

# Patients and surgeons advancing together: the British view

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Past-President  
British Association of Day Surgery



**25 YEARS**  
OF EXCELLENCE



# Patients and surgeons advancing together

## Protocols and guidelines

## Myths

## Unintended consequences



# Patients' Attitudes to Day Surgery

Patient Satisfaction		
Edinburgh	1978	91%
Bristol	1989	90%
UK Consumer Group	1997	87%
Perth	1997	80%
London	2006	91%
Porto	2009	95%

# Patient Satisfaction

Lemos et al  
Patient satisfaction following day surgery  
J Clin Anesth 2009;21(3):200-5



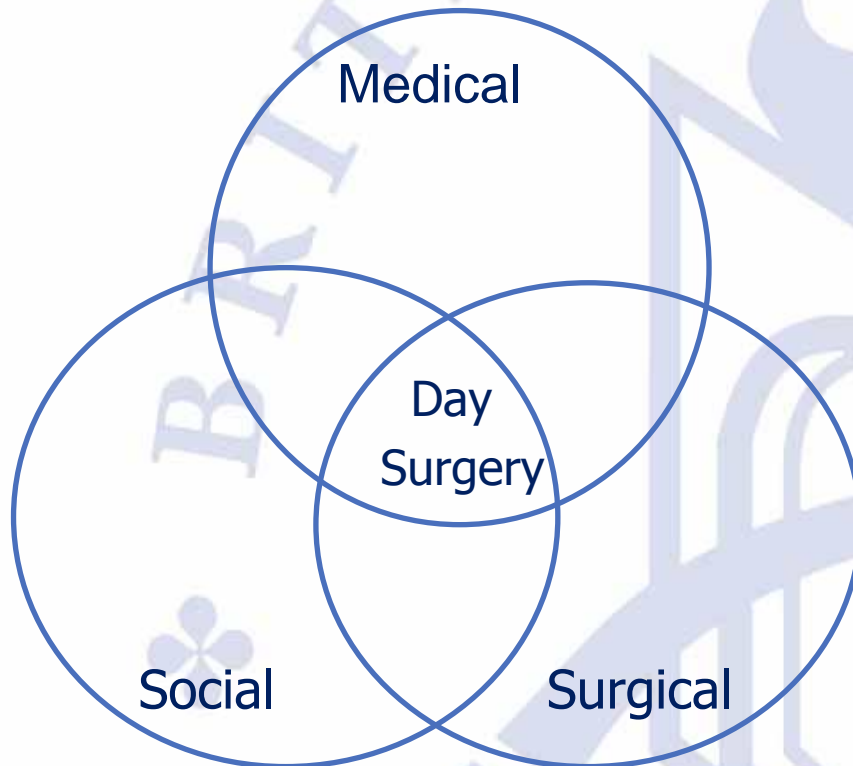
251 consecutive patients

Satisfaction >95%

Dissatisfaction with:

- \* Waiting time for surgery
- \* Postoperative pain control

# Selection Criteria





# Medical Criteria

## ASA Status

ASA 1 Normal healthy  
ASA 2 Mild systemic disease  
ASA 3 Severe systemic disease  
ASA 4 Threat to life  
ASA 5 Moribund



$$\text{BMI} = \frac{\text{weight (lb)} * 703}{\text{height}^2 (\text{in}^2)}$$

OR

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height}^2 (\text{m}^2)} \quad (\text{metric})$$

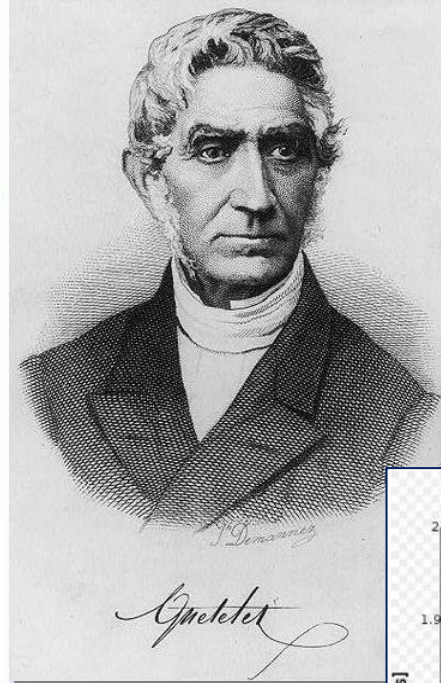
ASA Status:Age:Obesity:Respiratory:Cardiovascular:Diabetes



# Body Mass Index

1840-46  
Quetelet Index

1972  
Body Mass Index

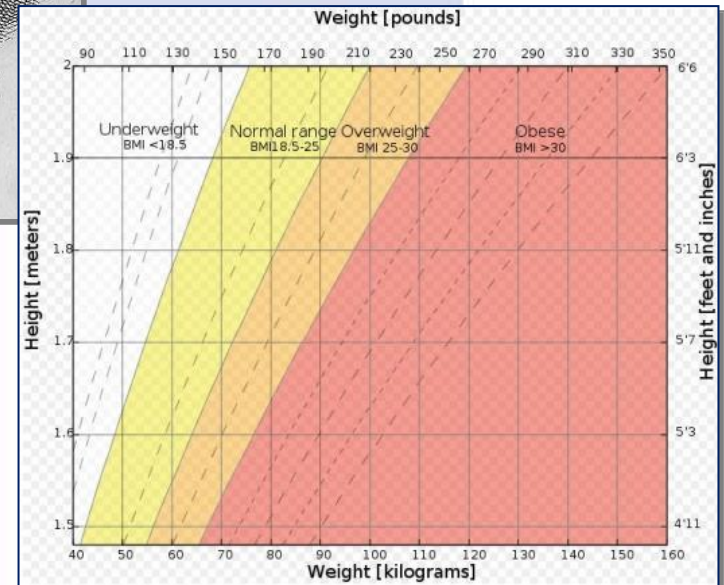


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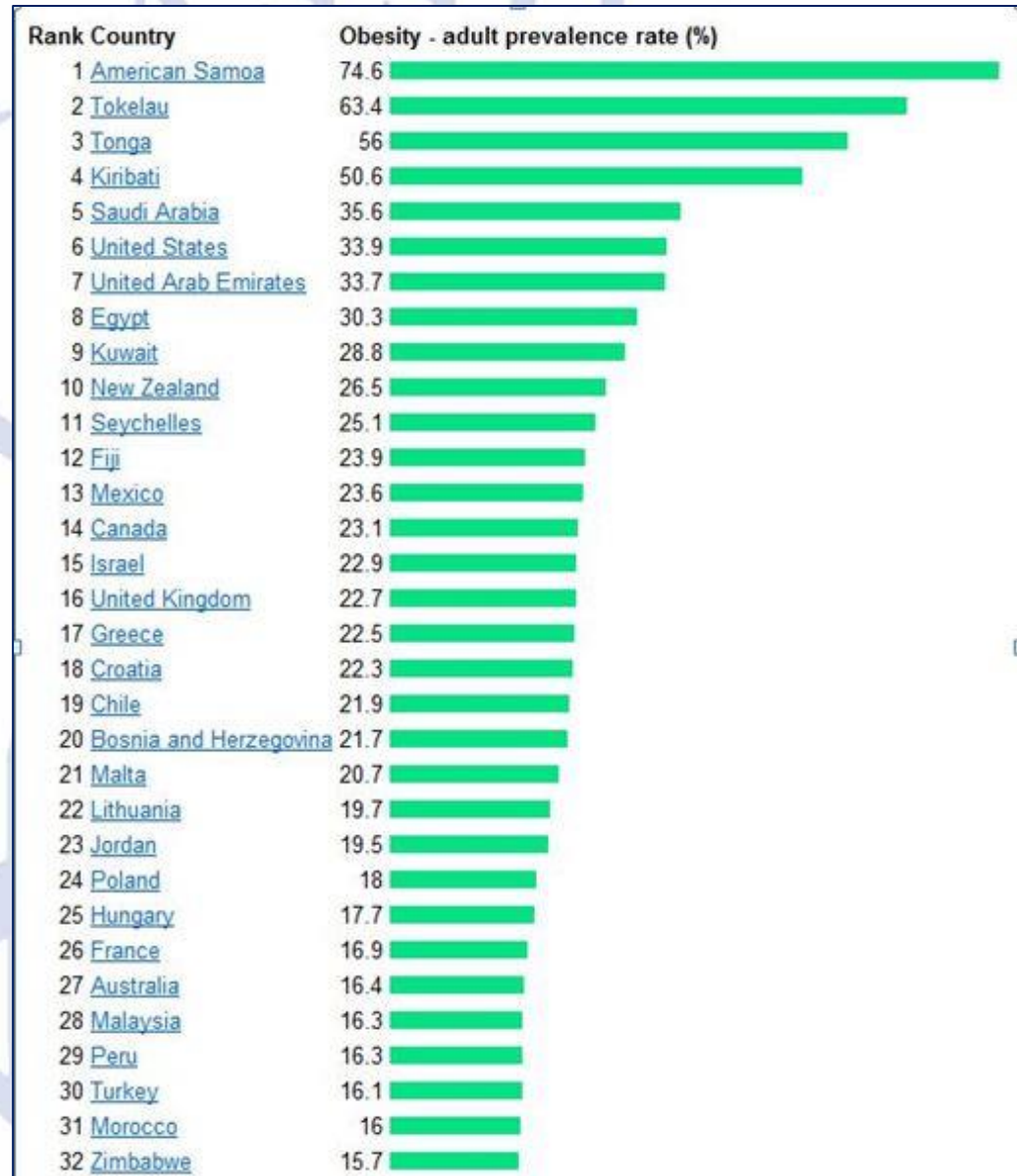
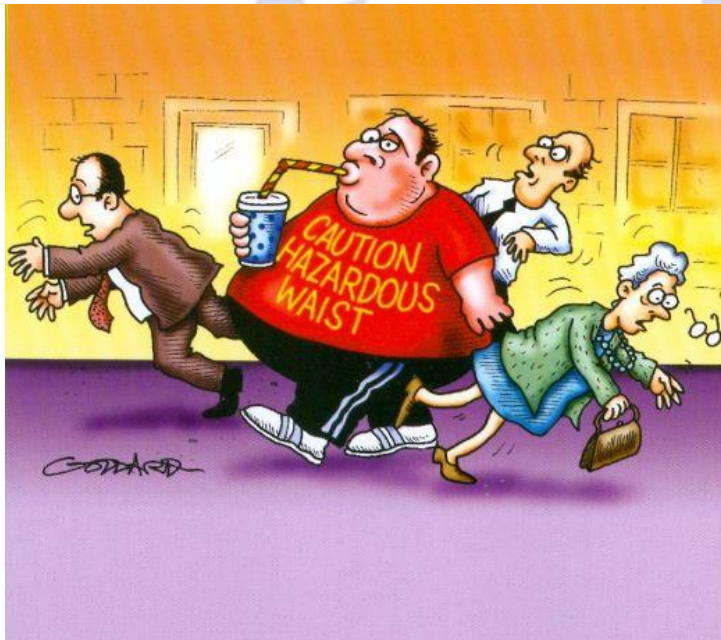
Keys A, Fidanza F, Karvonen MJ,  
Kimura N, Taylor HL.  
Indices of relative weight and obesity.  
J Chronic Dis 125(6):329-43





# Worldwide Obesity Epidemic

Definition of obesity :  
BMI > 30



CIA Factbook 2012

# Social Criteria



Responsible Adult : 1 hrs Drive : Sanitation : Telephone : Stairs : Heating

# Carer Support

The escort for the journey home

Responsible adult

Maximum journey time

Public transport





# Carer Support

The carer at home

Elderly

Invasive surgery

Airway at risk

Non-invasive surgery

Practice guidelines for post-anesthetic care .  
Anesthesiology 2002; 96: 742-52.

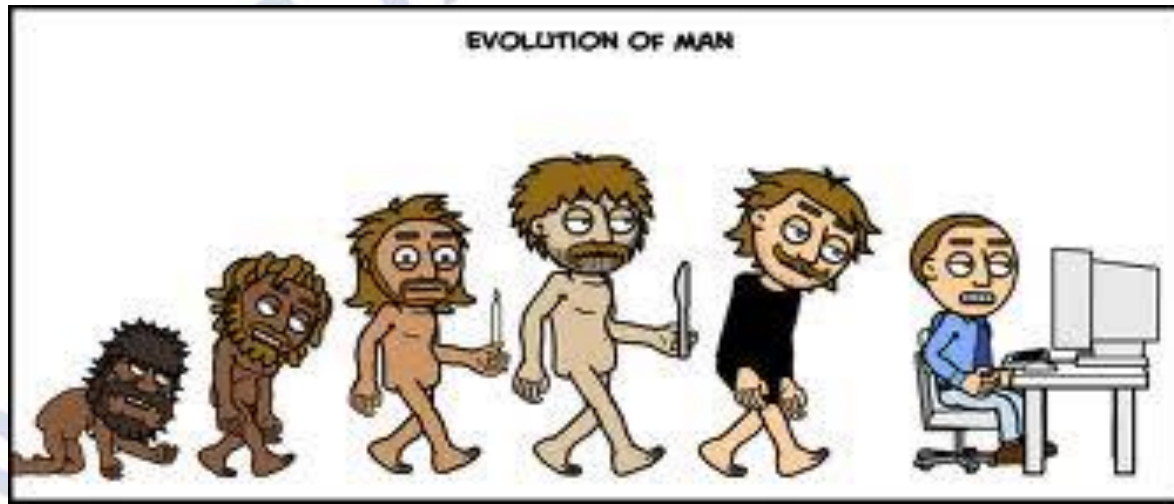


# Surgical Criteria

- Increasing range of procedures suitable for ambulatory surgery
- Minimally invasive techniques for abdominal and thoracic cavities
- Degree of surgical trauma more important than duration of the procedure
- Post-operative pain does not require injectable analgesia
- No ongoing requirement for IV fluids
- Low risk of post-operative complications



# Selection Criteria



## Evolution not Revolution

- Require regular evaluation
- Abandon universal selection criteria
- Apply limitations to the procedure rather than the patient

# *Preassessment*



Who ?  
Where ?  
What ?  
How ?  
When ?

# When ?

Referral from GP

Outpatient Appointment

Diagnostics

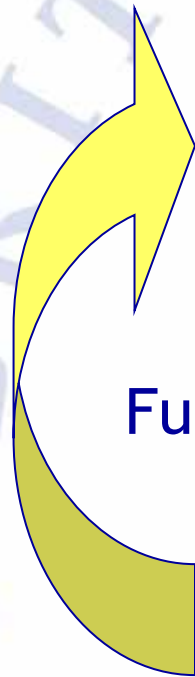
Further review, decision to operate

Waiting list

**Preassessment**

Surgery for those suitable

# When?



Referral from GP

Outpatient Appointment

Diagnostics

Further review, decision to operate

Waiting list

**Preassessment**

Surgery for those suitable

# How ? One-stop Service

Reduced patient attendance

Reduced administrative costs

Timely turnaround of investigations

Optimisation before operation if required

BUT

Some patients need time to reflect

Variable demand in clinic



# One-stop service

## Preassessment triage

- Attend to the patient immediately on arrival
- Assess complexity of preassessment
- Offer the majority one-stop preassessment
- Give complex patients a future 30 or 60 minute appointment

# Preassessment Model

A : Preassess after *adding to waiting list*

May not come to operation

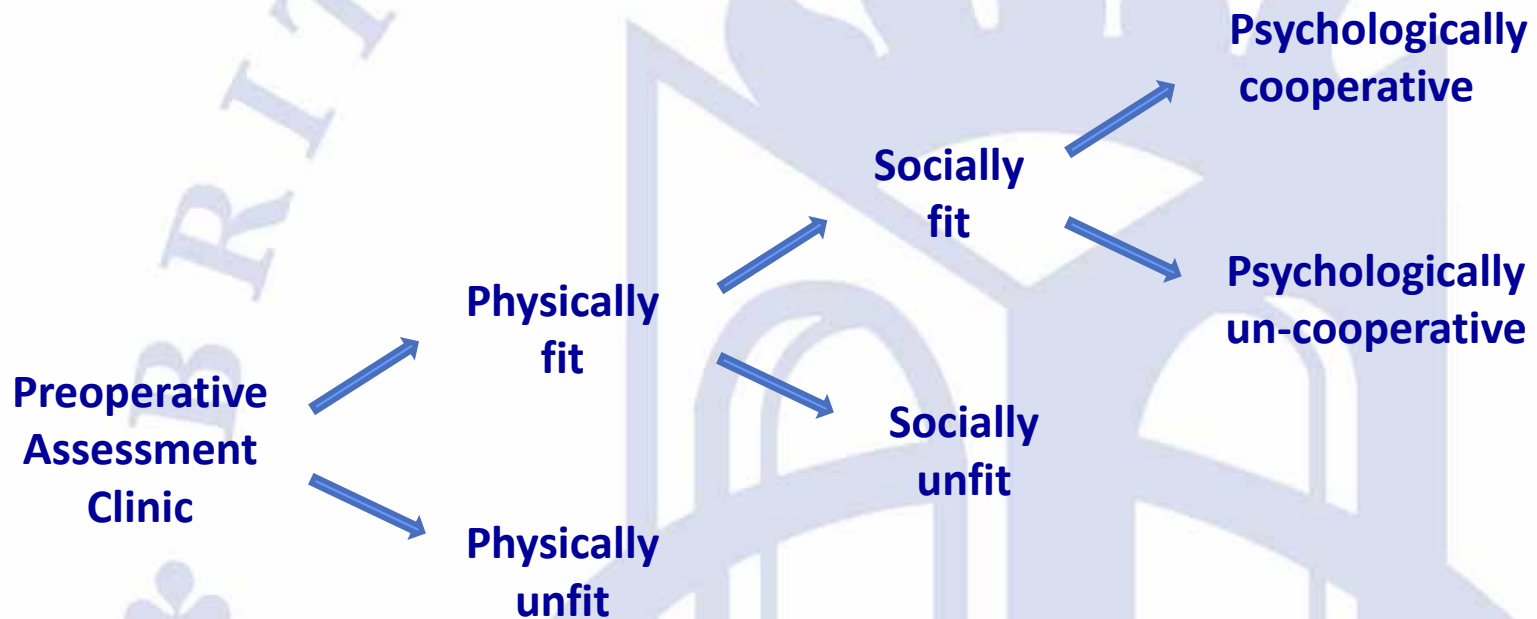
- operation not necessary
- move away
- change of mind

B : Preassess after *giving operation date*

May not be ready for operation

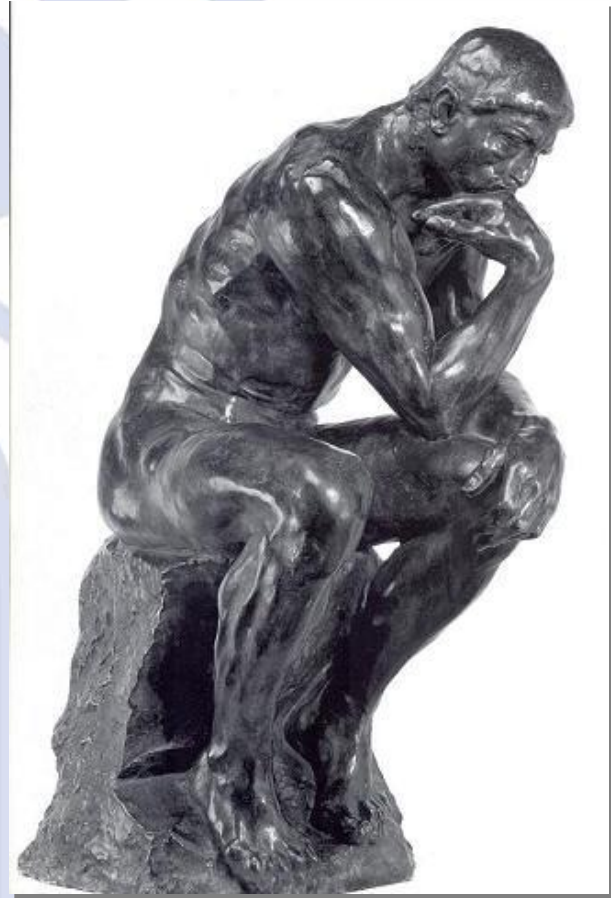
- unfit for day surgery
- not optimised for day surgery

# Preoperative Assessment in 2014



# Psychological Factors

- Trust and Motivation
  - past personal experience
  - experience of others
  - hearsay
  - prejudice
- Personality
- Intelligence
- Culture
  - extended family
  - safety issues in home country



# Patient Matrix

Fit Cooperative	Fit Un-cooperative
Un-fit Cooperative	Un-fit Un-cooperative



# Patient Matrix

Fit Cooperative	Fit Un-cooperative
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# Fit but uncooperative

## Manage information and expectations



# Unfit but Cooperative

- Try as a Day Case
- Consider superficial rather than abdominal procedures
- Do not compromise patient safety
- Consider alternative forms of anaesthesia



# Preoperative fasting

Problem for :

Anaesthetist

Surgeon

Patient





# Preoperative Fasting

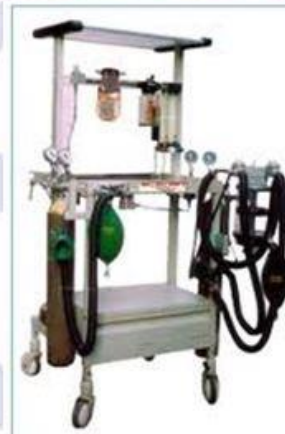
Anaesthetic Myth !

Fasting of :

Food

Drink

} 6 hours





# Preoperative Fasting

## Gastric emptying

- Stomach empties exponentially
- Half time of 10 minutes

Soreide E et al. Preoperative fasting guidelines:an update.  
Acta Anaesthesiologica Scandinavica 2005;49(8):1041-7.



# Preoperative Fasting

- 2 hours for clear fluids  
(water, pulp-free fruit juice, black coffee or tea)
- 6 hours for solids



THE COCHRANE LIBRARY

Independent high-quality evidence for health care decision making

Impact Factor 6.186

Brady MC, Kinn S, Stuart P, Ness V. Preoperative fasting for adults to prevent perioperative complications. Cochrane Database of Systematic Reviews 2003, Issue 4.

# Staggered Admissions

## For

Reduction in patient  
waiting time

Reduction in starvation  
time

## Against

Interruption of List to  
see patients

Carve out if patient  
DNA's

# Staggered Admissions

Admission Time	Solids	Clear Liquids	< 6 Months Breast milk	<6 Months Formula / Cow's Milk
07:00	02:30	06:30	05:30	04:30
07:30	02:30	06:30	05:30	04:30
08:00	02:30	06:30	05:30	04:30
09:00	04:00	08:00	07:00	06:00
12:00	07:30	11:30	10:30	09:30
12:30	07:00	11:30	10:30	09:30
13:00	07:00	11:30	10:30	09:30
14:00	09:00	13:00	12:00	11:00

Last times for solids/fluids/formula/cow's milk



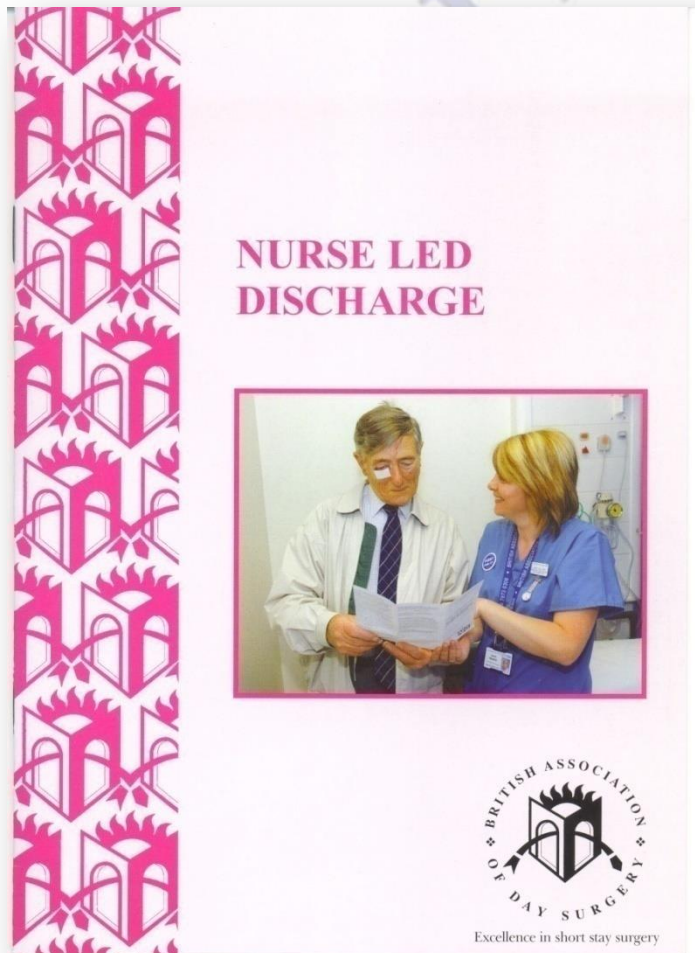
The Royal Children's Hospital Melbourne  
[www.rch.org.au/surgery](http://www.rch.org.au/surgery)



# Discharge process

## Discharge Criteria

- Vital signs stable
- Orientation
- Pain controlled
- Oral analgesics supplied
- Understands medication
- Ability to dress and walk
- Minimal nausea & vomiting
- Minimal wound bleeding
- Passing urine
- Advice on driving
- Responsible adult to take them home
- Carer at home for next 24 hrs





# Driving after Surgery

## Dependent on.....

Recovery from the procedure

Recovery from anaesthesia/sedation

Impairment due to analgesia

Physical restriction due to the surgery

## Therefore.....

Ability to perform an emergency stop

At a glance guide to the current medical standards of fitness to drive.  
Department for Transport. TSO London, 2002.

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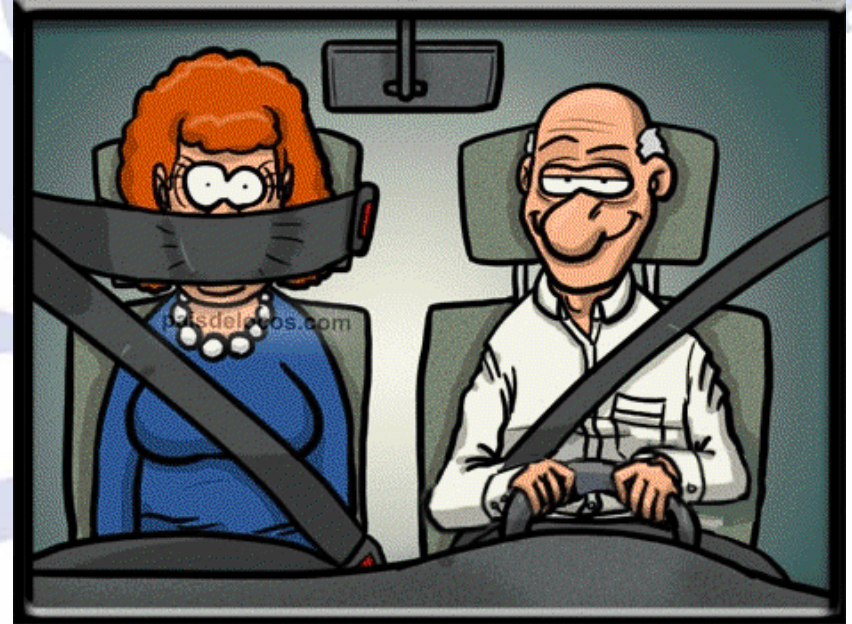
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# Passing Urine

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Jackson I, McWhinnie D, Skues M  
The pathway to success.  
BADs London 2012

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# Summary

Challenge received wisdom  
Beware unintended consequences  
And.....

Listen to your patients !