International Association for Ambulatory Surgery

IAAS NEWSLETTER

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News from the President

The General Assembly will be meeting in Porto, Portugal, in May. Among the new projects to be discussed during this meeting is the Financing Health Systems & Day Surgery survey that is being carried out by Paulo Lemos. The study aims to evaluate the reimbursement of day surgery procedures in comparison with the inpatient setting in several countries around the world and to compare financing of day surgery internationally. With today's economic difficulties, especially in Europe, this topic is of great importance. The IAAS can play a central role in indentifying barriers to the development of safe, high quality day surgery and devising strategies to overcome these barriers. We will soon report on the preliminary results of the survey.

In this Newsletter, the Hot Topic in Day Surgery is focused on Pain Management. Anil Gupta is addressing this issue, which is determinant factor in the success of any day surgery procedure. Also, in International News and Comments, Jan Jakobsson reports on a large Danish Study on morbidity after day surgery, another determinant factor for patient safety.

Carlo Castoro, President

International News and Comments

Update from the International Projects of IAAS

IAAS is involved in two projects funded by EU: Day Surgery Data Project (DSDP) and Improving Patient Safety of Hospital Care through Day Surgery (DaySafe).

DSDP aims to identify and validate a set of Day Surgery (DS) indicators and to develop the information systems on DS in Europe. The analysis of DS data and indicators both at international and MSs level revealed a large variability in the availability of data and indicators, their construction, and the dimensions of operations they elucidate. There is a wide disparity even around the definitions of DS and Ambulatory Surgery. Such discrepancies make comparisons of DS performance across MSs very difficult. The next steps will involve the selection of an ideal and a core set of DS indicators by a Delphi method and the formulation of guidelines for the manipulation, presentation, interpretation and use of DS data.

DAYSAFE aims to improve patient safety and quality of hospital care through the promotion of DS best practices and standards. The assessment of DS organization and performance, carried out through several tools (telephone and face-to-face interviews, focus groups and questionnaires), showed that DS procedures as a percentage of planned surgical activity varies substantially from 91% in Denmark, 64% in Norway and around 50% in Italy, Spain, Belgium and Portugal. Hungary's and Romania's DS output is still marginal. In Denmark and France around half of DS activities are carried out by private units. Although the exclusive assignment of full time staff to DS is becoming more frequent, still most hospitals only have dedicated nurses, a smaller number of surgeons and even less anaesthetists. A quarter of DS units are not managed by a dedicated coordinator. The next step will specifically identify DS best practices and standards.

In summary, lessons learned through these projects point to the importance of streamlining both DS information systems and development strategies across Europe.

Ugo Baccaglini, MD, Project Leader

DAY SURGERY – A very safe surgical approach!

A Danish multi-centre analysis of return-to-hospital study was presented in the March issue of Acta Anaesthesiologica Scandinavica [1]. A 30-day register follow-up of in all 57 709 day case procedures was been conducted. The Danish National Patient Registry (NPR) was used in order to provide follow-up information around return-to-hospital need for the patients having had day surgery at one of 8 centers during the time period January 1st 2005 until December 31st 2007. The overall rate of return hospital visits was 1.21% [95% confidence interval (CI): 1.12-1.30%] caused by a wide range of diagnoses. No deaths were definitely related to day surgery. The return hospital visits were due to haemorrhage/haematoma 0.50% (95% CI: 0.44-0.56%), infection 0.44% (95% CI: 0.38-0 49%)

and thromboembolic events 0.03%. Major morbidity was rare. Median time delay from surgery until the patients developed symptoms of a complication was 5 days. The surgicalprocedures with the highest rate of complication were tonsillectomies 11.4%, surgically induced abortions 3.13% and inguinal hernia repairs 1.23%. This large-scale Danish national study confirmed that day surgery is associated with a very low rate of return hospital visits. Despite the rapid expansion of day surgery, safety has been maintained, major morbidity being very rare, and no deaths being definitely related to day surgery. This is an interesting and important paper providing information about return-to-hospital events after "traditional every-day day case surgical practice" in Denmark. One may argue that the procedures were only minor to intermediate; cholecystectomy, tubal ligation being the major abdominal procedures, vast majority of procedures being orthopaedic procedures knee, shoulder, and hardware removal but also hand and foot surgery. The reassuringly safety associated with day surgery is a finding in line with previous studies both from Denmark [2] as well as Canada [3] and the United States [4,5]. The increasing number of elderly and patients with more complicated co-morbidities being accepted for day surgery in combination with more complex procedures being transferred from traditional in-hospital to day case logistics calls however for a vigilant observation of outcome in order to secure safety as well as quality of care.

1. Majholm B, Engbaek J, Bartholdy J, et al. Is day surgery safe? A Danish multicentre study of morbidity after 57,709 day surgery procedures. Acta Anaesthesiol Scand. 2012;56(3):323-31.
2. Engbaek J, Bartholdy J, Hjortsø NC. Return hospital visits and morbidity within 60 days after day surgery: a retrospective study of 18,736 day surgical procedures. Acta Anaesthesiol Scand. 2006;50(8):911-9.
3. Mezei G, Chung F. Return hospital visits and hospital readmissions after ambulatory surgery. Ann Surg. 1999;230(5):721-7.
4. Twersky R, Fishman D, Homel P. What happens after discharge? Return hospital visits after ambulatory surgery. Anesth Analg. 1997;84(2):319-24.
5. Warner MA, Shields SE, Chute CG. Major morbidity and mortality within 1 month of ambulatory surgery and anesthesia. JAMA 1993;270(12):1437-41.

Jan Jakobsson, MD, PhD, Adj. Professor Anesthesia & Intensive Care
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News from national organizations

8th National Congress of the Hungarian Association for Ambulatory Surgery

The 8th National Congress of the Hungarian Association for Ambulatory Surgery was held in Budapest, on 8th–10th March 2012. We had 400 participants from all parts of the country, and all those who are interested in ambulatory surgery were represented (surgeons, nurses, managers etc.). Our President, Carlo Castoro was also present and he gave a very excellent lecture about "Ambulatory Surgery In The World".

The participants were discussing many topics about financing, development, education and the results of day surgery in Hungary. We had also many interesting lectures from nurses, and representatives of day clinical activities (cardiology, psychiatrics!). As the planned IIIrd Regional East - Middle Europe Meeting is concerned, invited representatives from Romania and Poland apologized, so we only had a conversation with the the representative of Serbia. She is strongly interested in the activities of IAAS and so she will join initially as an individual member. The Congress also discussed the preparations of the 10th IAAS Congress 2013, and encouraged the Local Organizing Committee to continue its efforts for a very successful Congress.

Gamal Mohamed, MD, Congress President

News from Down Under - Australian Day Surgery Council

There are a number changes throughout the Health Industry in Australia and Day Surgery has not escaped these changes.

The most significant is the development and implementation of the National Safety and Quality Health Service (NSQHS) Standards by the Australian Commission on Safety and Quality in Healthcare. These standard have been endorsed by the Australian Health Ministers in September 2011 and will be mandatory in health facilities, including day surgeries after January 1st, 2013.

The NSQHS Standards provide a nationally consistent statement of the level of care consumers should be able to expect from health services and include:

1. Governance for Safety and Quality in Health Service Organisations
2. Partnering with Consumers
3. Preventing and Controlling Healthcare Associated Infections
4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover

7. Blood and Blood Products
8. Preventing and Managing Pressure Injuries
9. Recognising and Responding to Clinical Deterioration in Acute Health Care
10. Preventing Falls and Harm from Falls

To support the implementation of these standards, guidelines for Day Procedure Centres have been developed, along with many publications to assist with meeting these 10 standards. Further information is available on the website www.safetyandquality.gov.au.

We look forward to updating you with how we are able to meet this challenge in our facilities over the next 12 months.

Wendy Adams, Chair, Australian Day Surgery Council

Surgeons are Unifying in Germany

Surgeons specializing in ambulatory surgery met March 2nd- 4th 2012 in Nürnberg/Germany for their annual convention. This is the second time that the national associations BNC (Bundesverband niedergelassener Chirurgen), BDC (Bund Deutscher Chirurgen) and the BAO (Bundesverband für Ambulantes Operieren) organized a common congress whereas hitherto they held separate congresses. About 1,100 members participated, among them also anaesthetists and other specialists because the BAO is a multidisciplinary association. IAAS was represented by Jan Eshuis from Amsterdam who gave a well received lecture on ambulatory surgery in the Netherlands and Europe. Concerning health politics there was a strong feeling that physicians should make their own proposals of how to manage the needs of the patients, and not wait for political orders. For this goal the 3 associations will run common political strategies. They even discussed to bring international congresses to Germany in order to regain political weight and strengthen international politics from the medical point of view. For many participants this was the beginning of a new era of common medical politics in Europe.

Jost Broekelmann, MD, BAO

Hot Topics on Day Surgery

In this issue, we interviewed Anil Gupta, Chairman of the Ambulatory Anaesthesia SubCommittee of the European Society of Anaesthesiology (ESA), asking him to write on two simple questions on Pain Management, a critical topic for the success of day surgery programmes.

Are we doing our best in the management of pain in our day cases?

We are certainly doing our best in improving pain relief for management of ambulatory surgical patients at home. However, "best" is a long way from "good" and there is plenty of room for improvement. Although we have a lot of possibilities to improve pain management, many of the techniques and drugs are either not readily available, expensive or simply not known to physicians managing these patients. I am specifically concerned about the inadequate post-discharge pain management where we as Anesthesiologists need to do a lot more for our patients. Building a team, writing clinical pathways and incorporating guidelines and best-practices are only a few of the important goals that we need to focus on.

What can we expect in the future to improve efficacy in controlling post-operative pain in our day surgery patients?

Postoperative pain management following ambulatory surgery has been approached from several angles and the future looks certainly good and is continuously improving. Surgeons have focused on less invasive methods to operate and thereby reduce pain intensity. Thus, minimally invasive and laparoscopic surgery is becoming increasingly common, specifically for ambulatory surgery. Local infiltration analgesia where large volume, low concentration of local anesthetics combined with NSAIDs is used during surgery has almost completely replaced conventional techniques for pain relief following knee and hip arthroplasties. A multimodal approach to pain management using combination of drugs with different mechanisms of action has shown to be efficacious in several recent studies and become popular. The role of newer drugs like clonidine, ketamine and pregabalin in day surgical practice needs to be further elucidated, taking into account their side effects. Proactive approaches to treating pain, where analgesics are used on a regular basis to anticipate and thereby "pre-treat" pain, are being increasingly used. Regional analgesic techniques, specifically using ultrasound to locate peripheral nerves, have increased success rate of nerve blocks, which are increasingly used to manage post-discharge pain following ambulatory hand surgery. In this context, longer-acting LA together with adjuvants, can prolong postoperative analgesia for up to 18-24 h but at the cost of anesthesia, which can be sometimes disturbing to the patient. Although catheters placed in tissue planes and used for the intermittent injection of local anesthetics following surgery are being used

commonly, they are not universally accepted and pain reduction using this technique has been, at best, modest. Finally, patient and staff education is important when trying to achieve specific goals and the acute pain team lead by a doctor who is an expert in acute pain management has to lay down quality standards, perform regular controls and provide feedback in order to aim even higher with the aim of providing full satisfaction for all our patients.

In your opinion, which are the 10 most important papers on pain management?
Although several reviews have been published on the subject of postoperative pain management, not many studies can be considered to be revolutionary in this field. Some of the studies that can be considered to be good, randomized prospective trials and may have an impact in pain management following ambulatory surgery in my opinion would include:

1. De Oliveira GS Jr, et al. A dose-ranging study of the effect of transversus abdominis block on postoperative quality of recovery and analgesia after outpatient laparoscopy. Anesth Analg. 2011;113:1218-25.
2. Aveline C, et al. Comparison between ultrasound-guided transversus abdominis plane and conventional ilioinguinal/iliohypogastric nerve blocks for day-case open inguinal hernia repair. Br J Anaesth. 2011;106: 380-6.
3. White PF, et al. The effects of oral ibuprofen and celecoxib in preventing pain, improving recovery outcomes and patient satisfaction after ambulatory surgery. Anesth Analg. 2011;112:323-9.
4. Heil JW, et al. Ultrasound-guided transversus abdominis plane catheters and ambulatory perineural infusions for outpatient inguinal hernia repair. Reg Anesth Pain Med. 2010;35:556-8.
5. Yildiz TS, et al. Levobupivacaine-tramadol combination for caudal block in children: a randomized, double-blinded, prospective study. Paediatr Anaesth. 2010;20:524-9.
6. Tan T, et al. Day-surgery patients anesthetized with propofol have less postoperative pain than those anesthetized with sevoflurane. Anesth Analg. 2010;111:83-5.
7. Mattila K, et al. Dexamethasone decreases oxycodone consumption following osteotomy of the first metatarsal bone: a randomized controlled trial in day surgery. Acta Anaesthesiol Scand. 2010;54:268-76.

Interview by Paulo Lemos, Editor

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