Streamlining the Ambulatory Surgery Pathway How to Manage Complications

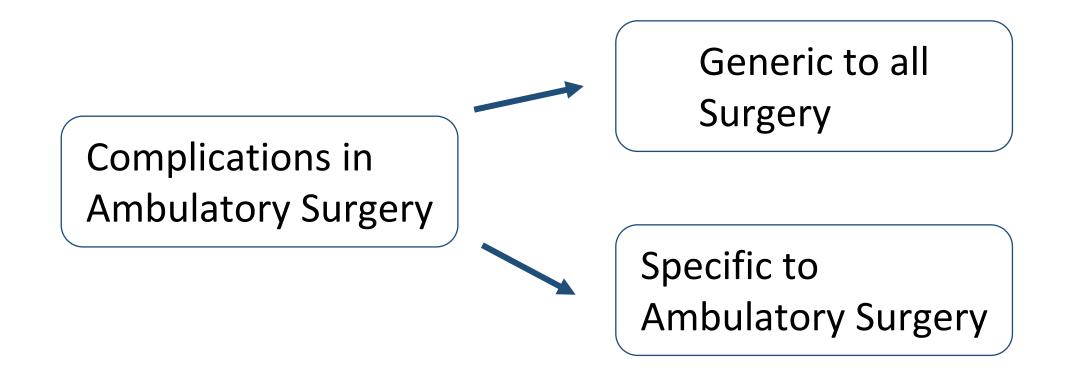
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Douglas McWhinnie Immediate Past President IAAS



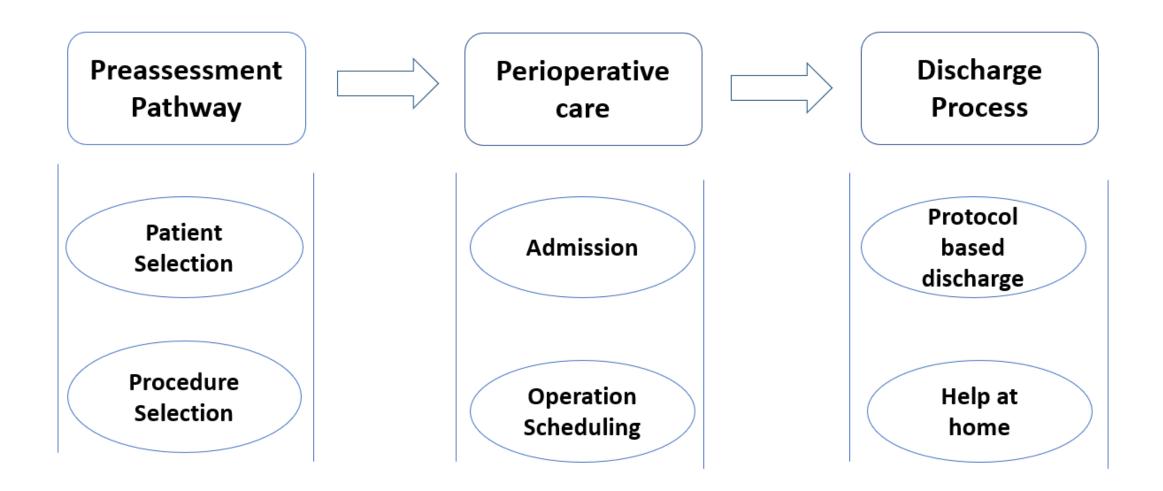






# Ambulatory Surgery is a Pathway, not a Procedure

## **Patient Pathway**



#### Pathway failure

#### **Unplanned Overnight Admissions**

Negative impact on patient experience.

Increase pressure on inpatient beds

Increase costs for the Hospital







## Unplanned overnight admissions

**Overall Rates** Influenced by case-mix Wide spectrum of procedures Target < 3% Minor procedures Target < 1%Influenced by Default to Day Surgery

NHS Improvement. The Model Hospital (https://improvement.nhs.uk/ resources/model-hospital)

#### Procedure Specific Rates

Expected Day Case Rate	Unplanned Admission Rate
> 75%	< 2%
50-75%	< 5%
< 50%	< 10%

Quality Improvement Compendium (4 ed) Royal College of Anaesthetists 2020; B5 : 204-6

## Unplanned overnight admissions

Often Multiple Causes	Identify Areas for Improvement
Pain	
PONV	List Planning
Urinary retention	
Bleeding	High-Risk
Late return from theatre	Patients
Surgical drains	
Social	Admission
Clinical observation	Avoidance

#### **Protocol-Based Discharge**



Verma R, Alladi R, Jackson I et al. Day case and short stay surgery. Anaesthesia 2011;**66**:417-34.

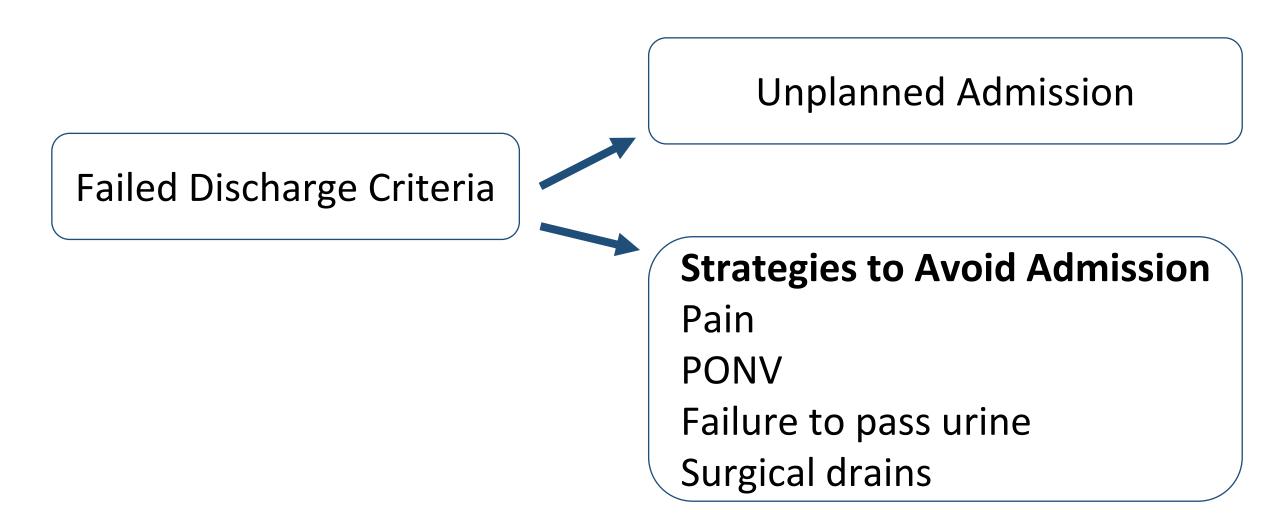


Great Britain and Ireland

Criteria for discharge include:

Vital signs stable Orientated Pain controlled **Minimal PONV** Minimal wound bleeding Oral analgesics supplied Understands medication Cannula removed Ability to dress and walk Written & oral instructions Passed urine

#### **Protocol-Based Discharge**



# Post Operative Pain Management

Preoperative

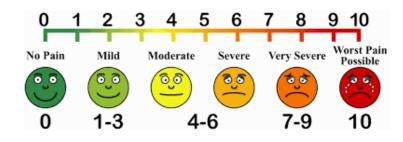
Plan pain management

Type of surgery Pain threshold Age Expectations Peroperative

**Multimodal Analgesia** 

LA wound infiltration

Nerve blocks





Pain scores

Pain management protocols



### Post Operative Nausea and Vomiting

Preoperative

Peroperative

Identify high-risk patients

Give prophylactic anti-emetics

Postoperative

Multimodal Management

Good oxygenation and normal BP Good pain control IV fluids if dehydrated. Anti-emetic early **PONV** Rescue

Rescue protocol

Different class of anti-emetic

Discharge home to recover

# Failure to pass urine

No need to pass urine before discharge unless high risk patient

If high risk patient fails to urinate then post operative urinary retention protocol required

## High Risk

<u>Men >50</u>

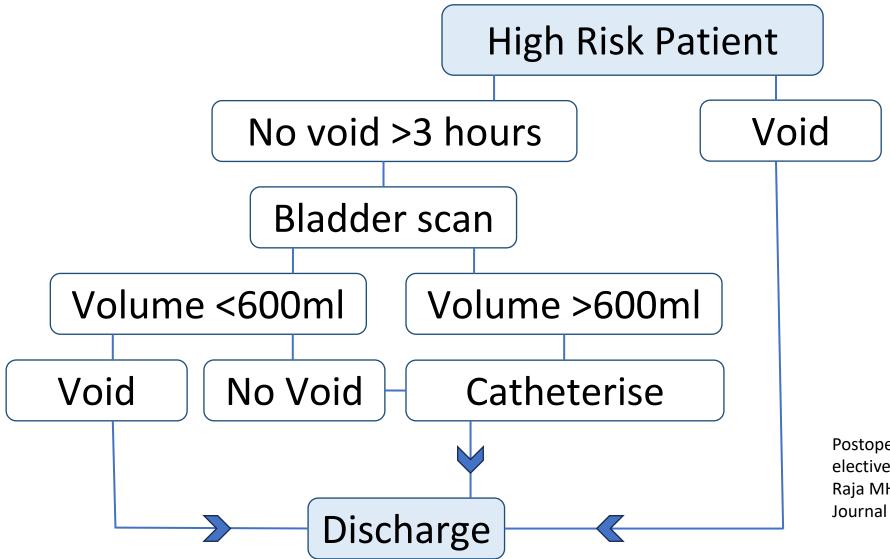
Inguinal hernia repair

Ano-rectal surgery

Prostatic procedures



#### Post operative urinary retention protocol



Postoperative Urinary retention in elective day case surgical patients. Raja MH, Dunphy L, McWhinnie D, Journal One-Day Surgery. 2017:27,4.

# **Surgical Drains**

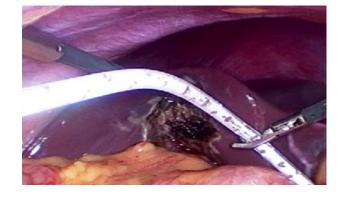
Uncommon in Ambulatory Surgery

Lap Cholecystectomy for possible bleeding or bile leak

Remove before discharge if no drainage

Routine use indicates surgical incompetence

Gurusamy K et al. Routine abdominal drainage versus no abdominal drainage for uncomplicated laparoscopic cholecystectomy. Cochrane Database 2013, DOI: 10.1002/14651858.CD006004.pub4





#### Pathway Failure Readmission to Ambulatory unit

Without return to operating theatre

Target 1% to 2%

< 24 hours or < 30 days

Common Causes

**Postoperative Pain** 

Wound-Related Complications





#### Pathway Failure Readmission to Ambulatory unit

Return to operating theatre

Bleeding or haematoma Wound or internally

Abscess



Haemorrhage
Primary
Intraoperative
Reactive
Within 24 hours
Secondary
7-10 days postoperatively

# Ambulatory Surgery is a Pathway Not a Procedure

Pathway Failure Unplanned overnight admission Readmission Return to theatre

# Thank You !

Děkuji!