



# One Day Surgery Times

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11th International Congress on Ambulatory Surgery  
will be held on  
10th to 12th May 2015  
in: Barcelona, Spain  
More details on website soon.

## 1st Ambulatory Surgery Symposium for Health care Practitioners:

Prince Sultan Military Medical City, hosted its first meet on Ambulatory surgery in Riyadh, the capital city of Kingdom of Saudi Arabia.

"New Directions: Diversity in Day Surgery", was the theme of the meet, held on the 20th and 21st August. Among the International Speakers, I was privileged to be invited as one of them. I was asked to speak on topics like 'Diabetic foot as Day Care', 'Accreditation and Quality issues', 'Setting up of Day Care Center', and 'Protocols of DSC'. Other important lectures were 'Guidelines on patient selection' by Dr. L. Khaleel, 'Anaesthesia guidelines' by Ms. V. Dennis, (USA); 'Regional Anaesthesia' by Dr. Hussain Karim; 'Complications of Laparoscopic surgery in Day Care' by Dr. B. C. Ulmer, (USA); 'Reducing colorectal surgery site infection in Day Surgery' by Dr. Mark Phippen, (USA); '5 years experiences of Lap Chole' by Maj. Gen. S. Omani; '5 yr experience of ambulatory anaesthesia' by Dr. Reem Fadoul and 'Achievements and Nursing staff experiences' by Mr. Badar Al Mohush among several others.

All presentation were of international quality and in English. The Symposium was held for the first time in the history of Kingdom of Saudi Arabia, where effluence is well known, but, they too have now realised the importance of early ambulation after surgery and short hospital stay to reduce post op complication of prolonged hospitalisation. We had the privilege of visiting their Day Surgery Center. It is part of a large Medical City or Campus of a Medical Institute, in the center of the City. Some pictures I would like to share with you.

- Dr. T. Naresh Row



Mr. Badar Al Mohush, Co-Chairman of the Symposium & Dr. Naresh Row



Dr. Brenda Ulmer (USA), Ms. V. Dennis (USA), Mr. Badar Al Mohush & Mr. M. L. Phippen (USA), at the Ambulatory Center.



A large balloon Logo of the Day Surgery Unit.

*(Continued from last issue...)*

There is evidence in the published literature that the incidence of major morbidity directly associated to day surgery is extremely low, less than 1%, and deaths related to day surgery are extremely rare.

Minor complications such as pain, nausea, drowsiness or fatigue are, however, quite frequent and must be carefully prevented and managed. Several studies reported high levels of patient satisfaction with day surgery.

#### **Economic outcomes**

The financial benefits of day surgery over inpatient surgery are now well established; hospital costs are from 25% to 68% lower than inpatient surgery for the same procedures.

It is, however, important to recognize that substantial sums of money are only saved when cases are transferred from the inpatient unit to the day unit and inpatient beds are closed or released for more complex and emergency cases. This fact could be of great value for countries where surgical facilities are inadequate to meet patients needs.

Concern has been raised about day surgery transferring extra costs to patients and caregivers. The reduced risk of cancellation and earlier return to work associated with day surgery may actually reduce costs for the patient.

#### **Designing the model**

The introduction of day surgery should take account of both local needs and existing surgical provision and configuration of facilities.

Day surgery is usually carried out in one of four organizational models:

- Hospital-integrated facility dedicated day-surgery beds in an inpatient facility, sharing operating theatres, recovery facilities, and medical and nursing personnel with the inpatient department.
- Self-contained unit on hospital site operating theatres and ward dedicated to day-case surgery and functionally separate from the inpatient areas of the hospital. Nurses and administrative personnel are dedicated to the day unit. Many surgical specialties working in the same unit share facilities and non-medical personnel.
- Free-standing self-contained unit identical to self-contained units but not on a hospital site. They may be more cost-effective than self-contained units on hospital sites. Free-standing units have the potential to provide day surgery near to where the patient lives.
- Physician's office-based unit small, self-contained surgical annexes in surgeon's consulting rooms.

Expansion of day surgery can take place in existing hospitals using various permutations of inpatient or day wards with inpatient or dedicated

operating theatres (hospital-integrated facilities).

However, these facilities, based on configurations created for traditional surgery, often present physical barriers to the establishment of integrated pathways, and the separation of staff and functions can make it difficult to develop the necessary cohesion and teamwork among staff, making them less than ideal in terms of cost-effectiveness and quality of care. The ideal day surgery service on a hospital site is provided by a self-contained day unit (self-contained unit on hospital site) which is functionally and structurally separate from the inpatient unit.

#### **Multidisciplinary approach/Human resources**

It is the leadership and management as well as staff members, and not the physical structure or the quality of the equipment, that determines the success of a day-surgery service. Success requires the implementation of policies that extend all the advantages of day surgery to the patient, the health care professional and the community at large.

Day surgery units tend to achieve maximum efficiency and effectiveness when management and staff are specific to that service.

Day surgery requires a multidisciplinary approach. For a successful outcome it requires active participation by all players managers, nurses, surgeons, anaesthetists and general practitioners. There is a need for a flexible approach, with regular re-evaluation of practice to provide a level of care that reflects individual patient needs. However, there is limited evidence on the most appropriate staffing models for the different types of day-surgery units. Staffing models must be adapted to the local situation.

Improved job satisfaction and enhanced staff competency through investment in training and development leads to better staff retention, flexibility of the workforce, better informed and educated patients and carers because staff are motivated and familiar with the entire patient experience.

#### **Patient information**

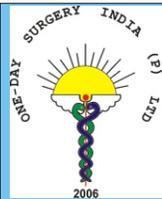
Patient information provision is crucial, not only to ensure the success of the procedure, but also for patient safety.

An informed patient is able to better adjust to surgery and minimize the risks in the postoperative period. Information should be given to the patient in a structured manner. The use of both oral and written information is essential.

#### **Day Surgery: developing countries' perspective**

Developing countries worldwide are facing many different challenges and health care priorities.

*(To be Continued.....)*



**Surgery & discharge on same 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, Hystrectomy, etc.

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




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

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