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MERRY CHRISTMAS
and a
HAPPY NEW YEAR

As I was going through some of the older articles written in different Journals which were specially edited by me, I came across some master pieces.

One such article, penned by late Dr. L. H. Hiranandani, the doyen of ENT surgery, is worth re-printing and reading again and again. I thought to my self, why not start a series of such articles? Like a remake of old movies leaves us nostalgic, may be such articles would work as a reminder of the great work done by our seniors.

As a first of a 're-wind' series, I present to you:

'DAY CARE' COMES OF AGE!

L. H. Hiranandani

A doctor friend of mine recently told me that he has opened a Day Care Centre. I was very excited to hear the news, not so much because it was something new, but because it was something I always felt the country needed. I saw the Centre and was highly impressed to see the state-of-the-art facilities with which it was laced. With mounting pressure on existing infrastructure in hospitals, especially in cities like Mumbai, the concept of Day Care Centre is fast gaining popularity. The practice of keeping a patient in hospital for post-operative care may now really become a thing of the past in case of a majority of operations.

As a practicing ENT surgeon in Mumbai for the past 60 years, I am gladdened by this development. More so because it is beneficial to both, hospitals and patients: the hospitals, because they get more patients; and the patients, because the bill for stay in hospital is reduced drastically. This is indeed a dream coming true for me. I had realized the importance of Day Care long before the concept actually arrived, to be precise in 1948, and always felt that we need more of such centres in India. With pardonable pride I can claim myself to be the pioneer of Day Care at least in the great city of Bombay, if not in India.

I had worked as Registrar at KEM for two years from 1942 and had gained tremendous experience in ENT operations. The year 1947

Was perhaps the most eventful year in my life. After acquiring the prestigious FRCS, I became an Honorary at Nair Hospital at the age of 30. In the same year, I started my private practice at a very small, 6 x 4 feet room in Dadar. A year later, in 1948, I moved to Amerchand Mansion on Madam Cama Road, in a rented place where I had to share my consulting room with a senior doctor. This was a single large room, divided into two, a small sitting room for patients and a relatively large consulting room, which was available to me for two hours, between 5 to 7 p.m.

I had already started receiving patients for surgery. Tonsillectomy was the commonest operation. But the main problem was to find a place to operate. I had an English lady as my secretary, Mrs Burbury, who doubled up as nurse. Her husband was Managing Director of Syncindia Airlines. Although not a trained nurse, she was very intelligent and helpful. When I discussed the idea of operating in the clinic with her, she assured me of all help. She came to Nair Hospital, saw me operate and learnt about the basics of nursing. She then told me that now we must start operating in the consulting room itself.

Mrs Burbury was living in a second floor flat in the same building. She said that she would keep the autoclave with her and also sterilize the clothes in her house. During my stay in London for the FRCS, I had bought the best of surgical instruments from the famous shop: May and Philips, on credit. These included one water sterilizer in the room. One mobile operation table was purchased. The sitting room for patients became my operation theatre. Soon, an operation was fixed. The first operation was done at 2'0 clock in the afternoon and the patient was discharged at 4'0 clock. Anaesthesia was administered in a crude form using ether and chloroform. Even though I had performed the operation with utmost courage, I was scared to think what would I do if anything went wrong with the patient. Post-operation bleeding was common in tonsil and nose operations in those days. After leaving the consulting room, I straightaway went to Vile Parle to see the patient in his house. My God, what a relief it was when I saw the patient laughing with his relatives. The relatives thanked me profusely and expressed their gratitude for discharging the patient within two hours. This was really my first brush (or should I say scissor!) with Day Care. Thus, Day Care was started out of absolute necessity, as there was no space for me to keep the patients.

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Encouraged by the feel good sentiment it generated among patients and their relatives, I continued the practice of visiting every patient's house after operation to see if he was doing well, for several years thereafter. A simple gesture like this from me created good impression about me among the patients. I performed 3 to 4 operations a day. After each operation, I used to wait for half an hour before taking up the next patient. By the time, the second operation was over; the first patient would recoup and was sent home. No overnight stay and early discharge from hospital would save a patient's precious time and money. Soon, people began to consider me as a great doctor. My reputation grew and practice increased.

I didn't face a single problem in following this practice of Day Care. I was alive to the problem of post-operation bleeding, but fortunately, and I should thank God for that, among the hundreds of patients I operated, bleeding occurred in only 4 cases. Not a single patient died on my operation theatre.

Doctors in far off suburban places like Thane, Bhiwandi, Borivali, etc., who came to know of my successful 'Day Care' story, approached me with requests to visit their place on Sundays and holidays to perform tonsil operations. I operated on patients in Thane on a wooden bench outside a tea stall! Dr G. S. Amberdekar, an anaesthetist, doubled up as my nurse for the operation. Sunlight made for the necessary light in the operation 'theatre'. These were Day Care centres born out of absolute necessity.

I followed this practice at Nair, Seth Atmashingh Municipal ENT Hospital and Bombay Hospital. The speed with which I performed operations was astonishing. Once, on a single day, I had performed 35 tonsillectomies! These operations resulted in more availability of patients for these hospitals, as waiting period for such operations was brought down to nil. In those days, in England, where health service is nationalized, waiting Period for tonsillectomy was 2 years and patients had to suffer much of pain.

MODERN PERSPECTIVE:

The Day Care Surgery is now gaining the attention it deserves. With hospitals facing perennial shortage of beds and private hospital charges going beyond the reach of even the upper middle class, I think the Day Care system will come to stay, mostly because of its affordability. The system is gaining popularity in India, as it has in Europe and America.

Day Care Centre could prove to be a boon for ENT patients, save those with Head and Neck disorder. Almost 95% of ENT cases can be operated at Day Care Centres. This has become possible because of better anaesthesia and good anti-biotics. In the past, infections were very common in absence of good anti-biotics and many ENT diseases required surgical procedures, which in turn needed hospitalization for a long period. Also, ear infections calling for extensive mastoid surgery have come down due to tympanoplasty. Likewise, nose operations that needed extensive surgical intervention have become lot easier, thanks to improved techniques and arrival of endoscopic nasal surgery. Minimum surgical intervention and use of microscope have not only made Day Care possible, but also improved the cure rate.

The Medical Council of India has taken cognizance of this development of Day Care and has brought down the mandatory requirement of 30 beds for the post-graduate ENT course to 15. This was a remarkable achievement.

POINT OF CAUTION:

One thing needs to be borne in mind and it is that day care does not mean less care. In fact day care calls for all the more care, precision, planning and ability to take quick decisions. Even today, I do not admit patients overnight, without properly assessing the case and the need for operation.

Existing laws have made admitting patients for day care operations a risky proposition for surgeons. Doctors now come within the purview of consumer courts and can be sued even for a small negligence. Greater care needs to be exercised before admitting a patient for Day Care operations.

(Article published with permission of BHJ editor, Dr. O. P. Kapoor)

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