

International articles on Ambulatory Surgery

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In this section we will highlight some of the many articles published internationally on topics around ambulatory surgery.

Please send details of any articles you feel should be included via webmaster@iaas-med.com.

Increase in outpatient knee arthroscopy in the United States: a comparison of National Surveys of Ambulatory Surgery, 1996 and 2006. Kim S, Bosque J, Meehan JP, Jamali A, Marder R. *J Bone Joint Surg Am*. 2011 Jun 1;**93(11)**: 994–1000.

Message: Between 1996 and 2006 the number of knee arthroscopies increased by 49 %. 99 % of arthroscopic procedures were performed in an outpatient setting. In 2006 the knee arthroscopy rate in the United States was more than twofold higher than in England or Ontario, Canada.

Patients' assessment of 4-week recovery after ambulatory surgery. Brattwall M, Warrén Stomberg M, Rawal N, Segerdahl M, Jakobsson J, Houltz E. *Acta Anaesthesiol Scand*. 2011 Jan;**55(1)**:92–8.

Message: 335 patients filled out a questionnaire recording pain pre- and postoperatively. Procedures done were inguinal hernia repair (IHR), arthroscopic procedures (AS) and cosmetic breast augmentation (CBA). Pain and mobility impairment were procedure-specific up to 4 weeks post-operatively.

Stress responses in medical students in ambulatory and in-hospital patient consultations. Pottier P, Hardouin J, Dejoie T, Bonnaud A, Le Loupp A, Planchon B, Leblanc Vicki. *Med Educ*. 2011 Jul;**45(7)**:678–87.

Message: For medical students consultations were more stressful in ambulatory than in the more familiar in-hospital setting. Women showed greater subjective stress levels than men, whereas men exhibited greater physiological stress levels. Further studies should explore the effects of these stress responses on the diagnostic skills of students.

Randomized clinical trial comparing ambulatory and inpatient care after inguinal hernia repair in patients aged 65 years or older. Mattila K, Vironen J, Eklund A, Kontinen VK, Hynynen, M. *Am J Surg*. 2011 Feb;**201(2)**:179–85.

Message: Open inguinal hernia repair was performed on 151 patients 65 years and older. After excluding patients because of lack of postoperative company (16%), unwillingness to participate (13 %) and medical conditions (10 %) all outpatients were discharged home as planned and none was readmitted to the hospital. Ambulatory surgery was safe and well accepted by older, medically stable patients.

Day surgery unit thoracic surgery: the first UK experience. Ghosh-Dastidar MB, Deshpande RP, Rajagopal K, Andersen D, Marrinan MT. *Eur J Cardiothorac Surg* 2011;**39**:1047–1050.

Message: Between 2007 and 2009 98 patients underwent thoracic surgery (mediastinoscopy, lung biopsies and others). 3.1 % were hospitalized right after surgery, 3.1 % after discharge. There were no deaths. Thoracic surgery can be performed safely and effectively as day surgery procedures.

Performance of open renal and bladder surgery at a freestanding pediatric surgery center. Stewart AF, Smith DP. *J Urol*. 2011 Jul;**186(1)**:252–6

Message: 343 open renal and bladder procedures were performed by a pediatric urologist between 2003 and 2009. 4 children had to be hospitalized within 48 hours. Thus nephrectomy, pyeloplasty and ureteral reimplantation seem to be excellent outpatient procedures for most children.

Stapled hemorrhoidopexy as a day-surgery procedure. Cosenza UM, Masoni L, Conte S, Simone M, Nigri G, Mari FS, Milillo A, Brescia A. 2011

Message: 292 hemorrhoidopexies were performed under spinal or local anesthesia. Mean surgery time was 18 minutes. The complication rate is comparable to that of inpatient procedures. Thus stapled hemorrhoidopexy is a safe and effective procedure also in a day-surgery unit.

Infection rate and risk factor analysis in an orthopaedic ambulatory surgical center. Edmonston DL, Foulkes GD. *J Surg Orthop Adv*. 2010 Fall;**19(3)**:174-6

Message: Over 11,000 consecutive orthopaedic surgeries were monitored for surgical site infections (SSI) over 5 years. The overall infection rate was 0.33%. Surgery time and duration of anesthesia administration were also associated statistically with SSI.

Abdominal myomectomy – a safe procedure in an ambulatory setting. Thomas, Robin L. *Fertility and sterility*. November 2010;**94(6)**: 2277–2280

Message: efficacy and safety of minilaparotomy myomectomy was to be evaluated in an ambulatory setting. One hundred eighty-nine women desiring fertility with symptomatic uterine leiomyomata were treated by minilaparotomy myomectomy. Mean operative time was 73 minutes. On average, patients required 3.5 hours of recovery time. Thus, minilaparotomy myomectomy can be accomplished in an outpatient setting with minimal blood loss, fast recovery time, and a low complication rate.

Systematic review of day surgery for breast cancer. Marla, S, Stallard, S. *International Journal of Surgery*. 2009; **7** (4); 318–323

Message: Day surgery for breast cancer is safe, with equivalent complication rates. However, there is lack of evidence from randomised controlled trials. Patient satisfaction and psychological well-being is high. This needs to be confirmed by patient questionnaires.

Quality of recovery from two types of general anesthesia for ambulatory dental surgery in children: a double-blind, randomized trial. König MW, Varughese AM, Brennen KA, Barclay S, Shackelford TM, Samuels PJ, Gorman K, Ellis J, Wang Y, Nick TG. *Paediatric Anaesthesia*. 2009 Aug; **19**(8):748–55

Message: The aim of the study was to compare a sevoflurane-based anesthetic with a propofol-based technique. 179 pediatric patients were scheduled for ambulatory dental surgery using a double-blind and randomized trial design. The use of sevoflurane significantly increased both the risk of PONV and the number of postoperative nursing interventions. In contrast, a propofol-based anesthetic technique did result in significantly less PONV and fewer postoperative nursing interventions.

Three concentrations of levobupivacaine for ilioinguinal/iliohypogastric nerve block in ambulatory pediatric surgery. Disma N, Tuo P, Pellegrino S, Astuto M. *J Clin Anesth*. 2009 Sep; **21**(6):389–93.

Message: The postoperative analgesia of three different concentrations of levobupivacaine was compared in children undergoing inguinal hernia repair (ilioinguinal/iliohypogastric (II/IH) block). A nerve block using 0.4 mL/kg of 0.25% levobupivacaine provided satisfactory postoperative pain relief after inguinal herniorrhaphy.

Suprapubic catheter insertion is an outpatient procedure: cost savings resultant on closing an audit loop. Khan A, Abrams P. *BJU Int*. 2009 Mar; **103**(5):640–4

Message: An outpatient procedure of inserting a suprapubic catheter (SPC) is safe and feasible in most patients, and its widespread use would produce considerable cost savings.

Day surgery in Finland: a prospective cohort study of 14 day-surgery units. Mattila K, Hynynen M; Intensium Consortium Study Group. *Acta Anaesthesiol Scand*. 2009 Apr; **53**(4):455–63

Message: At present, day-surgery accounts for approximately 50% of elective surgery in Finland. Finnish public hospitals have succeeded in providing good-quality care, and there still seems to be potential to increase the share of day surgery.

What specialties perform the most common outpatient cosmetic procedures in the United States? Housman TS, Hancox JG, Mir MR, Camacho F, Fleischer AB, Feldman SR, Williford PM. *Dermatol Surg*. 2008 Jan; **34**(1):1–7

Message: The percentage of cosmetic procedures performed in an outpatient setting was as follows: dermatology (48%), plastic surgery (38%), general surgery (>4%), otolaryngology (>3%), ophthalmology (>3%), facial plastic surgery (1%), family practice (<1%), pediatrics (<1%), and internal medicine (<1%). Most cosmetic procedures were performed on white, female patients in the 40- to 59-year-old age group. Chemical peels and soft tissue fillers were the two most common procedures.