41st ACRSICON 2018:

The 41st National Conference of The Association of Colon and Rectal Surgeons of India was held in Kolkata from 21st - 23rd Sept. 2018. The City of Joy, rolled out its best in academics for all Surgeons.

Had the privilege to present a Video lecture, on Local anaesthesia for Coloproctology, highlighting the possibility of discharging the patient as Day Care.

A well attended program, of over 400 delegates with interest in the use of Local anaesthesia in Colorectal, benign anal diseases.

Ambulatory Surgery: The Indian Perspective.

Continued...Final..

They got together with the sole purpose of furthering the concept of day surgery in the country by increasing the awareness among the patients, creating training facilities for the surgeons and working with government agencies to help them make policies which will be beneficial to all.

The Association has to address these issues one by one and quickly, so that soon we will be in a position to contribute to the national economy by reducing costs and reducing the loss of time. This would minimise the financial losses faced by an individual and increase his work output, thereby helping in the national growth.

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.

Correspondence: One Day Surgery Center–Babulnath Hospital, 15, Sadguru sadan, Opp. Babulnath Mandir, Mumbai-400 007
Tel.: 022 23674758 / 23755221; E-mail: info@onedaysurgeryindia.com
Paucity of funds has been the main deterrent in achieving your goals, but it is hoped that the perseverance and devotion of a few dedicated surgeons will extensively establish Ambulatory surgery in India.

We have started by proposing protocols for patient selection and setting up of centres for the safe and successful delivery of surgical care to the patient. Help will be provided in the form of technical know-how in setting up and running of the centre to Govt., NGO or private agencies. More interaction is needed between the Association and the policy making agencies for devising ways and means to take day surgery to the rural India.

In addition to making Day surgery a part of regular CME programmes, we should also encourage other agencies to take up Lectures, workshops and seminars, targeting the young trainee surgeons by exposing them to day surgery in their medical institutions.

Indian Journal of Day Surgery will be published yearly, to begin with, giving day surgeons a platform to share their experiences and also learn from others, from India and abroad.

More information regarding the Association can be gathered from the recently launched website: www.daysurgeryindia.org

It seems that, a revolution of sorts would be required to bring about the betterment of Ambulatory or Day Care Surgery in India. This can only happen with a combined effort by the GP’s, physicians, surgeons, hospital administrators and insurance companies.

Conclusion:
Keeping in mind the safety of the patient, with all due precautions and careful patient selection, meticulous preparation, day surgery has a wide safety margin and good success rates. It has economical benefits, which, developing nation like India, with 29% of its population living below the poverty line, cannot afford to ignore. Its 20% urban population with not enough time to spare would tremendously benefit by popularising the concept of Day surgery. There is little doubt that, like anywhere in the world, Day surgery will be the Future of Modern Surgery, in India too.

References and Further reading:

- Dr. T. Naresh Row