



News from the President

Day surgery practice is expanding and the complexity of procedure is progressively increasing with a wider range of patients now considered suitable for day surgery or short stay surgery. Redesigning the patient pathway and getting it right from the beginning results in high quality care, improved recovery and shortened lengths of stay. As clinical pathways and day surgery principles are extended to major surgery this allows the development of short stay surgery and enhanced recovery programmes such as fast-track surgery, with proven benefits for patients both in terms of safety and high quality care.



In many countries day surgery, short stay surgery and enhanced recovery programmes now show some overlap in the middle with many concepts that can be shared. This is a major impact of the day surgery concept on the organization of hospital care. Nevertheless a wide variation in day surgery practice still exists between different countries but also between trusts and hospitals in the same country and for this reason a major improvement in day surgery performance is still everywhere possible. Implementation of guidelines can play an important role. In this Newsletter you will find information and links to a new section of the IAAS website dedicated to guidelines that I hope you will find useful.

Our governments and our national health services are facing tough times and the health care reform debate is focused on priorities and possible reduction of healthcare expenditure. We know that day and short stay surgery should be priorities, primarily because of the financial and efficiency savings that can be achieved if properly managed. The IAAS as well as all our National day surgery Associations have the great chance to help this political drive keeping in mind that the main reason we promote day surgery is because it is safer and better care for our patients. Improved outcomes and better performance will follow.

The IAAS is strengthening efforts in education initiatives, research and international collaboration focusing on day surgery and short stay programmes as the norm for elective surgery. During the recent Executive Committee meeting in Budapest we planned an educational programme for eastern European Countries. The expansion of the IAAS with new members from countries not yet represented is a priority and I invite everybody sharing our goals to join us.

At the very beginning of 2012 on behalf of the IAAS I wish you a healthy and Happy New Year.

Carlo Castoro, President

International News and Comments



Guidelines and consensus documents applicable for ambulatory surgery and anesthesia Standardization, make right things and make things right

There is a growing interest in evidence based medicine, how to provide best practice. The field of medical science is growing and it is hard for the clinical practitioner to keep up with the continuous flow of information. Meta-analysis, consensus document and guidelines are all intended to provide a composite evaluation of available information, present state of the art.

The development of such a document is a huge commitment. Still many such documents have been developed, although the process is time and resource consuming. The interest in providing standardised best practice is also increasing in anaesthesia, perioperative medicine.

The implementation of guidelines and evidence based recommendations is not always obvious. A survey in Germany published in July 2010¹ showed that; Patients reported mean fasting times of 10+/-5 h for fluids and 15+/-4 h for solid food, It concludes, Despite the apparent understanding of the benefits from reduced pre-operative fasting, full implementation of the guidelines remains poor in German anaesthesiology departments.

Also in the US guidelines supporting avoidance of standard fasting over night has been published. Already in 1999, the American Society of Anesthesiologists adopted preoperative fasting guidelines

to enhance the quality and efficiency of patient care. Although these guidelines are in place, studies suggest that it is not uncommon that providers are still using the blanket statement "NPO after midnight" without regard to patient characteristics, the procedure, or the time of the procedure². There is also a recent study from Belgium looking at care pathway documents (CPDs) showing huge variations although guide line and recommendation papers are available³. IAAS is supporting evidence based practice in ambulatory surgery and will provide on the home page a section with information and links to available guidelines and consensus recommendations. The aim is to keep this site active and up to date. We also much encourage the active participation of all members, thus a member aware of an evidence based public document provide guidance or consensus recommendations that can be of interest for the members of the society, please contact myself via guidelines@iaas-med.com or the webmaster via webmaster@iaas-med.com.

1. Breuer JP, Bosse G, Prochnow L, Seifert S, Langelotz C, Wassilew G, Francois-Kettner H, Polze N, Spies C. Reduced preoperative fasting periods. Current status after a survey of patients and colleagues. *Anaesthesist*. 2010 Jul;59(7):607-13.
2. Anderson M, Comrie R. Adopting preoperative fasting guidelines. *AORN J*. 2009 Jul;90(1):73-80.
3. Segal O, Bellemans J, Van Gerven E, Deneckere S, Panella M, Sermeus W, Vanhaecht K. Important variations in the content of care pathway documents for total knee arthroplasty may lead to quality and patient safety problems. *J Eval Clin Pract*. 2011 Aug 23. doi: 10.1111/j.1365-2753.2011.01760.x

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Hot Topics on Day Surgery

From this issue on, the IAAS Newsletter will have a new section called "HOT TOPICS ON DAY SURGERY". It consists on expert opinions related to different topics of the day surgery practice. Organizational, clinical related, quality issues topics will be presented as a short taster review in the Newsletter with the full article published in the Ambulatory Surgery Journal. These invited articles will be by well known personalities of the scientific community and ambulatory surgery in particular.

Patient safety is one of the keystones of Ambulatory Surgery. Fasting policies are mandatory for every day surgery programme. Dr Ian Smith, President of the British Association of Day Surgery (BADs) and Chairman of European Society of Anaesthesiology (ESA) fasting guidelines task force, was invited to write on two simple questions on this topic.

Please follow this link to the full article in the latest Ambulatory Surgery Journal.

[Please follow this link to find the full ESA Guidelines.](#)



What basic principles should any health professional know about pre-operative fasting?

Whereas the focus has previously been on minimal safe intervals, we now realise that prolonged fasting is an inappropriate way to prepare for the stress of surgery. Routine fasting allows gastric emptying, thereby reducing the risk of aspiration. However, while the removal of solids is linear and takes about six hours to complete, fluids empty exponentially and far faster. Since the landmark work of Roger Maltby, there is abundant evidence that fluids can safely be drunk up to two hours before elective surgery.

What's new in the recent guidelines on pre-operative fasting developed by the ESA?

There are still some thorny issues that divide anaesthetists. Members of the guidelines group, with one exception, suggested that hot drinks with added milk (up to one fifth of the total volume) should still be treated as clear fluids. Another problem area is chewing gum preoperatively – read the full article for details.

Interview by Paulo Lemos, Editor

IAAS Homepage – www.iaas-med.com

Do you have a national congress you wish to advertise? Please let us know the details and they will be listed on the website for you. Perhaps you know of a useful websites we should link to - please let us know.

Please explore the website which provides a large amount of information to support Ambulatory Surgery and free access to our Journal. If you have any suggestions for content then contact Ian Jackson via webmaster@iaas-med.com.

Calendar of National Meetings

NATIONAL MEETINGS ON AMBULATORY SURGERY		
CITY	DATES	TITLE / CONTACT
Paris France	12 January 2012	Journée Nationale de Chirurgie Ambulatoire de l'AFCA: "JAB 2012" www.chirurgie-ambulatoire.org/journee-nationale-chirurgie-ambulatoire-jab-2012
Oslo Norway	13-14 January 2012	Norwegian Meeting on Ambulatory Surgery (NORDAF) www.nordaf.no
Nürnberg Messe Germany	2-4 March 2012	20 years BAO - Surgery and Anesthesia in the area of conflict between ambulatory and inpatient treatment www.operieren.de/content/e3472/e7507/e29521/e29526/Flyer-BNC.pdf
Budapest Hungary	8-10 March 2012	8th Congress of the Hungarian Association For Ambulatory Surgery & the 3rd Joint Day Surgery Regional Meeting For Middle - East Europe. www.mest.hu
Hyderabad India	21-22 April 2012	6th National Conference of The Indian Association of Day Surgery www.daysurgeryindia.org/ADSCON2005.htm
Middelfart Denmark	27-28 April 2012	DSDK Aarsmøde www.dsdk.dk
Miami, Florida USA	3-6 May 2012	27th SAMBA Annual Meeting www.sambahq.org/index.php?src=gendocs&ref=Meetings&category=Professional
Dallas, Texas USA	9-12 May 2012	Ambulatory Surgery Center Association Meeting (ASCA 2012) www.ascassociation.org/asca2012/
Braga Portugal	14-16 May 2012	7th National Congress on Ambulatory Surgery of the APCA www.apca.com.pt
Torquay UK	21-22 June 2012	BADS ASM 2012 www.bads.co.uk
Valencia Spain	8 November 2012	Simposium Intercongreso de ASECEMA www.asecma.org

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In this edition you get an introduction to our new Surgical Editor-in-Chief Mr Doug McWhinnie. Doug has been President of the British Association of Day Surgery and is currently Director of Surgery and Ambulatory Surgery Lead at Milton Keynes Hospital in the UK.

He joins with Beverly to call for you to write to them with the story of what you are achieving in your own hospitals around the world. We know that people are achieving incredible results often in the face of extremely difficult local circumstances. He writes *'The Editors can help you construct papers or short articles or even observations of practice. Innovation need not be absolute. How have you made it happen in your country, with your resources and with your constraints? What about an overview of ambulatory surgery in your part of the world.? What particular problems have you overcome and*



what makes your ambulatory challenges unique? Let's hear about it loud and clear . . . papers, short reports, letters or comment!

Current contents

Day Case Shoulder Surgery: Anaesthetic Challenges

Kathryn E. McGoldrick

Meta-analysis, reviews, Consensus documents, and Guidelines; there are numerous sources aiming at supporting clinicians to provide best practice

Jan Jakobsson

Fasting Policy: What's New?

Ian Smith

Day Surgery Activities 2009: International Survey on Ambulatory Surgery conducted 2011

Claus Toftgaard

Beverly K. Philip, MDEditor-in-Chief

Douglas McWhinnie, FRCS Editor-in-Chief

These articles can be downloaded from www.ambulatorysurgery.org



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