

**DR JOELLENE MITCHELL  
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### **Brief Biography**

I am a Consultant Anaesthetist working in a busy DGH. I have been a consultant since 2010, and over this time have been Clinical Lead for Day Surgery in Anaesthesia from 2012-2020, and then overall Day Surgery Lead 2015 - 2020. I have a specialist interest in Day Surgery, Acute Pain, Regional Anaesthesia, Orthopaedic ERAS. I have been actively involved in audit and quality improvement projects. These include the development of preoperative blood optimisation (POBO) for the identification and management of preoperative anaemia; introduction of obstructive sleep apnoea screening using the STOP-BANG tool; and perioperative analgesia prescribing. I am involved in developing opioid stewardship to promote effective postoperative analgesia prescribing and usage. I have developed and authored a national guideline for the Association of Anaesthetists to support breastfeeding and anaesthesia, and produced a local guideline in conjunction to this to support women admitted to our hospital to continue to breastfeed, including in the day surgery environment.

### **Contributions to Day Surgery Development**

In the time period as Clinical Lead, I have promoted the principals of BADS. I instigated a Clinical Governance group to examine day surgery usage and compliance with day surgery bundle rates. One example was high overnight admission rate for laparoscopic cholecystectomy surgery, which involved recording accurate data to identify causes, thus removing assumptions by each specialty and improving day case discharge compliance.

I have introduced recording BMI on patient lists to ensure appropriate use of theatre resources, with additional time and equipment to facilitate the day surgery pathway. I have promoted the use of spinal anaesthesia, introduced the use of prilocaine and shared experience of this.

I have a keen interest in preventive analgesia, including the use of oral premedication, and effective analgesia for discharge. I provide highly effective regional anaesthesia to deliver complex upper limb surgery, and audited the analgesia provided for discharge. This has highlighted that whilst regional anaesthesia provides excellent immediate postoperative analgesia to provide day of surgery discharge, once the block wears off there is the need to provide stronger analgesia. This resulted in the introduction of limited amount of short acting strong opioid analgesia to support multimodal analgesia and facilitate functional recovery. To assist patients with postoperative pain relief, I have developed a patient information leaflet explaining analgesia after day surgery to support patients to understand when to take pain relief, and how to step pain relief down to ensure patients do not remain on opioid based medications.

I am lead for the Orthopaedic ERAS arthroplasty pathway, and we are working towards day case surgery for primary hip and knee arthroplasty. We have been able to discharge a significant number of patients before 23 hours, and are looking forward to providing day case surgery for appropriate patients when elective surgery recommences. Over the COVID period, I have assisted the orthopaedic team to utilise day surgery for trauma cases to improve access to theatre whilst ward capacity is limited. This pathway is to be continued moving forward.

### **Reasons for wishing to join BADS Council**

The BADS council has demonstrated leadership through sharing of excellent clinical practice and I would like the opportunity to be part of the team providing exciting and innovative solutions that extend the horizons of Day Surgery. Efficient use of theatre time is essential in the recovery from COVID. This will involve caring for patients who may be increasingly frail, and more complex surgery with effective analgesia to allow this to be performed in the day surgery setting. I feel my perioperative medicine experience and acute pain expertise will be an asset to the BADS Council to support ongoing education. It is essential that whilst we promote Day Surgery, we also assist patients to recover well in their own homes.

Dr Joellene Mitchell