Streamlining the Ambulatory Surgery Pathway How to Manage Complications

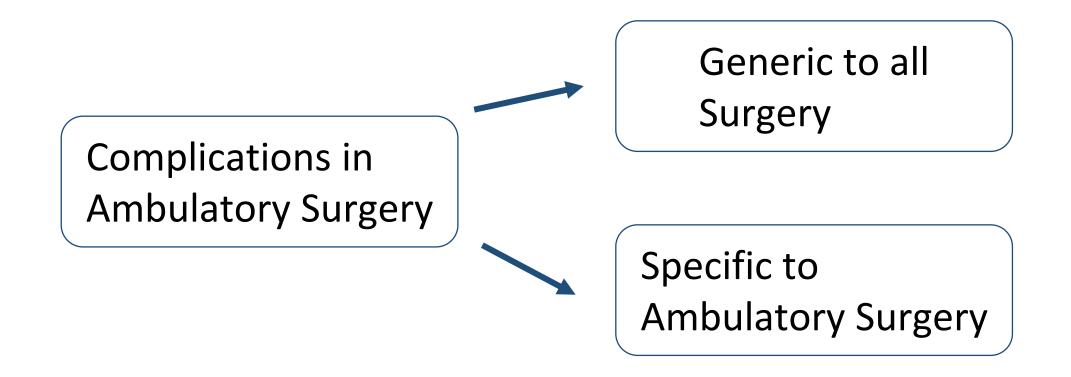
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Douglas McWhinnie Immediate Past President IAAS



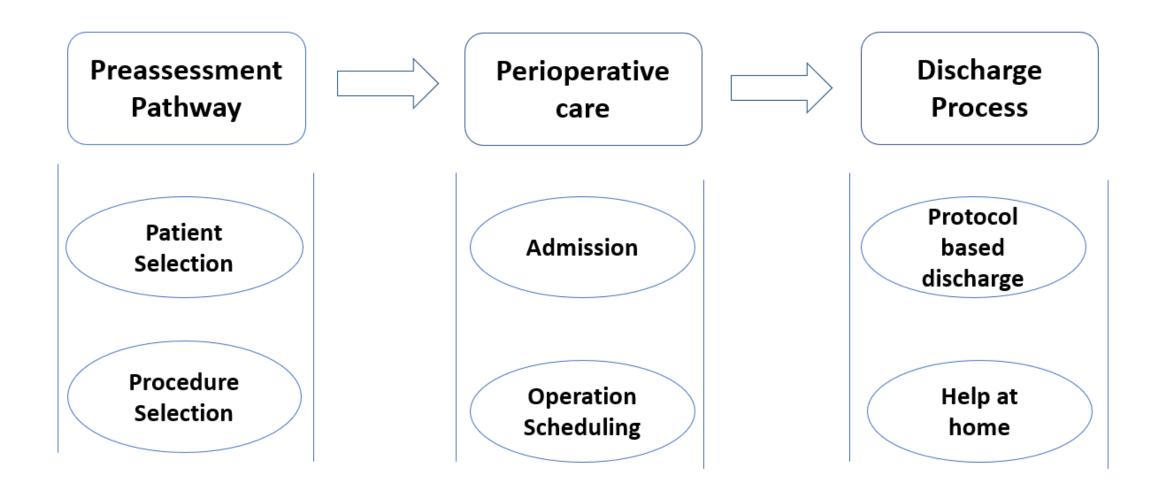






Ambulatory Surgery is a Pathway, not a Procedure

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.

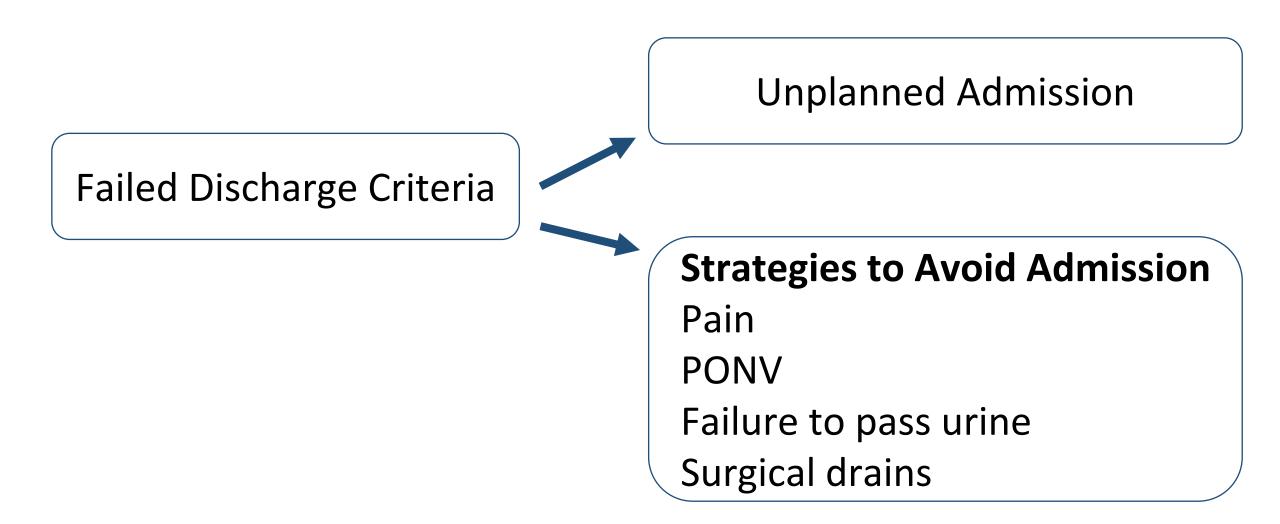


Great Britain and Ireland

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

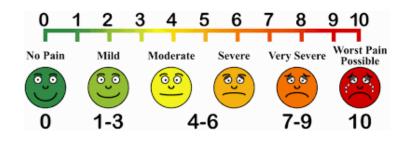
Plan pain management

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>

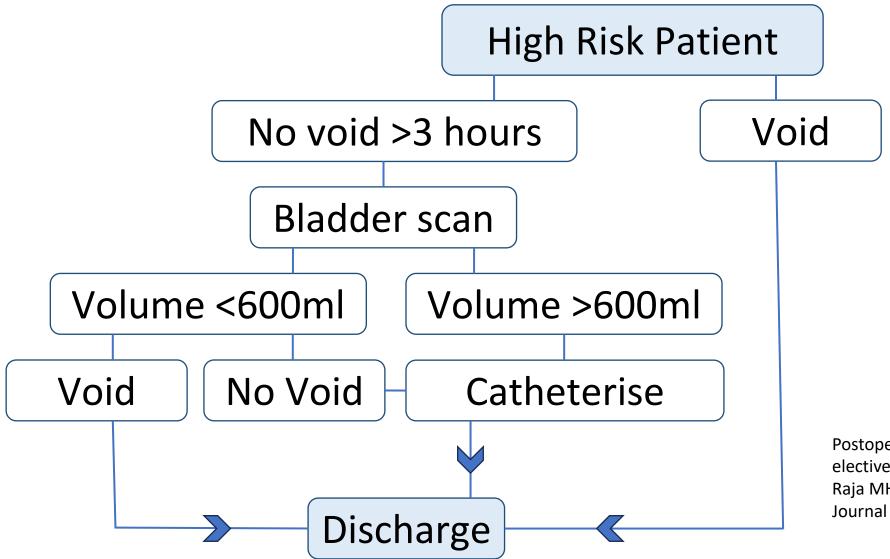
Inguinal hernia repair

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

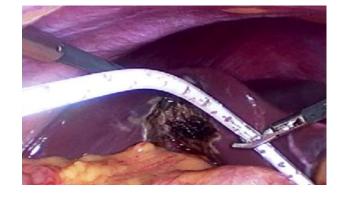
Uncommon in Ambulatory Surgery

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!