Laparoscopic partial gastrectomy as day-case surgery: experience from a Tertiary Center

DIMITRA PERISTERI, Shameen Jaunoo

Surgery Department, Brighton and Sussex University Hospitals NHS Trust-esophagogastric research group, brighton, United Kingdom

Abstract

Aim: Only a Few series have demonstrated the feasibility of laparoscopic partial gastrectomy (LPG) as day-case surgery (DCS). Our aim was to review our outcomes and assess the safety and efficacy of same-day discharge after LPG over 12 months to determine if this procedure can be safely performed in the ambulatory setting.

Methods: A Retrospective review of all consecutive patients who underwent ambulatory LPG from January 2021 to December 2021 was performed. Patient age, social circumstances, and other demographics were recorded as well as any comorbidities and ASA score. All patients were discharged home the same day after surgery without an overnight stay at the hospital. Incidence of complications and re-admission to the hospital after discharge were reviewed up to 30 days from surgery.

Results: From January 2021 to December 2021, 19 consecutive patients underwent LPG. Mean age was 47 years (range, 23-74 yr). 17 patients (89%) had gastric GIST tumor resected. Mean recovery room time was 131 minutes (30-385 min). No patients (0%) were readmitted within 30 days. There were no complications and no open conversions or deaths occurred in the series.

Conclusion: With stringent patient selection and utilization of enhanced recovery pathways, our study indicates that LPG may be suitable for the outpatient setting. However, the identification of preoperative and intraoperative variables associated with higher risk of complications might help defining safer same-day discharge protocols.

“Hot Stones” - developing an acute ambulatory urology service

Aidan Melia[1], Theresa Hinde[2], Angelika Zang[2]

[1]University Hospitals Plymouth NHS Trust, Plymouth, United Kingdom. [2]Torbay and South Devon NHS Foundation Trust, Torquay, United Kingdom

Abstract

Introduction:

Urology patients presenting acutely in our hospital were struggling to access timely surgery, particularly laser stone fragmentation. With a lack of in-patient beds, waiting as an in-patient for theatre space was not feasible. In response, we developed an ambulatory urology “hot list”.

Methods:

A urology list in our day surgery unit (DSU) was converted from elective to ‘hot’ surgery.

Suitable patients were discharged home (avoiding admission) and the patient scheduled appropriately and pre-assessed by the day surgery unit (DSU) as close to their attendance as possible.

Results:

65 patients were treated on 22 operating lists amid significant COVID related DSU disruption. This constituted 14% of all urology day cases during this period. Cases included laser stone fragmentation (13/65), urgent stenting procedures (11/65), TURBT (10/65), cystoscopies and scrotal and penile surgery.
46 general, 10 spinal, 2 sedation and 7 local anaesthetics were performed. Mean patient age was 62. Unplanned admission rate was 9% (6/65), compared to 5% for elective urology cases during this time. 100% of patients who had successful telephone follow up reported being satisfied or very satisfied with their care.

Conclusions:

Such practical ‘hot’ pathways benefit patients by allowing access to timely treatment for acute urology problems on an ambulatory basis. The organisation benefits by increasing access to acute beds. Unplanned admissions are higher than in elective situations as expected for acute problems and potential reasons have been evaluated. We would promote the concept of ‘hot’ urology lists as a potential solution to a significant access problem.

Local Anaesthesia: The choice for open hernia repair?

Cindy Wong Siaw Lin

Rotherham Hospital, Rotherham, United Kingdom

Abstract

Introduction

Hernia repair has been conventionally performed under general anaesthesia. There has been remarkable results in local anaesthetic (LA) hernia repair in specialist centres with benefits of shorter waiting time for elective cases and faster recovery with minimal complications. Nevertheless, there is still limited evidence of local anaesthetic hernia repair in district general hospitals.

Methods

We have reviewed all patients who underwent open hernia repair under local anaesthesia by the same consultant surgeon from 2015 to 2021. Patient's demographics, BMI, ASA classification and type of procedure were available from the consultant's database. Case notes were reviewed for data regarding the amount of local anaesthetia, intra-operative and post-operative complications.

Results

A total of 68 patients underwent hernia repair under LA during the study period. 12 patients were excluded due to missing data. Of the remaining 56 patients, 33 patients (58.9%) had groin hernia repair while 23 (41%) had umbilical/paraumbilical hernia repair. Majority patients are obese with BMI >30 (35%) and an average age of 66 years old. Most patients are ASA grade II (50%) followed by grade III (28.5%). Intraoperatively, there was one case required conversion to GA. Day-case repair was achieved in 92.9% of cases while the remaining required inpatient stay due to logistic issue. Post-operative complications were not statistically significant.

Conclusion

LA repair of hernia has good safety profile especially for elderly group with poor co-morbidities. The use of LA in hernia repair should be promoted across all district hospitals across UK.

The COVID-19 pandemic and its impact on Elective Laparoscopic Cholecystectomies

Hannah Byrne[1], Delphine Couderq[2], Rebecca Woods[3], Mostafa Elbably[1], Diego Dumpierres[1]

[1]Northampton General Hospital, Northampton, United Kingdom. [2]Leicester General Hospital, Leicester, United Kingdom. [3]George Eliot Hospital, Nuneaton, United Kingdom

Abstract

Introduction:

Approximately 70,000 laparoscopic cholecystectomies (LC) are performed annually in the UK and these are typically elective day cases. COVID-19 has caused unprecedented disruptions in elective operating and we aimed to evaluate if elective LCs during this era had different outcomes, compared to those performed prior to the pandemic. Has the COVID-19 pandemic negatively impacted LC patients' journey?

Method:

A retrospective data collection identified all patients who had an elective LC from March 2019 – March 2021. These 468 patients were categorised into 'pre-COVID-19' and 'during COVID-19' groups. Length of stay (LoS), rate of conversion to open surgery/subtotal cholecystectomy, operative time and incidence of post-operative complications were analysed.

Results:

A 37% reduction elective LC was observed during the COVID-19 pandemic. No statistically significant differences were seen in the rate of conversion to open surgery/subtotal cholecystectomy, or the incidence of post-operative complications between the two groups.

Operating times were slower in the 'during COVID-19 group' and this was statistically significant (p-value <0.001). The overall LoS was also longer in this group and again this was statistically significant (p-value <0.001).

Conclusion:

Our study demonstrates that the COVID-19 pandemic has had a negative clinical impact on elective LC. Delays in performing LC allows for recurrent infections which can lead to more challenging anatomy encountered intra-operatively. This could explain the increased operative time and LoS observed with LCs during the COVID-19 pandemic. The NHS COVID-19 recovery phase must address the current backlog in elective operating, in order to prevent additional adverse patient outcomes.

Laparoscopic Adrenalectomy in Day Surgery

Gabriele Galata[1], Katerina Alexandrou[1], Ammar Al-Lawati[1], Patrick Klang[1], Assef Jawaada[1], Fraser Dunsire[1], Johnathan Hubbard[2], Jessica Preece[2], Abdulaziz Aldrees[2], Klaus-Martin Schulte[1,3]

[1]King's College Hospital NHS, London, United Kingdom. [2]Guy's and St Thomas' Hospital NHS, London, United Kingdom. [3]Australian National University, Canberra, Australia

Abstract

Introduction: Laparoscopic trans-peritoneal adrenalectomy (lapADX) is a safe and cost-effective procedure, with a length-of-stay (LOS) varied between institutions. The Covid-19 pandemic puts demands on hospital beds, warrants measures to reduce nosocomial exposure, and produced a waiting list crisis in elective surgery. In response, we explore outpatient surgery for primary hyperaldosteronism (PHA).

Methods: This prospective study comprises 25 consecutive patients undergoing laparoscopic adrenalectomy between September 2021 and February 2022, with comprehensive data collection. A patient questionnaire explores perception. Cost data were retrieved from NHS management systems.

Results: 25 consecutive patients were 50 ± 2.6 years old. 64% were male. 19 (76%) did not fit strict criteria for day surgery. They were discharged within 24h of surgery (15/19, 78.9%) or 24-48h past surgery (4/19; 21.1%). Six patients (22.2%) were admitted to the day surgery pathway. Of these, 5 (83.4%) were discharged on the same day. One patient was erroneously admitted to the day surgery pathway, underwent laparoscopic adrenalectomy in the day surgery unit and was admitted overnight for observation. No complications or readmission were recorded in all patients.

Conclusion: In appropriately selected patients and with adequate protocols in place, laparoscopic adrenalectomy can safely be performed in the outpatient setting. With high degrees of patient satisfaction and demonstrated cost effectiveness, the day surgery pathway offers significant potential to meet clinical demands in in current scenarios of access constraints to in-patient surgical care and wider resource limitations.

Is complex oncoplastic breast surgery possible as a day case and what are the patient reported outcomes (PROMs) for this?

Alina Milica, Istvan Darok, Roslyn Stanton

Hampshire Hospitals Foundation Trust, Basingstoke, United Kingdom

Abstract

Introduction:

We have adopted a rapid expansion of day case breast surgery over the past 3 years. We show this is possible and popular with patients.

Methods:

A retrospective case note review was performed of all patients that underwent breast surgery, under a single consultant surgeon, in 2021. The day case rate, the operations performed and the complications were noted.

Separately, 50 day case patients completed a PROMs questionnaire at their post-operative appointments.

Results:

IN 2021, 183 patients underwent breast surgery. We performed 96 wide local excisions (WLEs), 24 mastectomies, 56 mammoplasties (25 bilateral), 27 local perforator flaps, 20 diagnostic procedures, 29 lipofillings or refashioning of scars and 10 re-excisions of breast margins.

Of 183 admissions 18 stayed overnight (11 being planned). Unplanned admissions were three WLEs, three bilateral mammoplasties and one mastectomy.

Our day case surgery rate for 2021 is 90.2%. 95.4% of planned day cases went home within 24 hours. A single patient returned to theatre for bleeding. Two patients had post-operative infection requiring antibiotics.

100% of patients knew what to expect on the day of the surgery and were happy with a day case stay. None had wound management concerns after discharge. All were able to control pain at home comfortably. Patients are called, or invited to call us in the days following surgery, 55% felt this call was helpful.

Conclusion:

Routine complex oncoplastic day case surgery is possible and is associated with positive patient experiences.

“How can we make this a day case?” The use of a bespoke pathway

Rebecca Hawes, Kim Russon, Alison Colhoun, Tammy Hayward, Jennifer Turedi

Rotherham Foundation NHS Trust, Rotherham, United Kingdom

Rebecca Hawes

Email
rebecca.hawes@nhs.net

Abstract

Introduction

For patients with learning difficulties avoiding an inpatient stay can be in their best interest and it is important to facilitate day surgery. We report two patients’ day case journeys.

Case Report

30-year-old with severe autism and potential to become violent required dental extractions. Pre-operatively his carers attended Rotherham hospital day surgery unit (DSU) to do a walk around with DSU team leader and clinical lead to identify behavioural triggers and explain what to expect so they could prepare him using story boards. A plan was made which involved sedatives prior to arrival and on arrival to DSU. No other patients were admitted to DSU that morning and the hospital staff caring for him needed to wear black. Additional care staff were available ‘out of sight’ to provide restraint if necessary.

28-year-old with severe autism and BMI 52 required dental extractions. Sedative pre-medication was not planned due to raised BMI. Patient’s parents attended pre-operatively to DSU for a walk round to identify any triggers and explain what to expect so they could prepare.

For both patients, anaesthesia and recovery occurred without any issues. Thank you cards were received from both families and carers.

Conclusion

With multidisciplinary planning, patients with autism or learning difficulties can be successfully managed via a day case pathway. Use of a ‘bespoke pathway” can minimise anxiety and enable these patients to receive their treatment in a timely manner. Detailed anaesthetic documentation with successes and adaptions provided a useful resource if further surgery is required.

What are our latent threats in Day Surgery? Simulating to safety.

Saskia Webster[1], Deborah Glennie[2], Kath Stenlake[2]

[1]University of Bristol, Bristol, United Kingdom. [2]Somerset NHS Foundation Trust, Musgrove Park Hospital, Taunton, United Kingdom

Abstract

Introduction: In 2021 we expanded and remodelled our Day Surgery Centre (DSC) to create an integrated Ophthalmic Theatre Suite (OTS). Before admitting real patients, we used simulation-based clinical systems testing (SbCST) and applied latent safety threat (LST) theory to test our safety and efficiency.

Method: Using the LST categories of equipment, medication, environment, systems and protocol, organisation, and education and training; the evidence-based safe design principles (EbSDP), which indicate safety and efficiency, were tested in a simulation environment with a full theatre team replicating both elective and emergency situations.

The EbSDPs analysed were standardisation of operating theatres, staff fatigue, visibility of patient cues, noise, communication breakdown, infection control, environmental hazards, automation, patient and family involvement in care, diagnostic areas, clinical support areas and care team workstations.

Results: As a result of this SbCST, we identified improvements required to each EbSDP. This included, but was not limited to, missing equipment in the recovery bays and a need to change the timing of the automatic doors between each anaesthetic room and theatre to allow for navigation between those areas. The anaesthetic machine was also moved in order to facilitate the access that would be required in an emergency.

Conclusions: LST theory has successfully identified several areas of improvement required for the DSC to function safely and efficiently. We highly recommend the use of simulation and LST theory to test and improve safety, as well as improving the Day Case patient and practitioners' experience.

Day Case Mastectomies: The Frimley Park Hospital Ambulatory Pathway

Franklin Wou, Madan Narayanan, Hisham Osman, Isabella Karat, Deepa Jadhav

Frimley Park Hospital, Frimley, United Kingdom

Abstract

Introduction:

In 2020/21 at Frimley Park Hospital, the day case rate for mastectomy with axillary surgery was 6%. We introduced a novel technique for providing multi-modal analgesia (MMA) peri-operatively for major oncological breast surgery to improve our day case rates.

Methods:

We introduced an ambulatory pathway with the following key concepts:

- Preassessment with information about regional anaesthetic techniques and ambulatory pump
- Multi-modal systemic analgesia peri-operatively
- Regional anaesthesia (paravertebral or pectoral group of blocks)
- Total intravenous anaesthesia with processed EEG monitoring
- Surgically-inserted serratus plane catheter with a continuous infusion of 0.125% Levobupivacaine 6ml/hr through an ambulatory elastomeric pump for 48 hours and discharged to the community
- Telephone follow-up by hospital acute pain team
- Removal of surgical drains in home setting, by district nurses

Results

We included 29 patients, nine of which underwent immediate reconstruction. Our day case rate for mastectomy with axillary surgery increased to 79% (n=15/19), and for mastectomy with immediate reconstructions to 44%% (n=4/9). Challenges included managing the expectations of patients, their familes and staff, administering post-operative intravenous antibiotics and changing organisational culture.

Conclusion

We successfully trialled a day case pathway for major oncological breast surgery, which incorporated a novel multi-model analgesia technique, and integrated hospital and community services. This delivered a dramatically improved day case rate for both mastectomies ± axillary surgery and mastectomies with immediate reconstructions. We present this technique to be incorporated into a national protocol for the GIRFT Day Surgery delivery pack.

Daycase THA has excellent functional outcomes, patient satisfaction & net promoter score: One-year outcomes for 50 patients using the Fife Protocol

Katie Hughes[1], Nick Clement[2], Edward Dunstan[1]

[1]NHS Fife, Kirkcaldy, United Kingdom. [2]The Royal Infirmary of Edinburgh, Edinburgh, United Kingdom

Abstract

Aims

The primary aim of this study was to assess outcomes after day case THA using the Fife protocol. Secondary aims were to assess (1) improvements in health-related quality of life, (2) factors associated with outcomes, (3) patient satisfaction, and (4) postoperative complications.

Method

A prospective study of 50 patients undergoing day case THA was undertaken. Patient demographics, pre and postoperative (1-year) outcomes [Oxford hip score (OHS) and EuroQol 5-dimensional 3-level (EQ-5D)] were assessed. Perioperative complications, readmissions and patient satisfaction at one-year were recorded. The study was powered to the OHS.

Results

33 male and 17 female patients, mean age 62 (41 to 76), mean BMI of 27.7 (18 to 37). The majority were ASA grade II (n=38). There were significant improvements in the OHS (24.1, 95% CI 21.9 to 26.4, $p<0.001$) and EQ-5D (0.414, 95% CI 0.332 to 0.495, $p<0.001$). Regression modelling identified that preoperative OHS and EQ-5D were independently associated with one-year postoperative change in OHS ($p<0.001$) and EQ-5D ($p<0.001$) respectively. All patients were satisfied (n=3) or very satisfied (n=47). Five patients stated they were "likely" and 45 stated they were "extremely likely" to go through surgery again. All were "likely" (n=4) or "extremely likely" (n=46) to recommend surgery to friends or family, with a Net Promoter Score® of 92%. No complications were reported at mean 26 month follow up.

Conclusions

Day case THA was associated with improvement in hip-specific and health related quality of life at one-year. Day case THA has an exceptional Net Promotor Score.

Listing Patients for Hernia Repair from Telephone Clinic. Experience from a UK Teaching Hospital.

Polly Estridge, Chris Briggs

Derriford Hospital, Plymouth, Ukraine

Abstract

Introduction

Utilisation of remote clinics in increasing in most healthcare settings. In our UK teaching hospital, this includes referrals for hernia repair, and selected patients are listed for surgery from telephone clinic.

In March 2021 we introduced criteria for triage to telephone or Face to Face (FTF) assessment in hernia referrals. Here, we evaluate the effectiveness of telephone assessment, with specific attention to 'Day of Surgery' (DOS) Cancellation. We also assess the effect of our triage criteria.

Methods

Departmental diaries were used to generate a list of patients listed for hernia repair from February 2020 and February 2022. Interrogation of clinic letters, discharge paperwork and operating lists, as well as data from management teams and paper notes provided the data.

Fishers Exact test is used to compare groups seen FTF and remotely as well and pre and post intervention.

Results

326 patients were listed for hernia repair, 56 after telephone assessment. 6 (11%) of those listed from telephone clinic were cancelled on the DOS compared with 34 (13%) of those seen FTF.

With triage criteria in place, rate of listing from phone clinic increased significantly from 14% to 27%. Total DOS cancellations reduced from 14% to 9%. Cancellation after telephone clinic reduced from 12% to 9%.

Conclusions

Generally, there is no significant difference between DOS cancellations after FTF or telephone clinic assessment. Clear criteria for telephone assessment appears to have increased the numbers being listed after remote clinics. This has not had any significant impact on the number of DOSC.

Tackling the backlog: South West Ambulatory Orthopaedic Centre – an innovative healthcare solution

Aaron Lavin[1], Claire Blandford[2], Jonathan Howell[1], Mary Stocker[2]

[1]Royal Devon University Hospitals, Exeter, United Kingdom. [2]Torbay & South Devon NHS Foundation Trust, Torquay, United Kingdom

Abstract

Introduction

In March 2022 the South West Ambulatory Orthopaedic Centre (SWAOC) opened on the site of the previous NHS Exeter Nightingale. The unit is an integrated care system asset involving the three Devon acute trusts working in partnership. Using innovative protocols, the primary aim is to tackle the high numbers of hip and knee arthroplasty patients waiting for surgery and deliver lower limb arthroplasty surgery on an ambulatory basis for all.

Methods

Data was analysed for all patients who have undergone surgery at SWAOC since opening. Variables included operation performed, length of stay, anaesthetic type, time to first mobilisation, patient satisfaction and post-discharge pain experience.

Results

In the seven weeks since the unit opened, 85 patients have been treated (47 total hip arthroplasty, 30 total knee and 8 uni-compartmental knee arthroplasty). The mean and median lengths of stay were 19 and 12.6 hours respectively. 54% of patients were discharged on the day of surgery. 100% of patients were discharged by the morning of day one. Median time from spinal insertion to first post-operative mobilisation was 333 minutes. Patient satisfaction [very or satisfied] was 96%. 54% of patients rated their overall pain experience as ‘no pain’ or ‘mild pain’.

Conclusion

SWAOC has demonstrated outstanding early results. We hope this could become a nationally adopted model and challenge current GIRFT recommendations of a median length of stay of three days. We estimate 90% of patients would be suitable for such ambulatory pathways which would substantially shift the lower limb arthroplasty landscape.

Long Term Ventilation Standard Operating Procedure for Day Case Surgery: a Service Evaluation Project

JAMIE KEOUGH[1], CARMEN FUSTER-PEREZ[2], STEVE ROBERTS[1]

[1]Alder Hey Children's Hospital, Liverpool, United Kingdom. [2]Alder Hey Chilren's Hospital, Liverpool, United Kingdom

Abstract

Introduction

Long-term ventilation (LTV) patients for elective surgery were previously managed on the high-dependency unit (HDU) post-operatively. Cancellations on the day of surgery were not infrequent due to lack of beds. The financial cost of this process was significant due to the cost of a HDU bed overnight as well as lost theatre time. The inconvenience and cost to parents taking time off work was also substantial. As such we introduced a LTV standard operating procedure (SOP) to facilitate day-case surgery (DCS) and this service was evaluated.

Methods

The SOP involves identifying LTV patients having minor procedures that are suitable for DCS. A bank nurse or physio specialising in LTV is then booked on the day of surgery to aid the usual recovery and DCS ward staff. After introducing the SOP we assessed its economic impact, its effectiveness in permitting DCS for LTV patients as well as surveying parental satisfaction.

Results

Ten patients were identified over a twelve-month period. All patients went home on the day of surgery and the average length of stay was 65 minutes on the DCS ward. There were no reported adverse incidents. The cost saving was approximately £1100 per patient increasing to around £2300 if cancellation was avoided. Parents evaluated the service as either ‘’good’’ or ‘’very good’’ and they identified no patient safety concerns.

Conclusions

The LTV SOP is a safe and effective means of delivering DCS for LTV patients leading to excellent levels of parental satisfaction whilst minimising same-day cancellations.

Reducing length of stay in patients with common bile duct stones undergoing cholecystectomy

David Bunting, Abidemi Adesuyi, David Sanders, Maciej Pawlak, John Findlay, Anjum Arain

North Devon District Hopsital, Barnstaple, United Kingdom

Abstract

Introduction

The optimal management of common bile duct stones (CBDS) in patients requiring cholecystectomy is debated. Cholecystectomy, combined with pre/post-operative ERCP is known as a 2-stage approach. The 1-stage approach utilises cholecystectomy combined with operative bile duct exploration (BDE). Evidence has failed to demonstrate superiority of either approach. We investigated whether ambulatory pathways and a 2-stage technique can reduce LOS in patients with CBDS requiring cholecystectomy.

Methods

From a database of 427 consecutive patients undergoing cholecystectomy between 2016 and 2020, we identified all patients treated for CBDS by a 1-stage technique (Group 1) or 2-stage technique (Group 2). Total length of stay (TLOS), length of stay following date of first procedure (PLOS) and percentage 0-day stay were compared.

Results

38 patients underwent the 2-stage approach (27 pre-op ERCP, 11 post-op ERCP) and 7 underwent the 1-stage approach.

Median TLOS was 4 days in group 1 and 2.5 days in group 2 (p=0.041, Mann-Whitney U). No patients in group 1 had a 0-day TLOS. 23.7% patients in group 2 had a 0-day TLOS (Fisher's Exact P>0.05)

Median PLOS was 4 days in group 1 and 1 day in group 2 (p=0.0091, Mann-Whitney U. No patients in group 1 had a 0-day PLOS. 28.9% patients in group 2 had a 0-day PLOS (Fisher's Exact P>0.05)

Conclusions

Using an ambulatory pathway, the 2-stage treatment of CBDS utilising ERCP can result in reduced hospital stay and may be associated with a higher day case rate compared with a one-stage approach.

Establishing a day case pathway for radiological microwave ablation of liver tumours performed under general anaesthesia

Heather Rodgers, Alistair Johnstone

University Hospitals Bristol and Weston, Bristol, United Kingdom

Abstract

Introduction

Image guided microwave ablation (MWA) is the process of destroying liver tumours up to 30mm in size with direct application of thermal energy. Due to intraoperative pain, this is usually performed under general anaesthesia (GA) with an overnight stay in hospital. The bed crisis prompted an audit of current practice, with 97% of 30 patients found to require no nursing or medical interventions overnight. Only one patient required hospital level care for severe pain, and this was identified in recovery.

Methods

After a small trial, a day case pathway was designed by a working group of anaesthetists, radiologists, and nurses. This includes one stop preoperative assessment, ensuring standard day case criteria are fulfilled (e.g. responsible adult at home overnight) and a nurse led discharge pathway from radiology.

Results

So far 9 patients have undergone this procedure with intended day case management. One patient required an overnight stay, and no patients have been readmitted. A telephone follow-up is performed on day one post-operatively, assessing patients pain scores, nausea, and satisfaction; all patients have been happy with only one report of mild pain and nausea.

Conclusion

Despite a lack of published literature, MWA is a safe procedure to perform as a day case. This is now the default booking for this procedure in our trust, with the potential to save 45 bed days per year and increase efficiency allowing an extra procedure to be added to each list.

Role of Specialist Nurse in the UroLift Day Surgery Pathway

Mr Abimbola Adeyemi, Emma Jones, Amy Harper, Mr Ananda Kumar Dhanasekaran

Sandwell and West Birmingham NHS Trust, Birmingham, United Kingdom

Abstract

Introduction

Specialist nurses are defined as nurses with general training but later get specialised in a specific role. Few jobs performed by the doctors are routine and protocol-driven. By creating simple pathways specialist nurses can take a specific role, relieving the pressure from the waiting list and resolving the lack of clinic capacity. This is well established in cancer services, like Macmillan nurses. In this presentation, we discuss how we developed the LUTS specialist nurses and the advantages it made to the patient pathway and outcomes.

Methods

In the past 24 months, we have developed one stone and two LUTS specialists nurses. This transformed their job role of them into specific specialised roles. We have written the protocol for both the LUTS and stone pathways. One-stop LUTS clinic and simpler pathways for UroLift further strengthened their roles. They had prescription training, signed off for performing cystoscopy, transrectal ultrasound of the prostate for volume measurement and biopsy. They shadowed consultants doing the clinics for the initial few months. Next stage they started running the clinics parallel to a consultant clinic. Now they are signed off to run the clinics on their own.

Results

The evolution of the specialist nurses revolutionised the LUTS pathway, increased capacity and relieved the consultants to take part in more challenging roles. We have written down the specialist nurses' job roles and revised them as they progressed.

Conclusions

Overall in our experience training and establishing the specialist nurses resulted in better patient outcomes and increased clinic capacity.

Providing safe day case surgery in a primary care setting through the Covid-19 pandemic

Jeanine Smirl[1], James Foster[1], Kristine Lillig[1], Sivanandy Nagendran[1], Michael Lewis[2], Nicholas Shephard[2], Rita Chotai[2]

[1]St Stephens Gate Medical Practice, Norwich, United Kingdom. [2]Norfolk and Norwich University Hospital, Norwich, United Kingdom

Abstract

Introduction

The Covid pandemic has been a challenge for the provision of day case surgery in hospitals. Most secondary care units have seen major drops in productivity over the last two years. We have maintained our productivity and provided safe and efficient surgical services by incorporating IPC measures, introducing changes in the patient pathway and agile working practices.

Methods

We reviewed the surgical service provision of a primary care surgical unit during the two years from the start of the lock-down in March 2020 to examine the effect of the pandemic on our unit's productivity.

Results

Annual numbers of cases of cataract, hernia repair and carpal tunnel decreased by 10% in 20/21 compared to 19/20 however we have achieved a 20% rise in numbers in 21/22.

Initial lockdown in the UK resulted in cessation of services for two months after which the unit was able to restart and reach maximal productivity safely with the introduction of pre-operative PCR testing, staggered patient arrival times and other simple measures.

Conclusion

Day case surgical services were provided effectively and safely in a primary care setting during the pandemic without affecting productivity. We were also able to offer additional eye surgery capacity to our acute hospital to support the system recovery.

This may be a model for future day case surgery in the UK, relieving pressure on secondary care units as they struggle to recover from the pandemic.