



# One Day Surgery Times

Issue 1

Volume 2

January 2009

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A monthly publication of One Day Surgery India Private Limited

Rs. 10/-

[www.one-daysurgeryindia.com](http://www.one-daysurgeryindia.com)

*Wishing you all a peaceful and healthy New Year. May you have a fearless & safe 2009.*

From: The Staff of One Day Surgery Centre - Babulnath Hospital

## From the Editors Desk:

The new year started on an subdued not with hopes of reversing the effects of the year gone. Well, the whole world lives on hopes and dreams.

I was pleasantly surprised when I got a call from one of our doctor colleague, who regularly reads this news letter. He pointed out a mistake, for which, I am grateful.

Please note, in the previous issue, in the Criteria's for patient selection, please read the last point as: "Body mass index < 35". Which would mean, certain types of surgeries would be technically difficult to be performed under local blocks and as One-day surgery. Pardon the typo.

Well, in continuation with the CME, more details of One Day surgery is being written in this issue.

Some pointers I would like to mention, which would help you to understand Day Care surgery better. I feel that only if you are convinced will it be possible for you to prepare your patient and help them select One Day Surgery. With minimal details, so as to give a brief description, please read on. Happy reading!

## Advantages and Disadvantages of One Day surgery:

**Disadvantages:** Failure or slow progress of One day surgery all over the world, including ourselves, have been summed up in the following points.

- **Poor patient acceptance.** In spite of such great developments in the surgical science, the word 'surgery' normally evokes fear in most patients. And when they do agree to surgery, then the idea of being sent home on the same day feels appalling. Surgery to most patients, sounds like a hospital stay of minimum of three days. This has been inculcated over several years, therefore, difficult to accept otherwise. **Solution:** spend time with patient explaining all the pros and cons, highlight the advantages and assurance to give complete care after discharge. Who can do this better than the patients' trusted family physician or the friendly neighborhood GP?

- **Do not follow pre.op instructions.** Many a times we have seen the patient reporting for surgery with a belly full of water or tea, because "Nil-By-Mouth" was for (Khana) solids. On the other hand, BP medication not taken as told to be NBM, so on admission, BP is

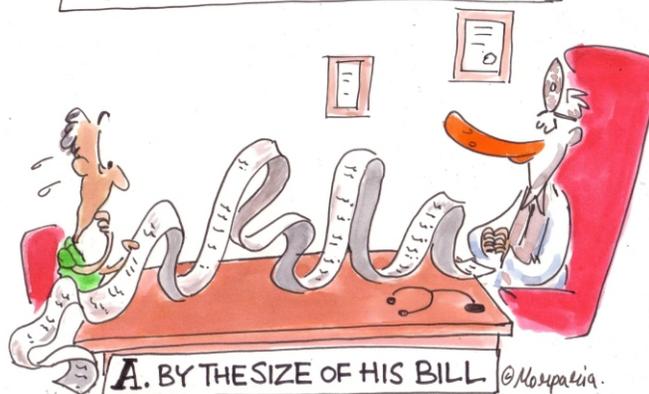
180/110mmHg, causing delay for surgery. Improper bowel preparation. **Solution:** Written, as well as, verbal instructions, involving a relative, so that they are followed. This would prevent previous night admission.

- **Inadequate facilities at home for post-op. care.** In metropolitan cities, over crowding and lack of toilet facilities are major issues. Sometimes, patient may not have a bed for themselves. But, one incidence comes to mind, which I would like to share with you, I had operated a case of Fistula-in-ano as Day case, a 50 yrs old male patient, fisherman, and asked to come for follow-up after 5 days. The patient came back in a miserable state, not passed motion since surgery, with distended abdomen. I checked his medications and found that he has been following all the instructions. I was puzzled, why he should be so uncomfortable? I asked him to continue and come back after 5 days. He hesitatingly asked for permission to go into the sea for daily bowel movement, I had no objection, but was worried about the sea water causing infection and burning. I was pleasantly surprised when I saw a beaming fisherman with a wound to match, it had almost healed! The secret was that he has been going into the sea, for his morning business, since he was a child, and me, fearing infection, I had asked him to use the community toilet and seitz bath! **Solution:** Well, the patient recovers best in their familiar surrounding, therefore, any change from the routine, should be minimum.

- **Lack of responsible person to take care at home.** Nuclear families, parents without the kids living with them, are an increasing phenomenon. **Solution:** Involvement of Family physician and friends, or arrange for a private nurse if required.

## FINANCIAL TIPS ON DEALING WITH DOCTORS #33

### Q. HOW DO YOU IDENTIFY A QUACK?



- **No facility for post-op. emergencies / complications at or near home.** If the patient does not have a regular Physician. Usually, in most of the cities, the availability of a telephone and transport is not a problem. *Solution:* arrange for a physician from your network, to look after the post procedure care.

- **Uncomfortable position during surgery,** as patient is conscious. Certain positions like Lithotomy for piles, can be really uncomfortable in a patient who is being operated under local block, or lying straight and still during Cataract surgery. *Solution:* Ask for good sedation.

- **Failure of block.** In spite of an expert, there are certain situations when the regional block does not work, mandating general anaesthesia, therefore, making it difficult to send the patient home on the same day. *Solution:* always be prepared, for General anaesthesia and for overnight stay, if required.

**Advantages:** These are many in number. Again, the advantages outweigh the disadvantages of One Day surgery. Most of the advantages have been researched, debated and accepted as proven points while utilizing One Day Surgery to its maximum.

- **Reduced hospital stay.** As Day case or Ambulatory surgery, One day surgery is just that, one day in the hospital, at night, you are home. (In most cases)

- **Early resumption of day to day activities.** Most surgeries are done under regional / local block, with minimal dissection, thus facilitating faster recovery.

- **Cost effective.** As the over heads are reduced, the benefit is passed on to the patient. So, we have low cost, high quality surgical care.

- **Reduces anxiety of 'surgery'.** In most patients' mind, surgery is a bad word, the procedure, the hassle of hospital, the inconvenience to relations, the loss of working hours, usually makes the patient postpone the procedure to a more convenient day. But, with One Day, it is much simpler and hassle free. Easier to reduce patients' anxiety.

- **Recovery in familiar surrounding.** This is specifically true for children and elderly group of patients, who do very well in the comfort of their home.

- **Reduced hospital acquired infection.** Prolonged hospital stay only adds to the risk of nosocomial infection. Therefore, where ever possible, the faster you are out of the hospital set up, the better it is for

you.

- **More use of Local and regional blocks,** reduce the complications of G.A. Most often, surgeries are now possible under regional blocks, these combined with good sedation, is ideal alternative for most patients.

- **Faster post-operative recovery.** Recovery is usually due to minimal dissection and regional anaesthesia, which are extensively used in One-day surgery.

- **Less need for post-operative starvation.**

- **Reduces the patient overload in hospitals,** therefore making it possible for the beds to be utilised to the maximum.

- **Reduces 'waiting list'** in busy hospitals.

Certain Complications are worth keeping in mind when talking to the patient about One Day Surgery, these are:

**Complications:** look for them, so that, once you recognise them, you can take steps in bringing them under control. The most common complications expected are:

- Giddiness, syncope, bradycardia.

- Nausea and Vomiting.

- Retention of urine.

- Severe pain.

- Bleeding, hemorrhage, haematoma.

- Reaction to local anaesthesia.

- Directly related to the procedure performed.

These can be corrected by a good back-up team, in which, the GP is of great importance. The bottom line to the success of One Day Surgery is proper case selection and meticulous preparation.

**Dr. T. Naresh Row**

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