |
| 4 – Geneve – Switzerland | - 2001 |
| 5 – Boston – USA | - 2003 |
| 6 – Sevilla – Spain | - 2005 |
| 7 – Amsterdam – Netherlands | - 2007 |
| 8 - Brisbane – Australia | - 2009 |
| 9 - Copenhagen – Danmark | - 2011 |
| 10 - Budapest – Hungary | - 2013 |
| 11 - Barcelona – Spain | - 2015 |
| 12 - Beijing - China | - 2017 |
| 13 - Porto – Portugal | - 2019 |
| 14 – Bruges – Belgium | - 2022 |
| 15 – Oslo – Norway | - 2024 |
| 16 – Drubnovik – Croatia | - 2026 |





GA MEMBERS 2022 - 2024

YOUR TEAM



ExCo 2022-2024

Multiprofessional and Multidisciplinary Association

OUR OBJECTIVES

- To promote the development of high quality ambulatory surgery.
- To stimulate the formation of national associations for ambulatory surgery.
- To promote education and training in ambulatory surgery for surgeons, anaesthetists and nurses.
- To encourage multi-disciplinary working in ambulatory surgery.
- To stimulate research in ambulatory surgery.
- To form a database of ambulatory surgery and anaesthesia.
- To promote the international exchange of knowledge and experience in ambulatory surgery.
- To organise seminars and conferences on ambulatory surgery.
- To develop internationally agreed guidelines for the practice of ambulatory surgery.
- To publish the peer reviewed international journal, Ambulatory Surgery.
- To collaborate with International healthcare bodies.

The mission of the IAAS is to promote the worldwide development and growth of high quality ambulatory surgery (day surgery). Day surgery has proven itself to be a high-quality, safe and cost-effective approach to surgical health care. In this light, IAAS members work together to carry out this mission free of partisan spirit and prejudice and are committed to the values of solidarity and equity of access to healthcare.

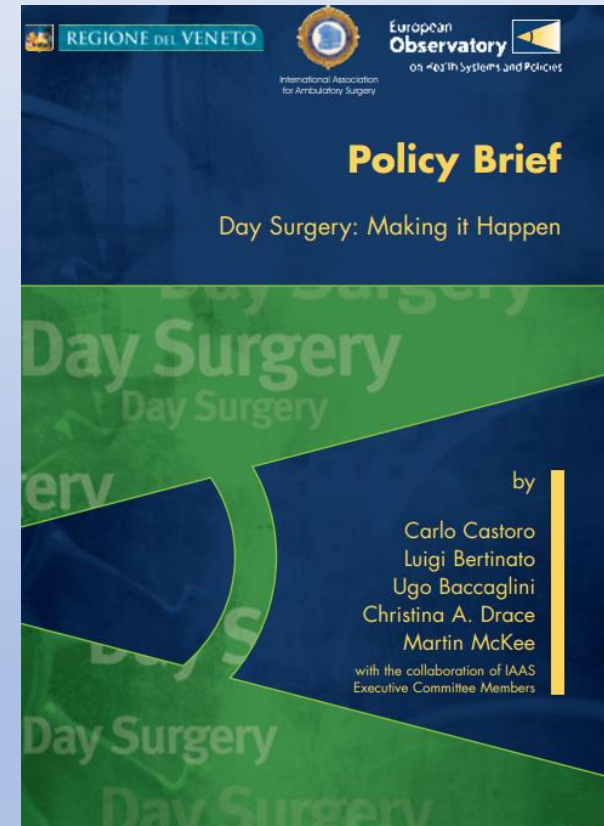
IAAS believes that:

- All individuals must have access to safe and quality health care services;
- Reduction of hospital costs and development of ambulatory surgery free-up resources enabling better overall health coverage and a reduction of health inequalities within the same country and between countries;
- Benchmarking both in terms of volume and clinical outcomes is an effective way to promote further development of quality and safety;
- Dissemination of information and exchange of good practices are a key factor to creating synergy and reducing disparities;
- IAAS initiatives are guided by the spirit of collaboration between member associations and of solidarity with the less wealthy situations and therefore the IAAS is committed to implementing the various tasks on a volunteer basis.

10 KEY RECOMMENDATIONS IN MAKING DAY SURGERY HAPPEN

1. Consider day surgery, rather than inpatient surgery, the norm for all elective procedures
2. Separate flows of day-surgery patients from inpatients
3. Design day-surgery facilities according to local needs, structurally separate from inpatient facilities whenever possible
4. Provide day-surgery units with independent management structures and dedicated nursing staff
5. Take advantage of motivated surgeons and anaesthetists to lead the change
6. Achieve economies by ensuring that expansion of day-surgery facilities is accompanied by reductions in inpatient capacity
7. Invest in educational programmes for hospital and community staff
8. Remove regulatory and economic barriers
9. Align incentives
10. Monitor and provide feedback on results (including patients' views)

Definitions and Evolution of AS



The Future of IAAS

- Multiprofessional and Multidisciplinarity
- More Scientific Activity
- More Initiatives and events
- Social Media Network
- International Registry on AS
- Working through National Associations
- Direct connection with “Ambulatorylogists”

**ALL PATIENTS ALL OVER THE WORLD
DESERVE TO RECEIVE THE BEST STANDARD
MEDICAL AND SURGICAL TREATMENT**

What is Ambulatory Surgery?

Ambulatory surgery, also known as outpatient or same-day surgery, refers to surgical procedures that do not require an overnight stay in the hospital. These surgeries are typically performed in an ambulatory surgery center or a hospital outpatient department.

Compared to traditional hospital surgery, ambulatory surgery offers several advantages, including lower costs, faster recovery times, and reduced risk of infection. Additionally, patients who undergo ambulatory surgery report higher levels of satisfaction with their overall experience.

Advantages of Ambulatory Surgery

Ambulatory surgery offers several key advantages over traditional hospital surgery. One of the biggest benefits is reduced costs. Since patients are able to go home the same day as their procedure, there are fewer expenses associated with hospital stays and overnight care. This can result in significant savings for both patients and healthcare providers.

Another advantage of ambulatory surgery is shorter recovery times. Patients are typically able to return to their normal activities much more quickly than they would after traditional surgery. This means less time off work or away from other responsibilities, which can be a major benefit for many people.

Global Trends in Ambulatory Surgery

Ambulatory surgery, also known as outpatient surgery, has become increasingly popular in recent years due to its many benefits. In fact, it is estimated that over 70% of all surgeries in the United States are now performed on an outpatient basis.

While the United States leads the way in terms of the number of ambulatory surgeries performed, other countries such as Canada, Australia, and the United Kingdom are also seeing a rise in this type of surgery. The most common procedures performed on an outpatient basis include cataract surgery, hernia repair, and tonsillectomy.

Challenges and Risks of Ambulatory Surgery

One of the main challenges associated with ambulatory surgery is patient selection. Not all patients are suitable candidates for this type of surgery, and it is important to carefully evaluate each patient's medical history and overall health before proceeding.

Complications can also arise during or after ambulatory surgery, such as bleeding, infection, or adverse reactions to anesthesia. While these risks are relatively low, they should still be taken into consideration when deciding whether to undergo ambulatory surgery.

Another concern is safety, particularly in outpatient surgical centers that may not have the same level of resources and staffing as a hospital. It is important to ensure that all necessary precautions are taken to prevent accidents and emergencies from occurring.

Despite these challenges and risks, ambulatory surgery remains a safe and effective option for many patients. By carefully evaluating each patient and taking appropriate precautions, healthcare providers can help ensure successful outcomes and high levels of patient satisfaction.

Conclusion

In conclusion, ambulatory surgery offers numerous advantages over traditional hospital surgery, including reduced costs, shorter recovery times, and increased patient satisfaction. Global trends show that more and more countries are adopting this approach, with a focus on performing common procedures in outpatient settings.

However, it is important to acknowledge the challenges and risks associated with ambulatory surgery, such as patient selection, complications, and safety concerns. Despite these challenges, the future of ambulatory surgery looks bright, with continued advancements in technology and an increasing demand for more efficient and cost-effective healthcare solutions.

The Future of Ambulatory Surgery

What Does Ambulatory Mean?

The word ambulatory is an adjective that means "related to walking," or ambulation. It is used in several different ways in medical care situations. It can refer to a type of patient and care setting, what a patient is able to do (namely, walk), or for equipment and procedures that can be used while walking or by outpatients.

Health at a Glance 2021

OECD Indicators



Health at a Glance provides a comprehensive set of indicators on population health and health system performance across OECD members and key emerging economies. These cover health status, risk factors for health, access to and quality of health care, and health resources. Analysis d...

[More](#)

English | Also available in: [French](#)

<https://doi.org/10.1787/ae3016b9-en>

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< Chapter >

Ambulatory surgery

In the past few decades, the number of surgical procedures carried out on a same-day basis has markedly increased in OECD countries. Advances in medical technologies – in particular the diffusion of less invasive surgical interventions – and better anaesthetics have made this development possible. These innovations have improved patient safety and health outcomes. Further, by shortening the treatment episode, ambulatory surgery can save important resources without any adverse effects on quality of care. It also frees up capacity within hospitals to focus on more complex cases or to reduce waiting lists. However, the impact of the rise in same-day surgery on overall health spending may not be straightforward, since the reduction in unit costs (compared to inpatient surgery) may be offset by overall growth in the volume of procedures performed. Any additional costs related to post-acute care and community health services following the interventions also need to be considered.

AS joins the basis of the modern surgery:

- Team Work
- Organization
- Quality
- Security
- Mini invasion
- Fast Recovery

- Changing relation Patient / Nurse / Anesthetist / Surgeon / Family Doctor

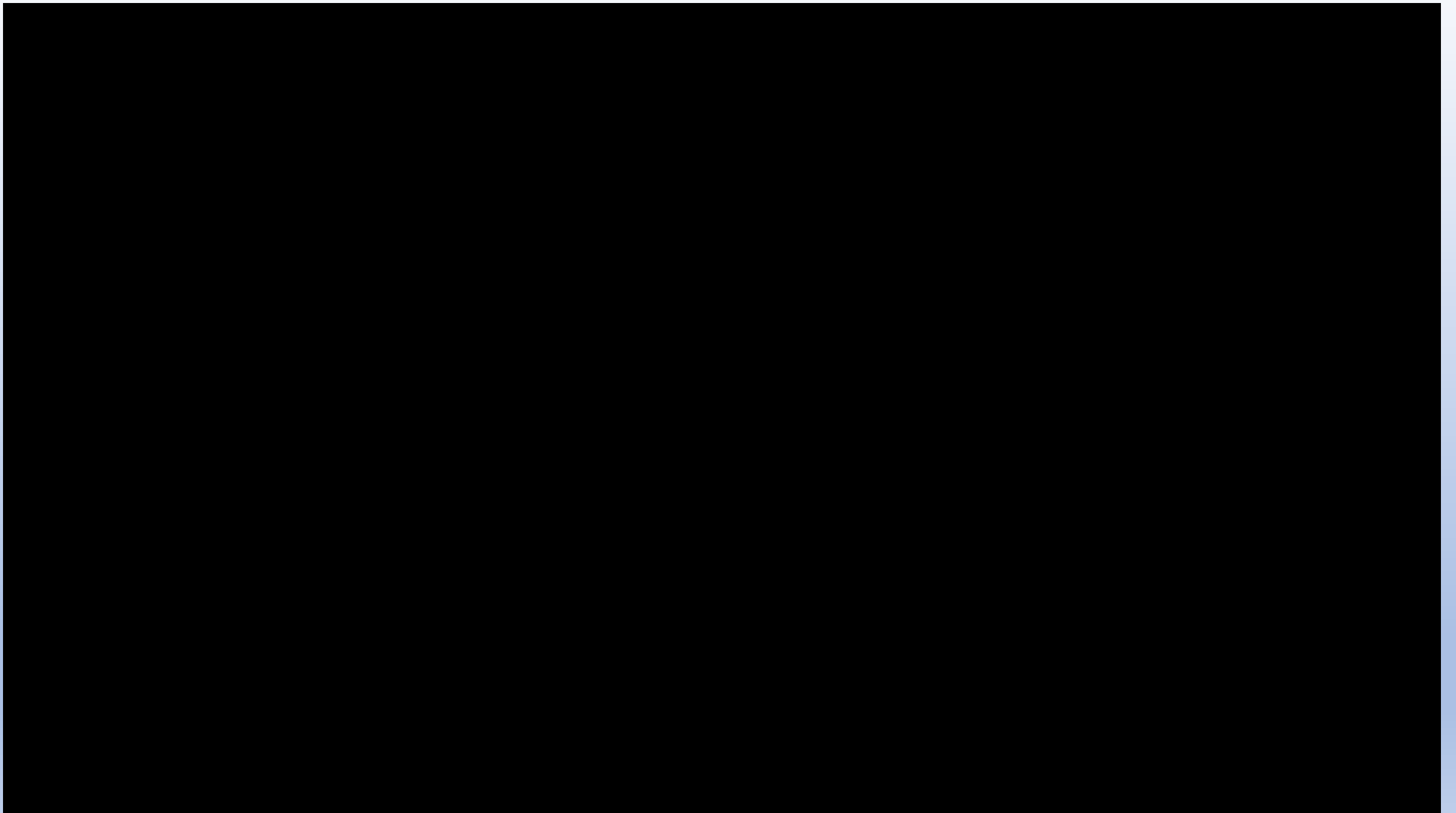
MAIN ROLE OF THE SURGEON IN AS

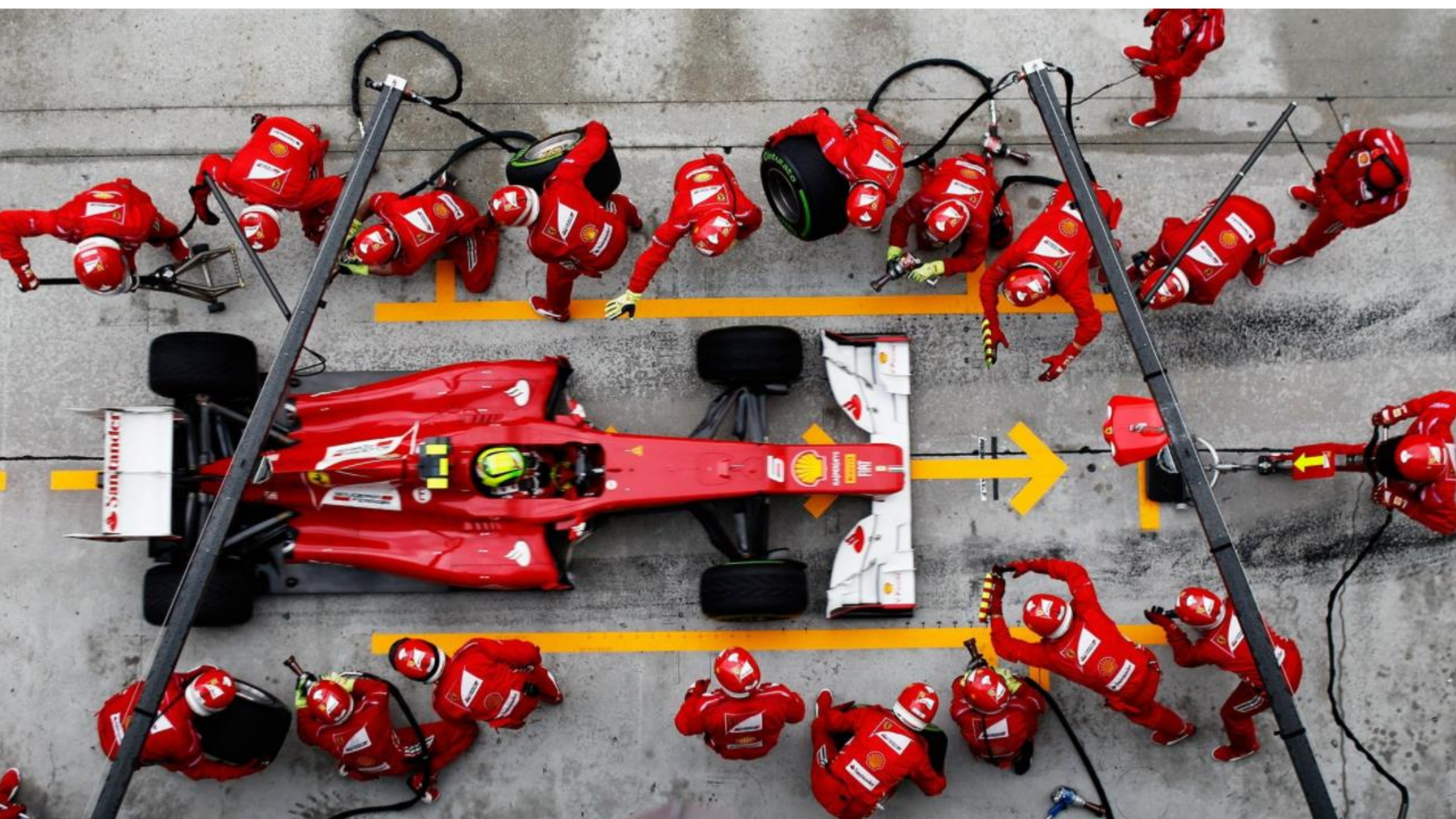
- Evaluation of the patient
 - Clinical Evaluation
 - Exams auxiliares de diagnóstico / pre op exames if needed
 - Criteria Inclusion for AS
- Waiting List (in Patient or OUT-PATIENT)
- Surgical technique approach



MAIN QUESTION

- What is the advantage for the patient for staying in Hospital ??





**Patients, Doctors, other Health Staff and
Payers**

...

Expect SAFETY AND QUALITY...

ABOVE ALL



Definition of Ambulatory Surgery:

- Day Surgery / Outpatient surgery / Ambulatory Surgery – same working day
- Overnight staying / 23h staying
- Extended Recovery

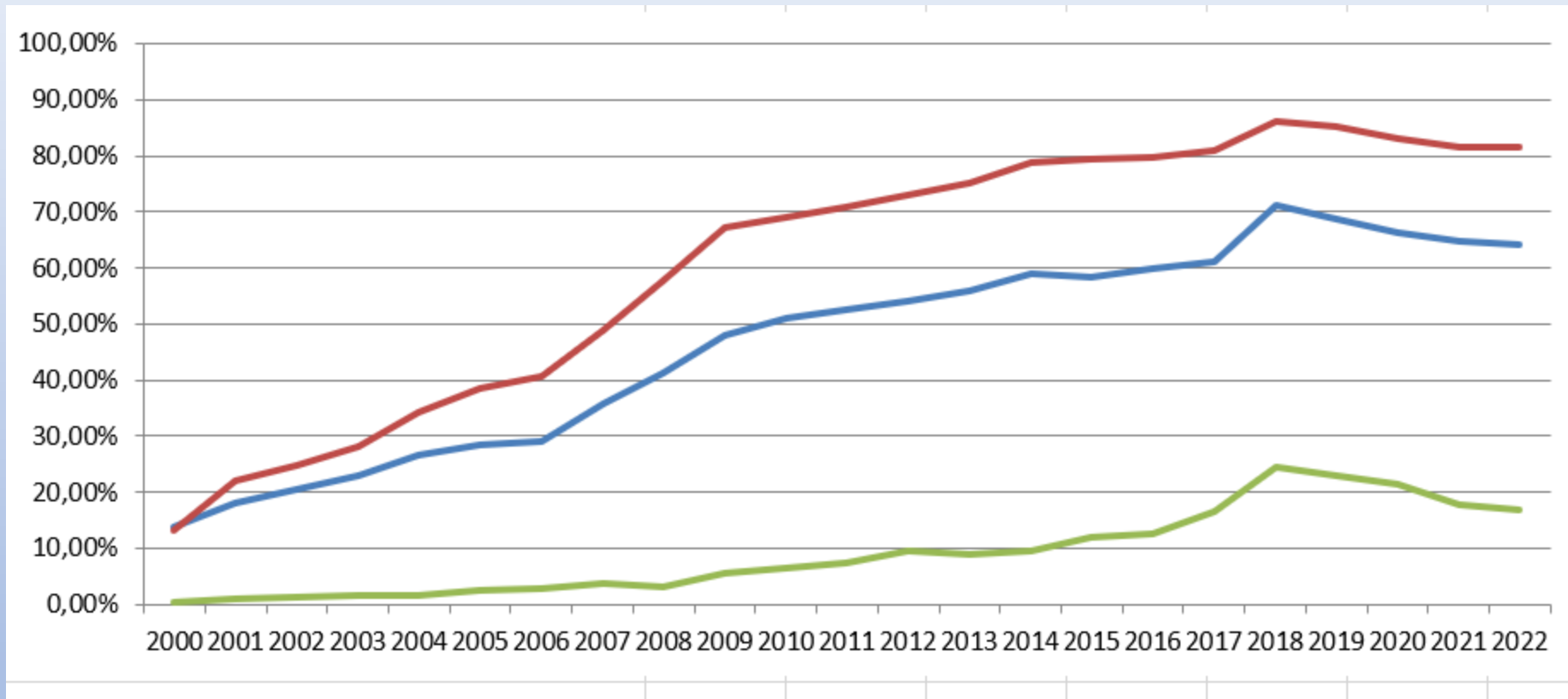


INCREASING NUMBER COUNTRY MEMBERS

- EUROPE
- LATIN AMERICA
- ASIA / PACIFIC
- ÁFRICA
- ARABIC COUNTRIES



Definitions and Evolution of AS



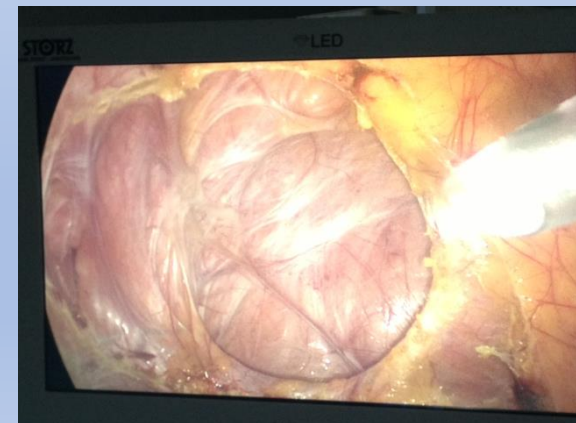
Ambulatory Surgery in Numbers:

- USA – 70%
- UK – 80-85%
- Spain – 47%
- Portugal – 71 %
- Netherlands – 60%
- Italy – 45 %
- Croatia – 49%
- Norway – 63%
- Brazil - 25%
- Germany – 39%
- Japan – 50%
- India – 55%
- China - 76 Millions / 2.6 M as AS

**In summary:
Doing a lot more than IN PATIENT**

WICH PATIENTS INCLUDE IN AS ?? - **ALMOST ALL**

- Enlargement of the type of pathologies
- Extension of surgical specialties
- Extension of inclusion criteria in CA - revision of criteria





2 hours after Bilateral Laparoscopic Hernioplasty – 18h – Discharge at 20.30h

Evolution of knee arthroplasty

1980-90s



PCA

1990s



Epidural

2000s



FNB/SNB

2010s



Low dose SA
LIA

2020s



Targeted SA
FTB/NVM
iPACK

2020s plus



?Add
Geniculars
NV

erby Regional Anaesthesia

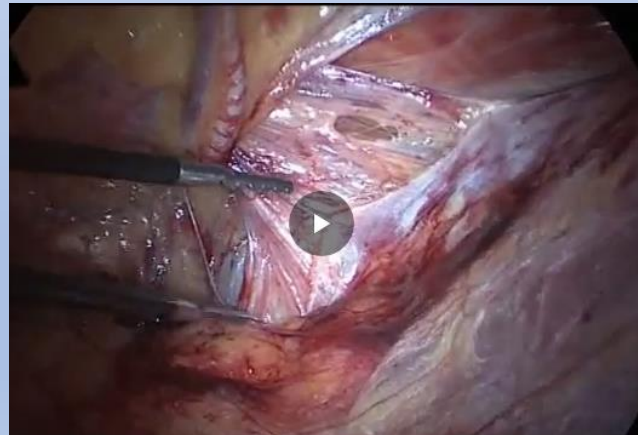
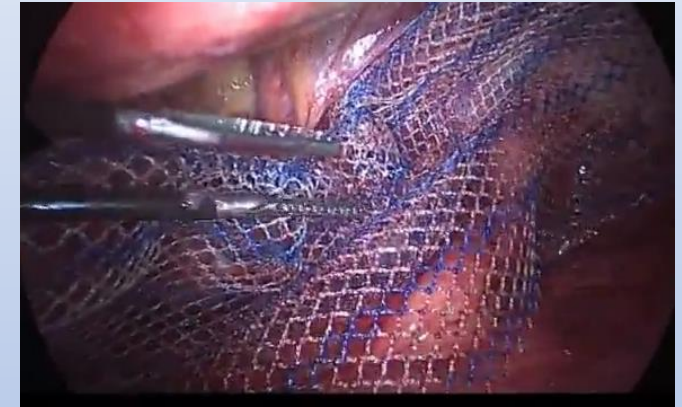
Dr Robbie Erskine

CIATI



New Surgical Techniques :
Mini-invasion
Laparoscopy
Video-assisted
Endoscopy
Percutaneous

ROBOTICS

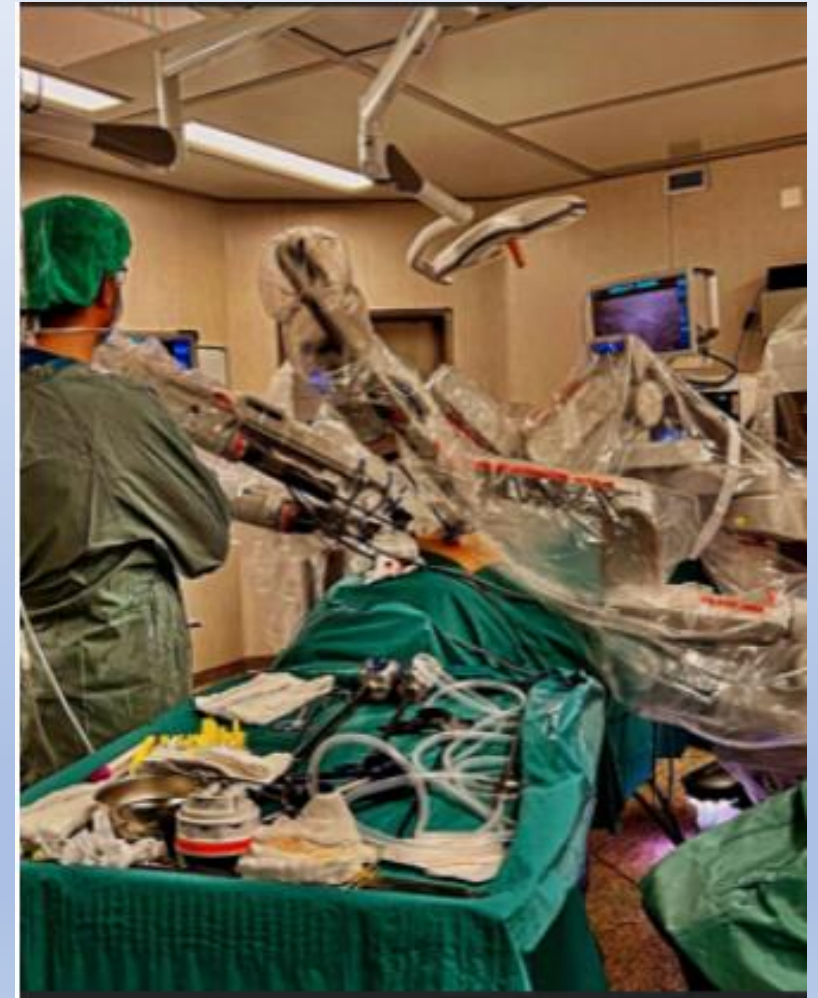


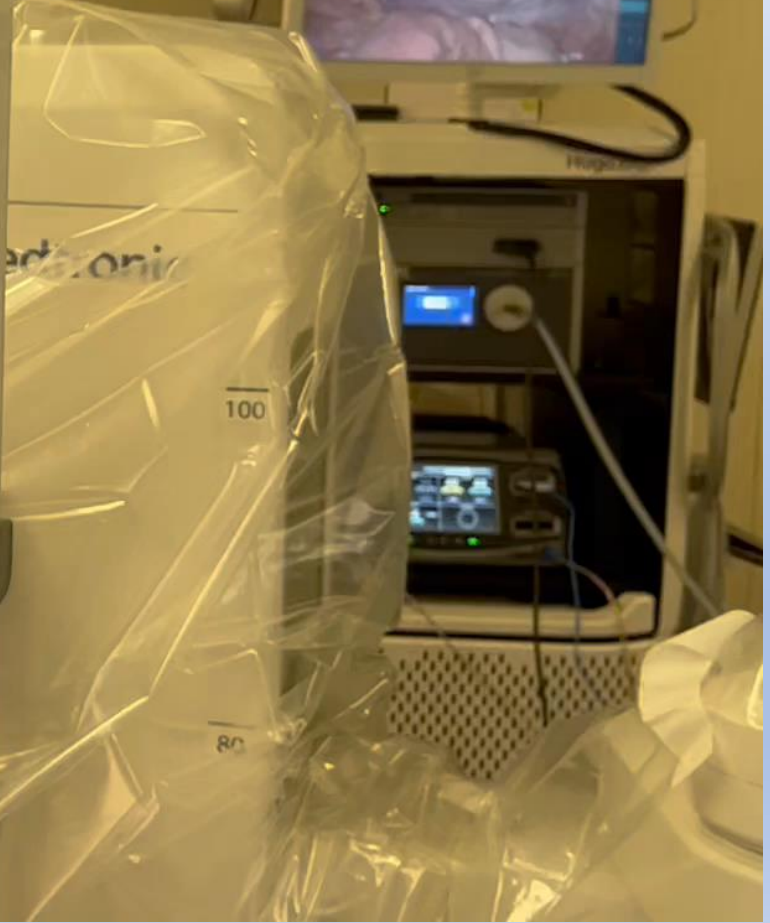
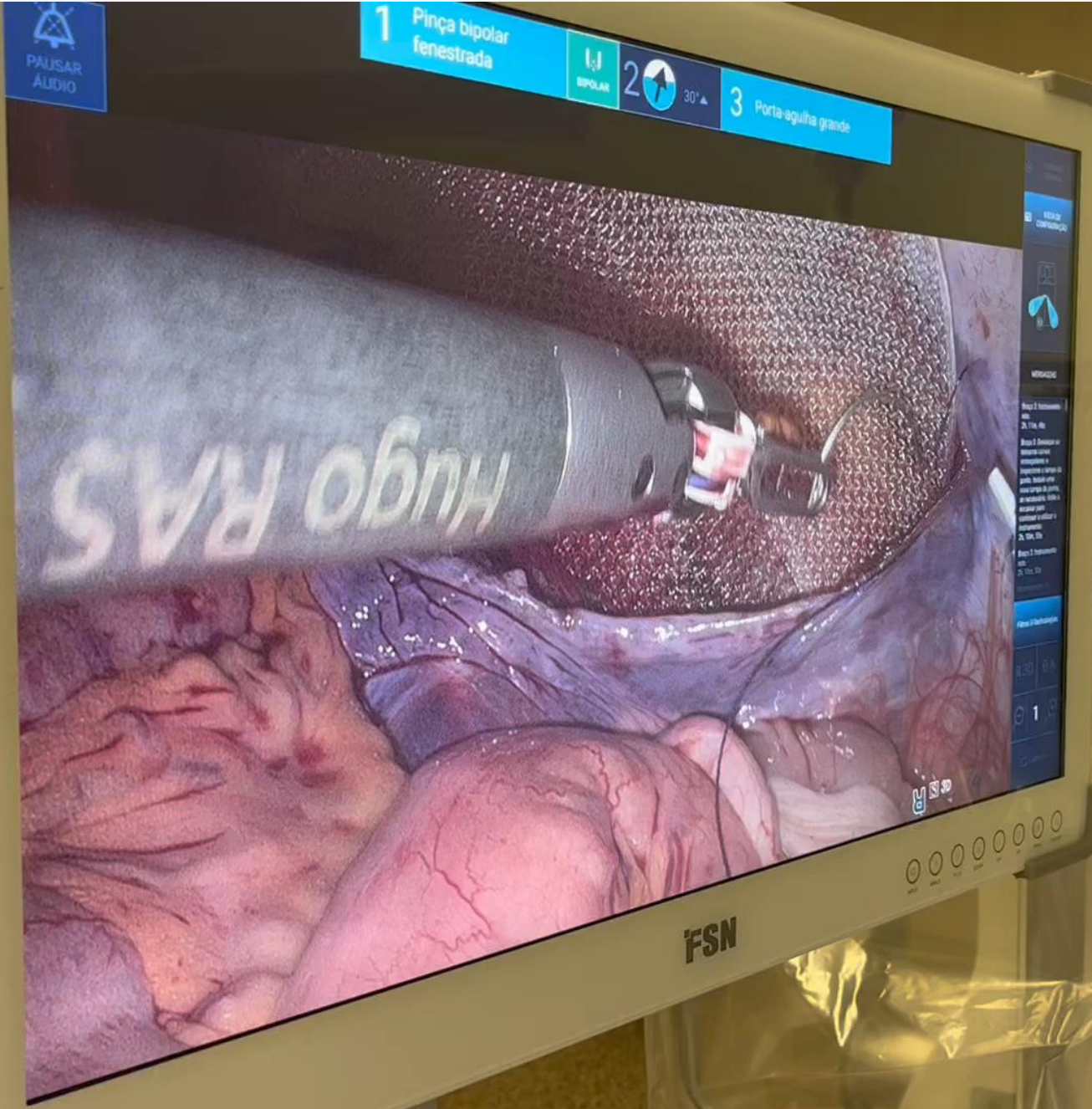
- VIRTUAL REALITY
- INTERCONNECTIVITY
- TELEHEALTH
- REMOT CONTROL
- AUGMENTED REALITY
- ROBOTIC SURGERY
- REAL-TIME DIAGNOSIS
- ARTIFICIAL INTELLIGENCE
- WIRELESS / WEARABLES
- DATA SHARING AND INFORMATION
- IMAGE NANOTECHNOLOGY





Definitions and Evolution of AS





MAIN DIFFICULTIES DEVELOPMENT AS

- **Structural Resources**
- **Human Resources**
- **Technical Resources**
- **Disinformation**
- **Reference**
- **Shortage of records**
- **Uniformity of records**

- **Lack of Incentives (unattractive)**
- **Patients outside the ASCircuit**

- **Political Decisions and Guidelines**

Policies that develop AS in Hospitals and ASC's

- **Political Incentives as a Priority**
- **Financial Incentives**
- **AS should be better payed than the same procedure performed as inpatient**

- **BEST PAYMENT**
- **Structural Resources**
- **Human Resources - dedicated teams in exclusive ASCs**

- **Better connection with Primary Care Health Centers**

AS will be an important factor for financial sustainability of the different NHS

PARADIGM:

- **Better for the patient**
- **Better for the Doctor/HP and Hospital Unit**
- **Better for the NHS**



PRESENT AND FUTURE

HOW TO IMPROVE AS NUMBERS WITH THE SAME LEVELS OF QUALITY AND SAFETY ???

- Team Work
- Better Planning and Organization
- Human Resources and Structural Resources

The Success of AS depends on the selection of the patients and surgical and anesthetic procedures, associated to TEAM WORK...



COURSE Teach the Teachers

IAAS - AS in Africa

- Cabo Verde – Fevereiro de 2018
- Mozambique – Outubro / Novembro de 2018



19/02 Tarde
Hospital Batista Sousa

20/02

9:00 Abertura oficial do curso

9:15 Definição de CA e evolução da CA a nível mundial
Carlos Magalhães

Avaliação e preparação do paciente para CA
Vicente Vieira

Vantagens da CA para adultos e crianças / Critérios para Inclusão
Vicente Vieira

Competências do Enfermeiro na Unidade de Cirurgia Ambulatória
Célia Castanheira

Questões e discussão

10:30 *Intervalo*

11:00 **Indicadores de qualidade em CA**
Comissão Direção Nacional de SA

Avaliação e procedimentos cirúrgicos para CA
Carlos Magalhães

Estratégias para a abordagem anestésica do doente para CA
Vicente Vieira

Aspectos gerais da organização de uma UCA
Paula Sarmento

O Papel do Enfermeiro no pré-operatório na CA
Célia Castanheira

Almoço

14:00 **Circuito de Paciente em CA / - Elaboração das diferentes fases do pós-operatório em CA**
Vicente Vieira / Carlos Magalhães

Como planear o pós-operatório no domicílio
Paula Sarmento

Quais as Informações a transmitir ao paciente e seu cuidador
Célia Castanheira

15:30 *Fim do 1º dia*

21/02

09:00 **Procedimento cirúrgico - Hernioplastia Inguinal**
Aspectos práticos de abordagem de um paciente em regime de Cirurgia de Ambulatório

11:00 **Qualidade e segurança centralizada no paciente**
Carlos Magalhães

Critérios de Alta em CA
Vicente Vieira

O Papel do Enfermeiro no pós-operatório na CA
Célia Castanheira

Como avaliar qualidade em CA
Paula Sarmento

11:30 *Intervalo*

12:30 **Discussão geral**

15:30 **Conclusão**
Inquérito geral
Encerramento do curso

Participants

- Surgeons diferent Specialities
- Anesthesists
- Nurses
- Manager

- Total:
 - 82 in auditorium
 - 20 Telemedicine
 - Sal, Boavista and S. Antão



National Health Director
Dra. Maria da Luz



Surgical Intervention – 20/02/2018













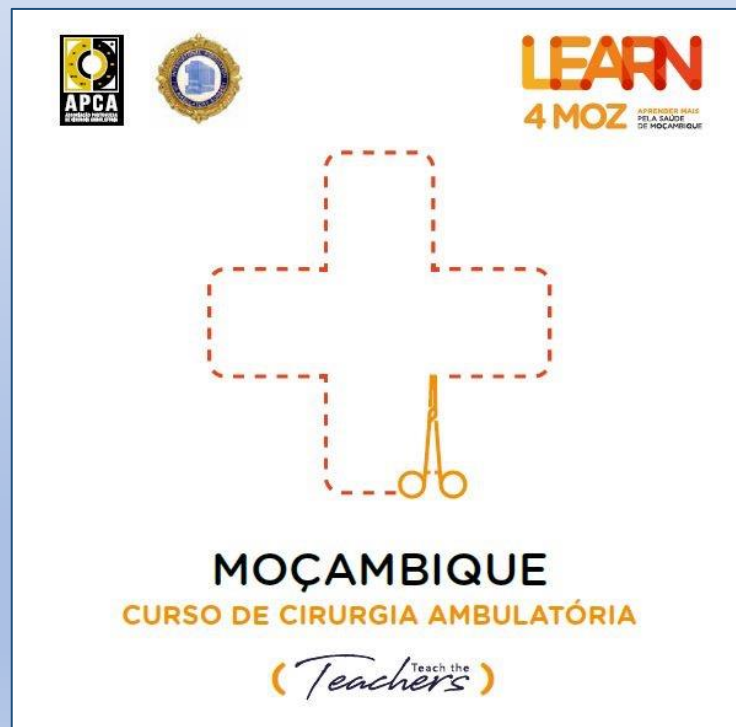


Cabo Verde NO STRESS



OBRIGADO / THANKS ... IAAS

IAAS IN AFRICA



Teach the Teachers

MOZAMBIQUE

2018

12 DAYS COURSE
26/10 to 08/11

3 Regions:

- Nampula
- Beira
- Maputo



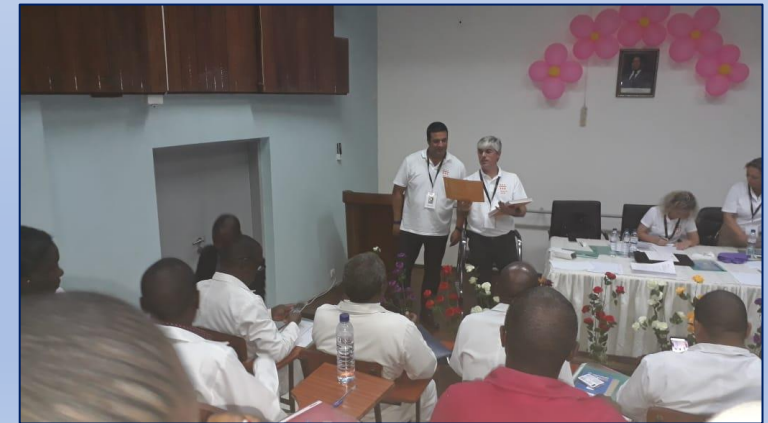
Teachers

- Carlos Magalhães – Surgery - Porto
- Vicente Vieira – Anesthesy - Barga
- Paula Sarmento – Manager – Sta Maria Feira
- Célia Castanheira – Nurse - Porto
- Ana Coelho – Pediatric Surgery - Porto

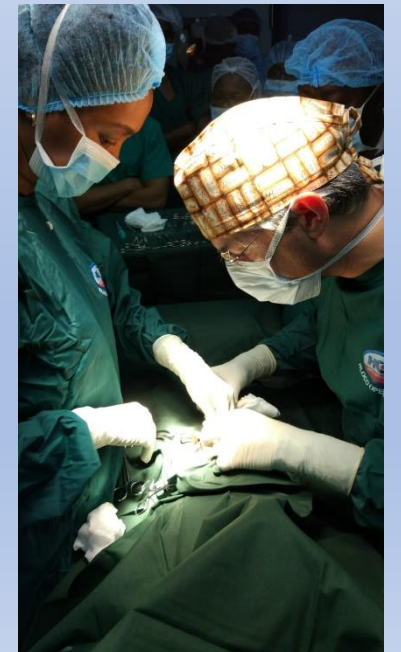
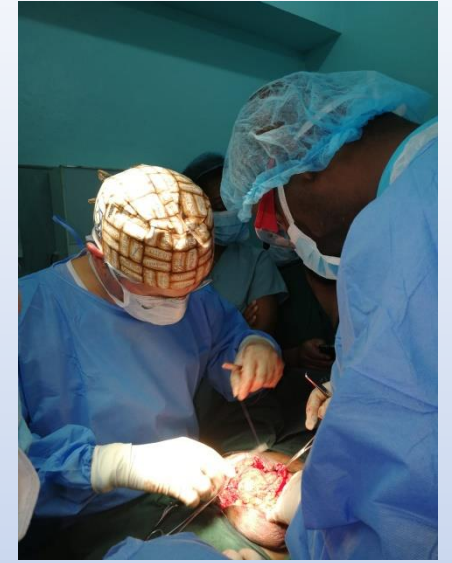


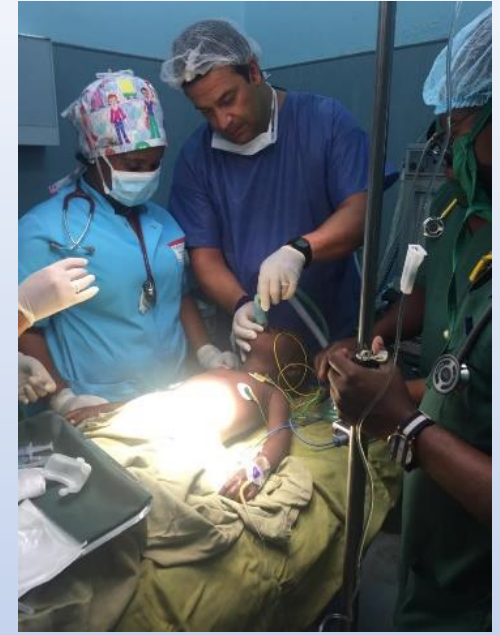
Mozambique
- Nampula – 29/10/2018 - Day 1





- Nampula – 30/10/2018 - Day 2
- Hospital Central de Nampula







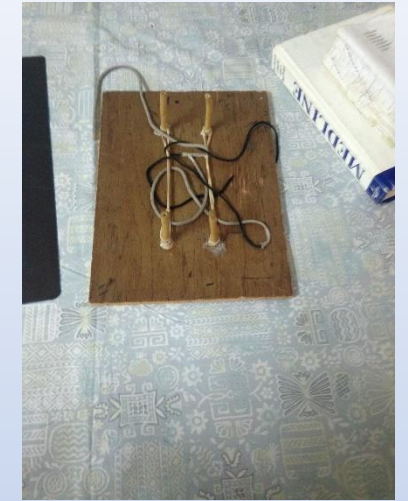


Beira – 31/10/2018



Beira – 1/11/2018 – Day 1





Beira – 02/11/2018 – Day 2
Hospital Central da Beira





UMA unidade de cirurgia ambulatorial será introduzida ainda este ano no Hospital Central da Beira (HCB) com vista a reduzir a espera e os custos de internamento sanitário. Para tal, arrancou ontem na cidade da Beira a formação do pessoal ligado ao bloco operatório desta unidade sanitária, ministrada por cirurgiões, anestestistas e enfermeiros portugueses, acto que deverá terminar hoje.

Trata-se da terceira formação, no âmbito da cooperação entre o Ministério de Saúde, Ordem dos Médicos de Moçambique e a Associação de Médicos e Enfermeiros dedicados especificamente para este programa.

Para tal, arrancou ontem na cidade da Beira a formação do pessoal ligado ao bloco operatório desta unidade sanitária, ministrada por cirurgiões, anestestistas e enfermeiros portugueses, acto que deverá terminar hoje.

Por isso, vamos firmar aqui, na cidade da Beira, cirurgiões, enfermeiros e estudantes pós-graduados para uma cirurgia ambulatorial mais segura. Para já, estes pacientes são encaminhados para outros hospitais em Moçambique, nomeadamente para a cidade de Matigelas, em Moçambique, e para um circuito próprio.

"Todos vamos trabalhar para melhorar o tratamento. Vamos bem acompanhados e para depois de um mês aqui à cidade de avaliação", referiu.

Sexta-feira, 2 de Novembro de 2018

CIDADE DA BEIRA | Notícias

AINDA ESTE ANO HCB vai introduzir cirurgia ambulatória





Leonilda Soares, médica cirurgiã do HCB

Carlos Magalhães, presidente da Associação de Cirurgiões de Portugal

...entem a formação do pessoal do bloco operatório que vai trabalhar na iniciativa

...a unidade de cirurgia ambulatória será introduzida ainda este ano no Hospital Central da Beira (HCB) com vista a reduzir a espera e os custos de internamento sanitário. Para tal, arrancou ontem na cidade da Beira a formação do pessoal ligado ao bloco operatório desta unidade sanitária, ministrada por cirurgiões, anestestistas e enfermeiros portugueses, acto que deverá terminar hoje.

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Detido homem-cataratas

Um "homem-cataratas", identificado por S. Mandingue, de 32 anos de idade, foi ontem apresentado pela Polícia da República de Moçambique (PRM) na Beira.

De acordo com a oficial de imprensa...

...mundo são operados e 90% morrem. Uma vez que tal acontece em Moçambique, os pacientes não são recebidos e operados no circuito próprio.

"Todos vamos trabalhar para melhorar o tratamento. Vamos bem acompanhados e para depois de um mês aqui à cidade de avaliação", referiu.



Maputo – 03/11/2018



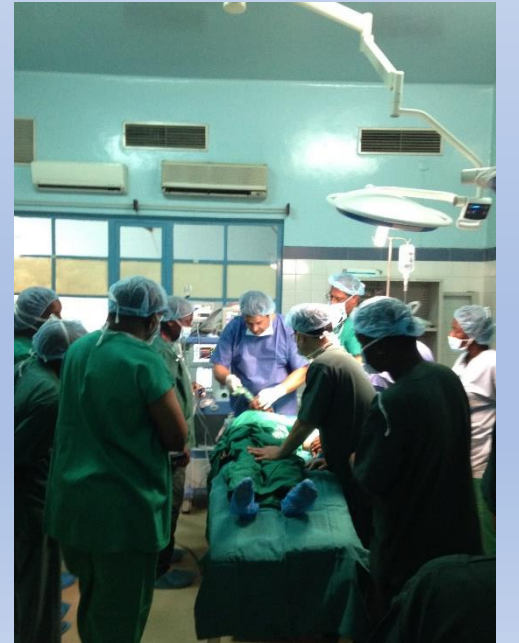
Maputo – 05/11/2018 – Day 1





Maputo – 06/11/2018 – Day 2
Hospital Geral José Macamo





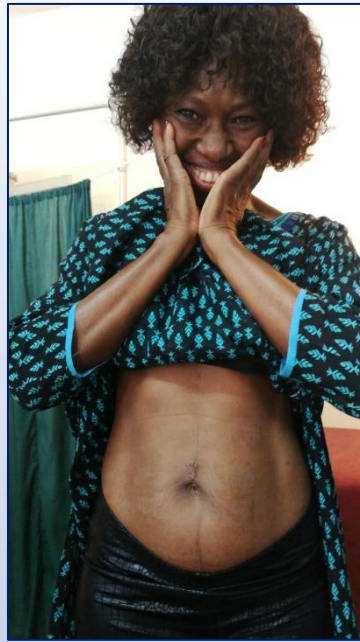
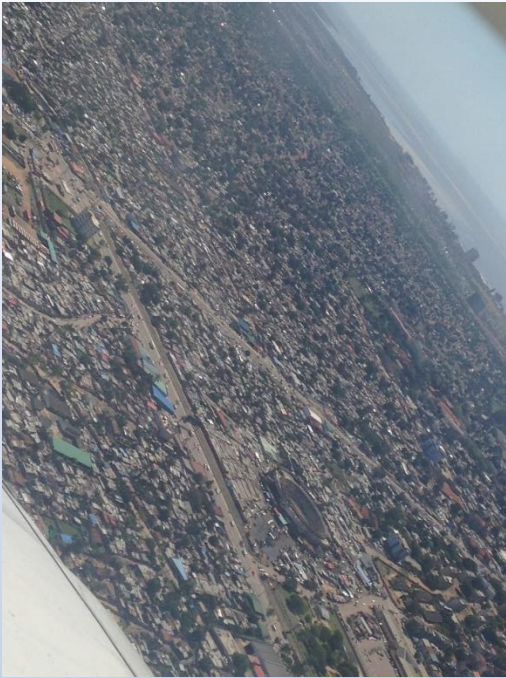




Dia 7 – Hotel Pestana
- Basic Life Course / First Aid / Wounds







Thanks IAAS/APCA and Health 4 Moz

We will come again...

Challenges for IAAS

MAKE IT SIMPLE

THE FUTURE IS TODAY

Ambulatory Surgerie IS ALL ABOUT THE ALL PEOPLE

#I AM FOR AMBULATORY SURGERY



Keep the flame of Ambulatory/Day/ Outpatient Surgery “on fire”



Děkuji

SEE YOU ALL IAAS FAMILY IN OSLO – NORWAY 2024

President@theiaas.net