ANNOUNCEMENT

Members of The Indian Association of Day Surgery are requested to:
1) Send their correct & working email ID to info@daysurgeryindia.org
   As decided earlier, we are going paperless, and all communications will be via email, so don't miss out.

2) Another Issue of The Day Surgery Journal of India is due for publication in March 2019. Send in your articles in the correct format, via email, before 7th Feb. 2019.

Review of Day Surgery cases at One Day Surgery Centre. Continued.

(Published earlier in The International Journal of Ambulatory Surgery. Sept. 2018. Republished with permission and changes.)

Procedure for anaesthesia:

Different types of anaesthesia were used as per surgery and surgeon's preferences. These were explained to the patient at the time of counseling.

Most common types with combinations at the Centre were:
- Loco-regional Blocks.
- Short GA.
- General Anaesthesia.

Most commonly used material for local anaesthesia in day to day surgery at our center was a combination of 2% lignocaine HCl (with or without Adrenaline) and 0.5% Bupivacaine or Ropivacaine 7.5 mg. Mixed in equal quantity, dose can be calculated based on the patient's weight. Recommended dose for 2% lignocaine without adrenaline is 4.5 mg / kg body weight, maximum 300 mg, with 1:80,000 adrenaline 7 mg / kg body weight, maximum upto 500 mg. 0.5% bupivacaine can be given upto 175 mg in an Adult, as a single dose. (3) Dose of Ropivacaine is 7.5 to 220 mg for infiltration purpose.

Injection for the block is administered with a 27 G long needle. At the time of injection, patient is sedated, with Midazolam (1 -2 mg) and Pentazocin (15-30 mg) / Fentanyl (25-50 mg). This avoids anxiety and pain felt during administering the block.

Free papers are also being presented by two delegates from India.

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Mask or ‘I-Gel’, were used in these patients. Halothane/Isoflurane/Nitrous Oxide and Oxygen were used in different patients, as per choice of the anesthetist.

Post-Op.:

Usually, intravenous fluid is restricted to 500 ml, patient is encouraged to start fluids orally, as soon as possible.

Mobilization is done as early as possible, first, on bed, then out of bed. Care should be taken to support the patient or wait till giddiness is completely gone. Oral intake is initiated within 2 to 3 hours. With water first and then followed by tea and biscuits. Unless it is necessary to be Nil-by-mouth for a longer time.

Average hospital stay for a Day Surgery case is 6 hours. Follow-up is after 48 hrs. Discharge protocols was followed in every patient.

Complications:

Two patients, presented with complications post-operation. A case of Ventral hemia repair, with a BMI of 40, was readmitted for signs of cellulitis in one leg, as a precaution, Intravenous antibiotics and limb elevation with gentle physiotherapy was initiated, with a suggestion of colour doppler to be done as a follow-up. Another patient was readmitted for ‘Spinal Headache’ and treated conservatively by IV fluids and pain killers.

Result:

Perspective selection of cases for surgery in a specific category and its retrospective analysis, has brought out, an equivocal result.

2 out of 10,635 patients operated at the Center were readmitted. Therefore, present overall re-admission rate is calculated as: 0.02%.

In the Day Surgery cases, no readmission or complications were seen. Day Surgery cases are far more than the Short stay cases.

Discussion:

There are several definitions for Day Surgery in different parts of the world, One Day Surgery, Day-case, Ambulatory surgery, are a few commonly used nomenclature to describe Day Care Surgery. In some countries, they are extended to include a discharge process of upto 23 hours. The first proposal for a unified terminology was put forward by Roberts and Warden in 1998. (4)

The Indian Association of Day Surgery and The International Association for Ambulatory Surgery have suggested certain Protocols, which are for patient selection, patient preparation, type of surgeries, discharge criteria’s and minimal requirements for a DSC, which, are for the safety of patients and better efficiency of the surgical center. (5)

There are several classification of cases in a DSC, most commonly used are Major Ambulatory Surgery, Minor Ambulatory Surgery, Day Case, Day Care, 23 hrs stay, Short stay, etc. We have used Major Ambulatory surgery and Short stay for cases upto 48 hrs and beyond. OPD cases are not true Day Surgery and hence, should not be included. They are merely indicative of the percentage of cases performed at the Center. (6)

A Day Surgery Centre (DSC), is a miniature hospital. It consists of Operation Theater, recovery area / rooms, staff duty rooms, reception, waiting rooms and doctors changing room / lounge.

- Dr. T. Naresh Row

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**Surgery & discharge on some day for:**
- Hernia, Piles, Fistula, Fissure, Diabetic foot, Pilonidal sinus, Ingrown toe nail, Lipoma, Sebaceous cyst, Abscess, Circumcision, Vasectomy, D & C, Tubal Ligation, Diagnostic Lap, etc. (In selected cases)
- Extended stay: Appendix, Gall stones, Hystectomy, etc.

**Other Surgeries related to:** Paediatric, Urology, Plastic, ENT, Vascular, Chemotherapy & related treatment. (Please take prior appointment)

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**ONE DAY SURGERY CENTER**

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**Patient’s convenience and safety is our prime concern.**

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