

Group and Saves for Laparoscopic Cholecystectomies: An Unnecessary Expense?

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Abstract

Introduction

The aim of this study was to analyse the necessity of routine group and saves (G+S) in patients undergoing laparoscopic cholecystectomies and to establish whether it would be safe to cease this practice. In doing so, we aim to reduce financial burden and workload, whilst maintaining safe clinical outcomes.

Methods

This was a retrospective study into all consecutive patients that underwent an elective or emergency laparoscopic cholecystectomy in Royal Hampshire County Hospital (RHCH) from May 2019 - May 2021. IT systems and clinical notes were analysed to identify the quantity of pre-operative G+S samples sent, and the proportion of patients that required a postoperative blood transfusion.

Results

Over 24 months, 427 laparoscopic cholecystectomies were performed in RHCH, 70% of which were elective. In total, 682 G+S samples were processed (1.6/patient), resulting in a cost of £16504. Two patients received a postoperative blood transfusion (0.5%). One of these patients presented with an UGI bleed, whilst the other presented with a haemolytic crisis. They were therefore predictable, pre-operative conditions, for which a post-operative transfusion had been planned prior to surgery.

Conclusion

In conclusion, this study suggests that performing routine G+S for all laparoscopic cholecystectomy patients has created an unnecessary workload and financial burden on this small DGH. Furthermore, during this 24 months, this practice had no clinical advantage. We therefore advise that sending pre-operative G+S samples should be a clinical decision made on a case by case basis, rather than a default for all patients.

A-V fistula formation as day case procedures at Nottingham University Hospitals (NUH) - A retrospective audit

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Abstract

Introduction: Model hospital and NHS improvement use benchmarks provided by BADS for AV-fistula procedures that can be safely done as day case and it is set at 95%. 35% of these procedures were done as day cases at NUH in 2019-2020. The aim of this audit was to evaluate the reasons these procedures weren't done as day cases and identify potential factors for improvement.

Methods: The project was registered with the clinical audit department of the Trust. We evaluated 135 A-V fistula procedures performed at NUH between April 2019 and March 2020 and they were categorised based upon the number of nights that they spent in hospital. Those with a 0 night stay were classified as a day case procedure.

Results: The percentage of patients under-going A-V fistula procedure as day case at NUH was 35%. 54 patients (40%) stayed for 1 night and 24 (18%) stayed for 2 nights. 48 of the 54 (88.9%) patients who had a 1 night stay in hospital were admitted pre-operatively. Reasons for pre-operative admissions were mainly social factors (help needed with medications, distance to travel) and bed availability. Post-operatively patients were admitted due to co-morbidities and surgical factors (2nd stage procedures).

Conclusions: We aim to increase the day case rate of patients undergoing A-V fistula formation at NUH by formulating a guideline to support clinicians and other team members to identifying appropriate patients suitable for a day surgery and perform more of these procedures on the dedicated Day Surgery Unit (DSU).

Neoadjuvant imatinib for Advanced Resectable GISTs. A State-of-the-art.

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Abstract

Aims: Surgical resection is the main treatment for gastric GISTs and complete R0 resection offers prognostic value toward risk of relapse. However, primary gastric tumors, are quite large when detected, and multivisceral resection seems to be the treatment of choice. Existing results of recent clinical trials have established the feasibility of neoadjuvant imatinib therapy mainly in unresectable GISTs. Yet, proof of the survival effectiveness of neoadjuvant imatinib therapy in borderline resectable tumors has not been sufficiently demonstrated. **Methods:** A review of the literature was performed to identify the current evidence for preoperative treatment of large GISTs with Imatinib regarding complete surgical resection and oncological outcome. **Results:** Data supporting the benefit of neoadjuvant imatinib are available from several case reports and small retrospective series, most of which include a mix of patients with borderline resectable and unresectable primary disease. In addition, a single-phase II United States Intergroup trial and an Asian phase II trial of neoadjuvant therapy in large stomach tumors, concluded that Neoadjuvant imatinib therapy is preferred for marginally resectable tumors. Progressive disease after neoadjuvant treatment was a rare event, and partial response was achieved in 40–80% of all patients. **Conclusion:** Neoadjuvant therapy with imatinib is a safe treatment strategy for patients with advanced but otherwise resectable GIST tumors. It may also enable less invasive and organ-sparing surgery, increase the complete resection rate and avoid surgical rupture by decreasing the tumor size. Clinical questions remain about the most appropriate period of pre-and post-operative imatinib administration in the neoadjuvant protocol.

DAY CASE LAPAROSCOPIC APPENDICECTOMY FOR ACUTE APPENDICITIS IN ADULTS: A RETROSPECTIVE CASE SERIES STUDY.

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Abstract

Aims

Laparoscopic appendectomy (LA) is the standard of care as it is associated with shorter hospital stay and fewer complications. The purpose of this study was to assess the safety of same-day discharge after laparoscopic appendectomy for acute appendicitis at a tertiary Care Center.

Methods

A retrospective study was performed for adult patients who underwent LA for acute appendicitis in 2021. Patients were divided into 2 groups: discharge in <24h or admission for >24-h. Demographic data, postoperative length of stay, histology report, complications and readmission rates were abstracted from patients' medical records.

Results

A total of 303 laparoscopic appendicectomies were included. Of these, 71 patients had Length Of Stay (LOS) less than 24 hours. Pathology, comorbidities, and readmission were recorded. Average LOS for all patients was 7 hours with a minimum stay of 4 hours and a maximum stay of 23 hours. For patients discharged in less than 24 hours, there was no readmission and 58 (19.1%) of these patients had simple appendicitis on pathology. A total of 26 patients (8.58%) were discharged in less than 7 hours (from the recovery room). There was no significant difference in complications or readmission between patients discharged in less than 24 hours and those who stayed longer.

Conclusion

Day case LA is safe and effective for treating selected patients with non-perforated appendicitis, as it decreases the length of stay and hospital charges.

Laparoscopic Nissen fundoplication as a Day-case procedure. Experience from a tertiary center

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Abstract

Aim: Laparoscopic Nissen fundoplication is increasingly being performed as a day-case procedure. However, its achievability and limitations in the setting of patient selection and complication rates still remain unclear. This study aimed to assess the acceptability, feasibility, and results of ambulatory laparoscopic fundoplication for gastro-esophageal reflux disease (GERD) in a university tertiary care center.

Methods: A Day-case surgery for GERD was proposed routinely to all patients with proven asymptomatic, uncomplicated GERD. All of them were fulfilling predetermined inclusion criteria from January 2020 and December 2021. All patients underwent standard anesthetic, surgical, analgesic and antiemetic protocols. Patient age, social circumstances, and other demographics were also recorded as well as any comorbidities and ASA score. The primary endpoint measured was rate of readmission and complication rates.

Results: Of 23 patients undergoing laparoscopic fundoplication for GERD during the study period, 16 (69.56%) had day-case procedures. Most of them (81.6%) were discharged 6 to 8h after operation. Five patients were converted to in-patient hospitalization because of nausea (n=1), inadequate pain inadequate pain control (n=3) or anxiety (n=1). There were no complications and no re-admissions recorded.

Conclusion: Day-case laparoscopic Nissen fundoplication is a feasible, effective, and safe option for treating selected patients with gastroesophageal reflux disease (GERD) subject to careful patient selection and surgeon expertise. Experience is also associated with a significant reduction in operative time and complication rates.

Ambulatory pathway for the management of superficial abscesses at the West Suffolk Hospital

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Abstract

Introduction: Incision and drainage of abscesses is a quick operative intervention. Superficial abscesses form a large part of surgical emergencies in many units and, unless complicated, are considered a low priority emergency often leading to delayed definitive treatment.

Methodology: Retrospective audit of care provided to patients who required drainage of superficial abscess by the general surgery team under general anaesthesia at WSH over a 6 months period between May and November 2021. This included 76 patients. Information was gained from clerking proformas, daily entries, operation notes, anaesthetic charts, lab results and discharge summaries. Descriptive analysis of time of admission, period from admission to surgery, type of procedure performed, duration of operation, observations and lab results on admission, co-morbidities and length of stay was performed.

Results: Only 39% of the patients had their abscesses drained on the day of presentation with 50% of the patients waiting till the next day for procedure and the remaining 11% waited for 2 or more days. The time interval between admission and surgery ranged from 2 hours to 94 hours (mean \pm SD 19 \pm 16.25). Bed occupation days ranged from a minimum of 1 to 6 days with a total of 130 beds occupied overnight. 53 bed nights were spent awaiting surgery whereas 77 were spent following surgery and awaiting discharge.

Conclusion: Out of 76 patients, 40 patients fulfilled the inclusion criteria of ambulatory abscess pathway and could have been discharged the same day for next day surgery.

Intelligence and Digital Technology in Day Surgery: A Contactless and Cost-effective Way of Selective Surgery Management During the COVID-19 Pandemic

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Abstract

Institutions provide promptly elective surgery during the pandemic to avoid deteriorate life-threatening emergency is a crucial management. In China, day surgery allows patient's admission, surgery and discharge within 24h, it increases the surgical resource utilization, reduces the strain on the healthcare system. Day surgery minimizes the length of hospital stay and decreases patients' hospital returns that reduces chance of hospital infection and COVID-19, which can fully function in the COVID-19 pandemic, especially in the post COVID-19 era. Digitized day surgery management was equipped with the digital technologies, it established a data linkage and provided all the essential clinical data. "Modern day surgery" makes a great contribution to COVID-19 control whilst provide quality medical care. In the context of COVID-19 pandemic, it is more convenient and safer, the utmost important thing is that it cuts off the transmission route and protecting the susceptible population. we present a customized day surgery information and data managing APP, elucidate how the clinical data was organized to make day surgery easier and safer, and to explore the role of digitized day surgery in post COVID-19 era. We adopt whole process and closed-loop management of day surgery, customised mobile application based on the existing App named HUAYITONG. The App contains mobile terminal for both patients and medical staffs, it applies for Android and iOS system. We also provide another access to use it on WeChat applet for the convenience of patients. Applet is a key feature and also was called "mini-programs" which are apps within WeChat.

Patient eligibility for day case hip and knee arthroplasty among referrals to an elective orthopaedic centre

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Abstract

Introduction: Day case hip and knee arthroplasty (DCA) is becoming common practice for selected patient population. Present study investigated the rate of patients eligible for the fast track pathway among standard referrals in a high volume elective orthopaedic centre.

Methods: 200 consecutive patients booked for hip or knee arthroplasty at our outpatient clinic were reviewed for suitability for DCA. In order to be booked for the same day discharge (SDD) pathway, patients had to meet all the requirements of medical, surgical, social, rehabilitation and motivational eligibility criteria. Rate of day case bookings and reasons for exclusion from DCA pathway were assessed.

Results: Out of 200 patients, 52 (26%) were booked for SDD and 148 for inpatient arthroplasty. In the inpatient group, 48 patients (32%) had a medical contraindication. In the group of the remaining 100 inpatient bookings, 53% lacked motivation. 24% had a social contraindication, mainly living alone, 15% were expected to need of extensive postoperative rehabilitation while 8 % needed complex surgery.

Conclusions: Medical contraindication was not the main objection to DCA in patients referred to our elective orthopaedic centre. The most common reason of not booking SDD cases was lack of motivation in patients otherwise fit for DCA. More patient education, media attention and subsequent improved patient awareness would offer the potential to considerably raise SDD rates among patients undergoing hip or knee replacements. This would result in significant financial benefits and capacity relief for the entire health care system.

The Jaded Narcotic Affair: Time To Reduce Opioid Prescriptions For Laparoscopic Cholecystectomy Day Cases

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Abstract

Introduction:

Laparoscopic cholecystectomy (LC) is the recommended management for symptomatic gallstones. A Norfolk and Norwich University Hospital (NNUH) audit showed that patients needed less to take out (TTO) medications on discharge than what was prescribed. Opioid overdoses and addiction are increasing and recent publications highlight this, plus the need for care in prescribing fewer opioids. We have worked to reduce the pack size of dihydrocodeine as TTOs from NNUH.

Methods:

Previous audit evidence from patient surveys and a departmental survey were used to provide evidence that a reduced pack size would be accepted by anaesthetic colleagues. We worked with pharmacy to reduce the packs from 7 days to 3 days. Both of which are now available where appropriate for discharge following not only LCs but other day case procedures.

Results:

The previous audit sample of patient surveys showed the majority of day case LC patients required 3 days of dihydrocodeine post-operatively. The anaesthetic department survey showed that from 53 respondents, 68% would prescribe the reduced pack size and 24% would sometimes prescribe if appropriate.

Conclusion:

Giving 3 days dihydrocodeine TTOs appears to be enough for patients undergoing LC day cases and have been introduced by pharmacy despite cost implications. Both 3 days and 7 days are currently available for anaesthetic colleagues to prescribe as TTOs. If there are no reasons for more opioids on TTOs then it is advised to prescribe 3 days of dihydrocodeine. This is available for all day case procedures on DPU and NNUH ambulatory procedure unit.

Regional analgesia increases same day discharge rate in Anterior Cruciate Ligament Reconstruction (ACLR)

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Abstract

Introduction:

A report generated by Getting It Right First Time noted that the average length of stay (LoS) for Nottingham University Hospitals (NUH) Trust following Anterior Cruciate Ligament Reconstruction (ACLR) was 1.35 days, with a same day discharge rate of 2%⁽¹⁾. Hull et al.'s findings suggested that the use of a nerve block may improve pain control, therefore allowing more surgery to be carried out as a daycase⁽²⁾.

Methods:

A retrospective review was completed between January 2021 and January 2022, using coded data to determine all anterior cruciate ligament reconstructions.

Primary outcome end-points were to identify maximal recovery pain scores, recovery length of stay, intraoperative analgesic regimen and discharge date.

Results:

110 patients received an ACLR. 15 patients (14%) were discharged on the same day. 26 patients (23%) received a femoral or adductor canal block. Severe pain in recovery was recorded in 13 patients (12%), but not in any patients who had received a nerve block.

Discussion:

Use of intraoperative local anaesthetic infiltration and/or nerve blocks have been shown to improve pain control for up to 24-hours in ACLR⁽³⁾. A previous recommendation to use a regional anaesthetic nerve block as part of a multimodal analgesia regimen has led to reduced recovery maximal pain scores, and a same day discharge rate to increase to 14%. Further multidisciplinary teamworking is required to achieve the recommended same day discharge rate of 75%⁽¹⁾.

References will be included in presentation / poster due to word limit.

Improving on-the-day cancellations in Cataract patients

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Abstract

Introduction

Cancellations on the day result in poor patient experience and reduced utilisation of valuable theatre resource¹. We present how review of on the day cancellations and changes to adjustable variables e.g. peri-operative diabetes control, has resulted in improvement.

Methods

Review of Ophthalmology on the day cancellations February 2021 – February 2022.

Following review of results at 6 months we recommended that patients having cataract surgery under local anaesthesia (LA) should have an HbA1c <69 within the previous 3 months as recommended by Centre for Perioperative Care (CPOC)².

Results

Between February and September 2021 6% of patients having LA cataract surgery were cancelled on the day by the surgeon. 67% of these were due to hyperglycaemia (16-23mmols). None of these patients had had a preoperative HbA1C.

Since the introduction of HbA1C check, zero patients having cataract surgery have been cancelled on the day due to hyperglycaemia.

Conclusions

Pre-operative preparation of LA Ophthalmology patients at TRFT is provided by a separate service to other elective surgical patients which did not check HbA1C. They were following RCOphth guidance³ but now follow CPOC guidance²

“Marginal gains” such as these are important, as is working smarter and more efficiently to help address the massive surgical waiting lists.

References

1. 1 Royal College of Anaesthetists. RCOA Quality Improvement Compendium. 4 Ed. 2020
2. 2 Centre for Perioperative Care March 2021. Guideline for Perioperative Care for People with Diabetes Mellitus Undergoing Elective and Emergency Surgery
3. 3 RCOphthalmologists. May 2018. Ophthalmic Safety Alert – Diabetic control and safe cataract surgery

Day Case lower limb (total hip and knee) arthroplasty – The experience from Rotherham Foundation Trust

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Abstract

Background

Pressures on arthroplasty services have increased year on year, exacerbated by winter bed pressures and the COVID-19 pandemic, with over 700,000 patients on waiting lists for Orthopaedic operations. We present our experience of day case lower limb arthroplasty in a District General Hospital (DGH).

Methods

All patients surgically suitable for day case total hip replacement (THR) or total knee replacement (TKR) were added to the pathway. Building on an established pathway for day case partial knee replacements. An agreed pathway for pre-assessment, anaesthetic, analgesia, post-operative recovery and physiotherapy was used. All operations were performed by a single surgeon. Patients were seen in clinic and assessed post operatively by physiotherapy and had a nurse led discharge. Ward contact numbers were given for any concerns, and all were patients phoned post-op.

Results

Between March 2021 and March 2022 16 patients were added to the pathway, 11 THR and 5 TKR were successfully performed as a day case using spinal anaesthesia and local anaesthetic infiltration by the surgeon. Average age was 59 (range 52-71) and average BMI 28.4 (range 22-36). All patients were discharged on the day of the operation and there have been no readmissions or post-operative complications. All patients were happy to have been done as day case operations.

Conclusions.

These results have shown this protocol to be safe and effective for facilitating day case hip and knee arthroplasty even when there have been no ring-fenced elective orthopaedic beds. This pathway is soon to be introduced for other surgeons.

Sedation for procedures outside of theatres and critical care

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Abstract

Introduction

National guidelines recommend that IV sedation is titrated and that top-up doses are given only after the previous dose had taken full effect. Furthermore Safety Alert NHS/PSA/D/2017/006 mandates that IV cannulas are removed/flushed after sedation. Nottingham University Hospitals commissioned their Sedation Committee to audit IV sedation practice outside of theatres and critical care (Endoscopy/Cathlab/Radiology/Emergency Department (ED))

Methods

386/1445 day-case procedures performed under sedation over 30-day period (Sept/Oct 2021) were selected. Data was collected retrospectively from patients' digital health records and entered into an online survey and assessed against guidelines/alerts.

Results

The dose of midazolam exceeded the recommended dose (up to 1mg) in patients >70yr in 32%. Practitioners gave top-ups within 3 min (time to peak effect) in 24%. When a combination of opioid and midazolam was given, the midazolam was administered prior to the opioid reaching its peak effect in 90%. Complications (e.g. hypotension/bradycardia/tachycardia/tachypnoea/desaturation/drowsiness/pain/nausea) were noted in 17(4%) patients and no flumazenil or naloxone was administered. Practitioners outside of ED recorded that they flushed/removed IV cannulas after use in 94% (31% in ED).

Conclusions

Drug doses (especially >70yr) and timing of top-ups often fell outside recommended guidelines. Despite a low complication rate and absence of over-sedation, evidence of suboptimal practice exist and should caution against complacency. ED practitioners must record that they flush cannulas after IV sedation. Results have been fed back to all areas and a re-audit proposed to confirm better compliance.

Day Case Theatres Quality Metrics at Horton General Hospital

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Abstract

Introduction: Post-operative symptoms, following day case surgery, can incur significant costs through unanticipated prolonged hospital stays. Despite anaesthetic advancements, a high (moderate to severe) post-operative pain score is reported in 25-30% of patients and post-operative nausea and vomiting (PONV) affects up to 50%.

Methods: In June 2021, a proforma was completed by the day case team at an Oxfordshire district general hospital. Post-operative pain, PONV, temperature control and delayed discharge from recovery assessed effectiveness, compared to previous audit cycles. The use of prophylactic anti-emetics and compliance with trust guidelines was also evaluated. Measuring patient satisfaction incorporated patient-centredness.

Results: Adult (88%) and paediatric (12%) cases were included. General surgery was the modal specialty, followed by gynaecology and urology. 9.89% had high pain scores in recovery, an improvement compared to previous audit cycles. Low rates of PONV (5.43%), were similar to previous years. Prophylactic anti-emetic use substantially increased, with low compliance to trust guidelines. Anaesthetic colleagues cited their past experience and individualised care as the cause. 100% of patients achieved core temperatures of $\geq 36^{\circ}\text{C}$. Delayed discharge from recovery was reduced (7.8% from 19%), with pain continuing to be the leading cause. 100% of patients were satisfied with pre-operative information given by anaesthetists and positive comments were given regarding their experience overall.

Conclusions: Our day case service continues to be of good quality compared to national averages. Over-prescription of anti-emetics compared to trust guidelines may produce increased risks for patients and additional departmental costs. Further investigation of this topic is needed.

Improving anaesthetic information for bettering patient satisfaction and enabling shared decision making

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Abstract

Introduction:

Patient satisfaction is an important quality indicator affecting patient outcomes. During King's College Hospital's (KCH) Anaesthetic Department's Clinical Services Accreditation process, patients reported being less well-informed regarding information related to anaesthetic choices, risks and side-effects, following their procedure.

We aimed to improve anaesthetic information during the perioperative pathway, hoping more detailed information given earlier would empower and better inform patients to make joint decisions.

Methods:

A new patient prompt sheet containing anaesthetic information was developed with patient input and sent to selected gynaecological patients with their appointment letter, prior to their procedure. A matched orthopaedic control group without this intervention was selected. Both groups were surveyed with a questionnaire following surgery. The control group received less detailed information later in the pathway.

Results:

53 patients provided feedback. 33 (62%) received the prompt sheet and 18 (38%) did not. 91% of those that received the sheet felt they had enough anaesthetic information; compared with 56% of those that did not receive the sheet. 56% of patients not receiving the sheet felt it would have been useful to have more information earlier in the process compared to 9% that did receive it. We demonstrated a significant difference in patient satisfaction between the two groups (Chi-squared; $p=0.01$).

Conclusions:

The implementation of the prompt sheet improved patient satisfaction, ostensibly empowering patients to make informed anaesthetic choices and is thus being more widely implemented across all day surgery sub-specialties at KCH.

Prediction of Anaesthetic Pre-operative Resources for Patients having Bladder Tumour Resection or Bladder Biopsy using ASA grade.

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Abstract

Introduction:

Optimising the number of Urology operations done as Day Cases has been prioritised recently in the updated Get It Right First Time (GIRFT) Urology report.

The aim is to increase both those offered day surgery and the number of successful same-day discharges.

Transurethral Resection of Bladder Tumour (TURBT) is a high volume, urgent priority operation often in elderly patients with multiple co-morbidities, which sometimes requires General Anaesthesia(GA) to avoid an obturator kick and bladder perforation.

The impact on Pre-operative Assessment(POA) resources is sizeable.

Anaesthetic input into POA relates to patient American Society of Anesthesiologists (ASA) status, which can be used to predict resource allocation

Methods:

Computer data was collected for all urology operations between 01/01/2022 to 01/04/2022.

Patients having TURBT or cystoscopy+bladder biopsy were identified.

ASA status was allocated from Pre-operative assessment records.

The number of ASA 3 or 4 patients was determined and pre-operative anaesthetic time required estimated.

Results:

98 patients underwent either TURBT or cystoscopy and bladder biopsy in the 3 month period.

Of these 57 (58.2%) were ASA 3 and 14 (14.3%) were ASA 4.

Overall 72.5% of these patients would require anaesthetic input at POA.

Conclusions:

Altogether 71 TURBT patients in a 3 month period would need anaesthetic input prior to surgery at POA.

A typical session in POA involves 4-5 patients so 5-6 anaesthetic sessions per month would be required to optimise day surgery rates for TURBT patients.

This helps to plan anaesthetic resources needed for successful urology day case surgery.

Improving a Day Procedure Service - Re-Audit of Unplanned Admissions in a Tertiary Day Procedure Unit

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Abstract

Introduction

Unplanned admissions following surgery have a negative impact on patient experiences, whilst increasing hospital bed pressures. It is an important performance indicator when assessing the effectiveness of a day-case surgery service

Methods

This was a retrospective study re-auditing unplanned admissions following day surgery at a busy Tertiary Centre Day Procedure Unit over a 6-month period. Data was collected using paper notes and electronic discharge summaries.

Results

A total of 3594 patients were admitted into the Day Procedure Unit in this period – a decrease of 55% compared to 2018/2019. There was a higher rate of unplanned admissions of 4.76% versus 3.2% in 2018/19. A significant proportion were patients that were wrongly selected for day-case procedures (18.1%), and patients requiring more extensive surgery (20.4%). There has been a doubling in admissions due to urinary retention since 2019 (14.6% versus 7.4%) despite outpatient catheterisation services. Although there are improvements in the admissions due to modifiable anaesthetic factors (5.2% versus 9.1%).

Conclusions

Our analysis shows a reduction in our day case workload since 2019, likely due to the impact of COVID 19, although we still undertake many complex day procedures. Urinary retention still represented an area for improvement, and we aim to re-implement a post-operative urinary retention protocol. We aim to improve admissions by examining and improving protocols to improve patient day-case selection. To ensure a continuous and real-time analysis of our day case service and admissions we aim to streamline electronic and automated data collection to improve our service.

Development of Guidelines for the Screening and Management of Obstructive Sleep Apnoea in the Perioperative Period Including a Web-based Application

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Abstract

Introduction

Obstructive Sleep Apnoea (OSA) is common and is associated with a significantly increased risk of perioperative morbidity. It is thought that this risk could be reduced by screening for the condition pre-operatively, treating appropriately and modifying anaesthetic practice. Screening is challenging: it is time consuming, many presenting for surgery are asymptomatic and it needs to be applied to a large at-risk population.

Methods

An audit of local pre-operative units identified that screening was incomplete and that improved adherence to existing guidelines would generate an overwhelming number of investigations. We developed screening with improved specificity based on the 2-step approach of Chung et al. We then developed a set of guidelines for the subsequent perioperative management of patients with OSA. The result was, by necessity, complex and a web-based application was developed to aid implementation.

Results

In the past year, 393 patients have been screened using the application. It has identified 192 patients at high probability of moderate-severe OSA. The screening tool and resources have been accessed about 260 times a week, in contrast to the static printed guidelines which have been accessed a total of 560 times in the same period.

Conclusions

Development of an interactive web-based application has aided the implementation of complex screening and management tools for OSA in the perioperative period and has demonstrated high levels of acceptability.

What lurks below...

Rohan Goel, Heather Black

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Abstract

Introduction

Occult tracheobronchial foreign body aspirations are rare in adults.

Case report

Here we describe the case of a 27 year old male with severe autism and learning difficulties who was admitted for an elective day case dental treatment, removal of a sebaceous cyst and a skin tag under general anaesthesia. Due to the nature of the surgery a decision was made to place a nasal endotracheal tube to allow for surgical access.

Induction of anaesthesia was without complication and the nasal tube was passed through the vocal cords using a fibre optic bronchoscope. On checking the position of the tube above the carina a foreign object was seen to be spanning the carina.

A decision was made to hold the planned surgical procedure and consult with ENT regarding removal of this object to prevent dislodgement and risk the patient developing a chest infection and need for a future general anaesthetic to remove the object.

There was no clear history of when the inhalation of the object may have taken place.

Conclusion

This case shows the importance of carrying out thorough bronchoscopy technique as this may have been missed should the carina not have been inspected. Using a fiberoptic bronchoscope for tube placement not only helps with the airway management but also allows for visualisation of the trachea and bronchi in looking for a possible cause of chest infection in these patients whom are at higher risk of foreign body aspiration.

The effect on quality of life following local anaesthetic inguinal hernia repair through a dedicated primary care setting

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Abstract

Introduction

Providing surgical services in primary care can overcome issues relating to secondary care backlogs and pandemic delays. There is a paucity of long term outcome data following local anaesthetic (LA) hernia repair. We aimed to assess the outcome of patients who had LA inguinal hernia repair in a primary care setting.

Methods

Prospective data on quality of life was obtained from patients undergoing LA inguinal hernia repair, both preoperatively and at the 6 months post operatively using the EuraHS Quality of life scoring system.

Results

Over a period of 12 months, we received back a total of 136 post operative forms. Mean preoperative symptom score was 31.4/90 (range 0-83). At six months mean symptom score had dropped to 9.5/90. An increase in symptoms score was reported in 12/136 patients (8.8%). Patients with a preoperative score <11 (n=14) showed no mean improvement in symptom score at six months (4.8/90 - 4.8/90).

Conclusion

LA hernia repair achieves excellent results in terms of symptom control as measured by the EuraHS tool. Surgery in those with low symptom scores (<11/90) is of limited utility. Given the pressure on NHS secondary care services, LA hernia repair in primary care offers a pragmatic and effective treatment option.

Paediatric joint infection with *Kingella Kingae* – a retrospective major trauma centre study

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Abstract

Background:

Kingella kingae is a gram-negative organism recognized as the commonest cause of septic arthritis in children. National joint fluid SOP recommends all joint fluid samples for paediatric patients should be sent for 16s rDNA PCR, in cases where septic arthritis is suspected. We studied the data of paediatric joint fluid samples sent to laboratories and clinician understanding to request PCR, in a major trauma centre in UK between 2016-2021.

Methods:

Retrospective single centre study data was collected using the local laboratory database for records of all 66 paediatric joint aspirates sent for examination.

Results:

No organisms were identified in 65% of cases and only 37% of these were both culture- and PCR-negative. In 13.6% of cases, an organism was identified hence these samples were not sent for PCR as per protocol. Of the remaining 86%, 44% of samples were not sent for PCR despite meeting the criteria outlined by the national SOP. 6% were positive for *Kingella* out of total of 32 samples were appropriately sent for 16s PCR.

Conclusions:

Study revealed a shortfall in performance against national standards for paediatric joint fluid examination due to the poor understanding of the clinicians to request PCR testing for *Kingella*. Some indolent infections may be under-diagnosed as a result. Since *Kingella* is emerging as the primary cause of invasive musculoskeletal infections in young children, it is important that compliance with examination standards improves to enhance organism detection.

Day Case admissions to Intensive Care at Nottingham City Hospital – a retrospective audit

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Abstract

Introduction: BADS (British Association of Day Surgery) state the hospital admission rate for day surgery should be less than 2%. Analysis from day surgery (DSU) admission at Nottingham City Hospital (NCH) met this target. We decided to assess intensive care (ICU) admissions directly from DSU to explore any common themes.

Methods: Between 2013 and 2021, admissions to ICU directly from DSU were extracted from overall admission data. A case note review of those identified was performed. The type of surgery, reason for admission and length of ICU stay were analysed.

Results: There were 10 ICU admissions directly from DSU during this 8-year period. 8 (80%) were breast surgery procedures, 1 (10%) was gynaecological and 1 (10%) was a chronic pain intervention. 6 (60%) admissions were due to anaphylaxis with blue dye being the most common precipitant following allergy testing (3 cases) followed by penicillin (1 case). Other admissions were due to respiratory depression following opioid overdose, laryngospasm at the end of a procedure (1), unexplained seizure (1) and an acute dystonic reaction (1). No patients required greater than a 1-night ICU stay.

Conclusions: The incidence of ICU admission directly from DSU at NCH is low with just 10 cases over an 8 year period. These were generally due to anaphylaxis and airway issues rather than surgical complications. Blue dye was the most common single precipitant of anaphylaxis. In comparison to the NAP6 findings where it was the fourth commonest precipitant.

Case Report: Intramesenteric appendicitis in childhood

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Abstract

Introduction:

The appendix is known for its variable location and morphology, which can lead to diagnostic uncertainty. In children, this can be complicated further by atypical presentations, difficulty in obtaining a history and limitations of common imaging modalities. Despite the frequency of appendicitis, intra-mesenteric appendicitis is rare in practice and in literature. We present a case in a 6-year-old child.

Case Presentation:

A 6-year-old female was admitted with a 24-hour history of right iliac fossa pain, raised inflammatory markers and pyrexia. She had no medical co-morbidities. The patient proceeded to an open appendectomy via a Lanz incision due to her age and size. The proximal appendix was found centrally, passing through the small bowel mesentery to lie retro-caecally, with the tip in the right upper quadrant. The patient recovered without complication.

Discussion:

Children with atypically located appendicitis can present with non-specific signs. Without imaging adjuncts, this can lead to diagnostic delay in stable patients. Atypical presentations of intra-mesenteric appendicitis might include fever, ileus, central abdominal pain or a peri-umbilical abscess mass.

Conclusion and Learning Points:

It is important to identify intra-mesenteric appendicitis to avoid vascular disruption via excessive appendicular traction with an open approach. A laparoscopic-assisted approach can help locate an atypically located appendix in a patient who has not undergone pre-operative imaging and avoid the morbidity associated with large incisions by guiding the optimal incision site. However, in young children, the surgical approach may be influenced by operative expertise and access to laparoscopic Paediatric Surgical services.

The Day Case Hysterectomy Pilot Project

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Abstract

During the Covid-19 pandemic, elective gynaecology surgery was significantly affected due to the total reallocation of hospital resources, namely beds. Having observed excellent results with one surgeon's total laparoscopic hysterectomies; in a recent audit 86% of patients were discharged on Day 1 post procedure, the day case hysterectomy pathway was created within a district general setting following evidence of effectiveness and safety in studies across Europe. Patients were selected for day case hysterectomy on their fitness for surgery and social circumstances such as help at home and ability to engage with telephone follow up as pre-defined in the Trust's new pathway.

A multi-disciplinary approach was used to maximise the patient's chances of same day discharge such as: adequate pre-operative education, anaesthetic techniques such as total intravenous anaesthetic, keeping operative times to a minimum, an aggressive approach to pain, nausea and early mobilisation

Thirty seven out of forty who were selected for day case hysterectomy were discharged on the day of their surgery. Three patients required inpatient stay overnight due to post-operative pain and hypotension. All three were discharged on Day 1 post procedure. Twenty nine operations were for benign indications, eleven were for suspected malignancy.

In a telephone based patient feedback questionnaire, 91% of patients would recommend a day case hysterectomy to friends and family. With continuous bed pressures placed on NHS trusts, the authors hope to inspire others to adopt this innovative and highly practical initiative.

Management of a *subdermal* epidermoid cyst from the temple

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Lakshana Kanagalingam

Abstract

Introduction

A 25-year-old gentleman presents with an enlarging diffuse lump on the right temple and headaches. The lump had been present for over two years, with increased growth during the last four months. Magnetic Resonance Imaging revealed a likely cystic lesion superficial to and close to the temporalis muscle, measuring roughly 4 x 2 x 3 cm.

Methods

The patient undergoes a general anaesthetic for removal of the cyst. The Al-Kayat Bramley incision is deployed to allow for tensionless closure of the superficial temporal fascia and optimal aesthetics in the hairline. Surgically, this approach presents a low risk to the temporal branch of the facial nerve. With blunt dissection the frontal branch of the superficial temporal artery is divided and ligated, and the cyst is excised intact. A pressure dressing is placed after closure of the incision.

Results

Histological evaluation of the creamy white specimen revealed cheesy keratin material classically found in epidermoid cysts, also known as sebaceous cysts.

Conclusions

While most epidermoid cysts are found in the subepidermal layer, this cyst was located deeper and would be more accurately described as subdermal. Further, the overlying skin was smooth and without any punctum. The size and location of the cyst at the temple also warranted a distinct surgical approach to respect local anatomical structures and maintain facial symmetry.

Introducing Day Case Total Laparoscopic Hysterectomy to Rotherham Foundation Trust

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The Rotherham NHS Foundation Trust, Rotherham, United Kingdom

Abstract

Introduction

As of January 2022, > 550,000 women are on a gynaecology waiting list in the UK, a rise of nearly 60% compared to pre-pandemic levels¹. British Association of Day Surgery (BADS) Directory of procedures recommends a day case rate Total Laparoscopic Hysterectomy (TLH) of 50%². We report how we introduced our day case TLH pathway.

Method

A day case guideline for TLH including analgesic and anti-emetic regime was developed for surgically and medically suitable patients and introduced to use as same day discharge from the inpatient ward. In 2021 data was collected on these patients including length of stay. Once we established this guideline was effective on ensuring safe same day discharge from an inpatient ward, we introduced it for our day surgery unit (DSU).

Results

Since implementing our protocol on DSU (January 2022), we have performed successful day-case TLH (n=7). There has been one readmission due to pain on post-operative day-1. She was treated for constipation and was an inpatient for less than 24 hours.

Discussion

We have safely and successfully introduced day case TLH which will help reduce the elective waiting list while there are still pressures on inpatient beds.

References:

1. Royal College of Obstetricians and Gynaecologists. 2022. Section 1: The state of the UK Gynaecology waiting list in: Left for too long: understanding the scale and impact of gynaecology waiting lists
2. British Association of Day Surgery. BADS Directory of Procedures. 6th Edition. London 2019.

Para-umbilical hernia and obstructive sleep apnoea (OSA): an analysis of pre-operative investigation and the impact of missed diagnosis.

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Abstract

Introduction

Within our trust, anecdotally there appeared to be an association with para-umbilical hernia repair patients and being high risk for OSA. This led to late and on-the-day cancellations, or conversion to inpatient care, due to risk of OSA only being identified at pre-operative assessment. We aimed to formally assess the impact of the problem, and make the peri-operative pathway more efficient to reduce delayed operations and inappropriate inpatient stays.

Methods

We evaluated the most recent 50 para-umbilical hernia repair cases in the trust, collecting information on patient demographics, STOPBANG scores and timings between being seen in surgical clinic, pre-operative assessment, and operation date.

Results

Median patient age was 52, with a male:female ratio of 3:1. Median body mass index (BMI) was 31.4. 27% of patients saw an anaesthetist face-to-face pre-operatively. Based on STOPBANG scores, 50% were high probability for OSA, warranting referral for sleep studies. 24% of these were referred, and all were diagnosed with OSA (50% severe). Median time from surgical clinic appointment to operation date was 78 days, and from pre-operative assessment to operation, 16 days. Two patients were cancelled the day before their scheduled operation due to lack of investigation.

Conclusions

50% of our para-umbilical hernia repair patients are high probability for OSA. We suggest OSA screening occurs in surgical clinic, allowing time for appropriate investigation and optimisation, and reducing the risk of late cancellations. We have provided education to the surgical teams on screening and booking investigations, and will repeat the analysis next year.

Assessing day case mastectomy rates: where can we improve?

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Abstract

Introduction

National guidance recommends 75% of mastectomies should be performed as a day case. We evaluated our day case rates over a 6-month period to determine cause for admission.

Methods

A retrospective study of all mastectomies with or without axillary procedure over a 6-month period was performed. Patients who had immediate reconstruction were excluded. Data was extracted from electronic records. Patient demographics, American Society of Anaesthesiologists grade, anaesthesia, analgesia and social circumstances were assessed.

Results

A total of 67 mastectomies were performed from October 2021 - March 2022, with 5 planned admissions for medical (N=2) or social (N=3) reasons. Overall 56 mastectomies were performed as day case (83.5%) with a total of 11 admissions. The additional 6 unplanned admissions were due to social reasons (N=4) and post-operative medical complications (N=2). Pain was not documented as a cause for admission, with all receiving local anaesthetic infiltration to skin or a pectoral block. Total intravenous anaesthesia (TIVA) was administered in 82% of day cases and 50% of unplanned admissions.

Conclusion

Our trust is achieving the national target for day case mastectomy. The primary modifiable factor identified in this audit is social issues preventing same day discharge. We aim to address this by encouraging occupational therapy input in requesting home assistance rather than admission, and the early involvement of families and carers in the planning process. Type of anaesthesia may be a contributing element however further investigation is required before a conclusion is reached.

Discharge Summaries: Are We Getting It Right?

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Abstract

Introduction: Discharge summaries (DS) have historically been found to be poorly written and contain inaccurate information. This audit aimed to evaluate the adequacy of follow-up information provided on DS for elective vascular surgical patients attending Queen's Medical Centre. A comparison was made between the adequacy of DS written for day case (DC) patients and those who required inpatient (IP) stay.

Methods: This was a retrospective audit. Data was collected by analysing DS for elective vascular patients over a 3 month period. The standard used to set the criteria was the NUH Trust Vascular Junior Doctor Handbook (January 2021).

Results: A total of 88 DS were included in the audit (20 DC and 68 IP). Of the 20 DC, only 15% (n=3) had adequate follow-up information; while 50% (n=10) were inadequate and 35% (n=7) had no DS at all. Of the 68 IP, 59% (n=40) had adequate follow-up information on their DS, 35% (n=24) had inadequate information, and 6% (n=4) had no DS written.

Conclusion: Overall follow up information contained in DS for vascular elective patients is inadequate. For day case patients this may be due to lack of junior doctors covering DC wards resulting in fewer DS being completed. Subsequently this results in fewer patients receiving adequate outpatient follow up, thus impacting on patient safety. Implemented changes include updating the NUH vascular junior doctor handbook with clear and easy to follow guidelines on information to be included on DS.

Potential Overdose of Local Anaesthetic in Day Case Breast Surgery - Clinical Audit emphasising the importance of collaboration for patient care

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Abstract

Introduction

Wire-guided excisions (WGE) of breast tissue involves a small wire being inserted under image guidance into the breast prior to surgery to enable lesion localisation. As part of this day case procedure, there are three discrete clinical encounters where patients receive local anaesthetic (LA); in radiology, by anaesthetics (nerve blocks) and in surgical closure. This audit aimed to analyse the combined use and dose of LA in WGE.

Methods

Following audit approval, a retrospective analysis of patients undergoing a WGE was conducted (05/08/2021–20/10/2021). Radiological wire insertion proformas, anaesthetic charts and operation notes were analysed; with data collected on type and percentage of LA, dose administered and patient's weight. We compared our findings with the BNF guidelines for maximum LA doses (Lidocaine 3mg/kg and Levobupivacaine 2mg/kg).

Results

44 patients underwent a wire guided local excision over the 11-week period. 5 patients were excluded (incomplete documentation). 10 patients (26%) received LA during the wire insertion and a pectoral block, 16 (41%) received local anaesthetic from wire insertion and surgical infiltration, 13 (33%) received LA from wire insertion, pectoral block, and surgical infiltration. 31 patients (79%) received a combined dose of LA which was more than the recommended guidelines.

Discussion

79% of WLE patients are potentially receiving a LA overdose. This emphasises the need for the whole team to understand the patient's journey.

Patient safety is paramount; we aim to action simple strategies ensuring collaborative working going forwards to improve the safe administration of LA and re-audit our findings.

Change in Day Surgery Utility in Breast Cancer Surgery Triggered by COVID-19 Restrictions

Lydia Hiddema, Georgette Oni

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Abstract

Introduction

The challenges of continuing to provide surgical services during the COVID-19 pandemic meant a reconfiguration to mitigate surgical delays despite reductions in inpatient bed/theatre capacity. For the first 18 months of the pandemic our day surgery unit (DSU) was repurposed. This study looks at the throughput of our breast cancer patients once it reopened.

Methods

A retrospective case note review was performed for patients who underwent day-case breast surgery in the 5 months before closure (2019 group), and 5 months after the re-opening (2021 group) of the DSU. Data collected included patient demographics, type of procedure (unilateral, vs bilateral usually for immediate symmetrisation) and complication rates.

Results

The 2019 group included a total of 98 patients, mean age 58.47 (range 20-92), who underwent 101 procedures. 11 patients had a bilateral procedure (11.2%). There were 2 complications (2.04%) at 30-days; 1 infection requiring antibiotics, 1 haematoma evacuated in theatre.

The 2021 group included a total of 115 patients, mean age 58.32 (range 23-83) who underwent 118 procedures. 31 patients had a bilateral procedure (27.0%). There were 10 complications (8.70%) requiring treatment; infections requiring antibiotics (n=6, one requiring readmission), infected seroma (n=1), haematoma (n=1), dehiscence (n=2).

Conclusion

Post lockdown and the reopening of the DSU, there were increased numbers of patients undergoing day-case surgery, and more bilateral procedures performed. This was, however, accompanied by a rise in complication rates. Further analysis is needed so that we can continue to utilise the day-case pathway for complex procedures safely while minimising complications.

Pain tolerability: Hypothermic lidocaine compared with normothermic lidocaine during cystoscopy as assessment for Prostatic urethral lift. Prospective single-blinded randomised study

Mr Abimbola Adeyemi, Mr Ananda Kumar Dhanasekaran

Sandwell and West Birmingham NHS Trust, Birmingham, United Kingdom

Abstract

Introduction:

Outpatient flexible cystoscopy is a common procedure performed in urology practice. Flexible cystoscopy is generally well tolerated. Given the better tolerance of flexible cystoscopy, we have performed a proof-of-concept randomised study to investigate whether cooling of lidocaine gel alters pain levels during administration and cystoscopy procedures.

Methods:

This was a single centre, randomised single-blind trial. Eligible patients were adult men scheduled to undergo flexible cystoscopy for LUTS evaluation. All patients gave written informed consent before being enrolled in the study. Ethics approval was received from our trust clinical governance. The study was performed following the Declaration of Helsinki. We randomised 100 patients to receive lidocaine either chilled in the fridge (4°C) or at room temperature. Randomization was done using computer-generated numbers. The masking of the participants was maintained by the team performing the procedure.

Results:

Of 123 screened, 100 patients were enrolled, 50 each assigned to receive hypothermic and normothermic lidocaine. The patients were well matched for age and indication for flexible cystoscopy. Patients in the hypothermic lidocaine arm tolerated the procedure better than those in the room temperature lidocaine group. The median VAS score with hypothermic lidocaine was 5 (range 2–7) and with normothermic lidocaine was 6 (range 3–8). The overall mean scores were 4.2 with hypothermic lidocaine versus 6.3 with normothermic lidocaine ($p < 0.01$).

Conclusion:

Due to the significant difference, we suggest that chilled lidocaine gel should be used in all cystoscopic procedures to increase the number of patients who may be treated for day surgery.

Lessons learned from performing Prostatic Urethral Lift (UroLift) as a daycare surgery

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Abstract

Introduction

In this abstract, we are discussing the lessons learnt from performing Prostatic Urethral Lift (UroLift) as a day-care surgery. This will be a good learning resource for those who wish to set-up or improve the outcomes of their day-care surgeries.

Methods

We've structured a one-stop male LUTS clinic. Our day-care UroLift surgery unit is closely linked with the one-stop male LUTS clinic. Once patients decided to have UroLift we obtain consent. We also narrate the order of events of the day of surgery, so that patients visualise the events.

On the day of the surgery, they will be checked in by dedicated day-surgery team member. Surgeon greets the patient and explains the procedure. We encourage the patient to use only the chairs, not the trolleys.

We use hypothermic lignocaine gel as discussed in another BADS 2022 presentation. Rarely only in quite apprehensive patients, Alfentanil (maximum 1mg) is used which is very short-acting. The patient was mobilised to discharge by the well-trained day-surgery nursing team. Patients will be given a call in three months. Patient will be discharged back to GP if comfortable.

Results

We have excellent outcome for male LUTS patients in our day care set-up pathway. Day care set-up helped in integrating the care.

Conclusions

We will replicate this LUTS day-surgery success pathway to other urological disorders like female LUTS and prostate biopsies. The feedback from the patient experience is excellent and this simplifies the multiple patient episodes to as minimal as possible. Economic gain also achieved.

Implementing Mystery Shoppers for patient feedback

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Abstract

Introduction: Patient feedback is a well-established method of understanding and collating data following the patient experience within a hospital setting. Currently patient feedback is a result of rigid questions asked at the point of discharge. The questions provide quantitative data, which is often influenced by the pressure of the feedback forms being completed with the nursing team present. The aim of the implementation of a mystery shopper is to generate more meaningful patient feedback for shared learning amongst the department through qualitative feedback.

Methods: The implementation of the mystery shopper within the cohort of patients attending the daycase surgery units will be selected at random across all specialities prior to the patients attending for their procedure to enhance the qualitative data. Patients will be selected by the waiting list coordinating team to ensure they remain anonymous. Each patient will be sent the questions prior to admission to read through with no obligation to complete.

Results: Selected patients will be given structured questions prior to their admission and will be given opportunity following their procedures to reflect on their admission and feedback to the unit for shared learning amongst the team using a pre paid envelope to post the data back to the relevant site following discharge.

Conclusions: Introducing the mystery shopper to collate patient feedback may provide more meaningful data which will then allow shared learning with the staff. This method will provide insight into a selected patient's journey without the additional pressure of the nursing staff being present.

Planned delayed appendicectomies in children: an audit of unplanned admissions at a tertiary paediatric hospital

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Abstract

Introduction:

Planned delayed appendicectomy is used in the paediatric population after non-operative management of an appendix mass. This procedure is often performed as a day case. The aim of this audit is to determine the rate of unplanned admissions in our unit and to identify associated factors.

Methods:

This is a retrospective review of records of all patients undergoing a planned delayed appendicectomy in our unit from 1/1/2016 to 31/12/2021. Data was gathered on demographics, initial presentation, operative findings, intra-operative management, length of stay and complications.

Results:

Over this period, 76 children, of median age 8 years (2-15 years), underwent a planned delayed appendicectomy. 22 were booked as day cases. Of the 22, 9/22 (41%) were discharged on the same day. The average length of stay was 19 hours (6-53 hours). Of the 13 admitted, the main reasons for admission were late finish from theatre in 6/13 (46%), surgical complexity in 4/13 (30%) and anaesthetic reasons (pain and post-operative vomiting) in 3/13 (23%). There was no significant difference in intra-operative analgesia. All those admitted due to a late finish were on an afternoon theatre lists. Of those Of those booked as inpatients, 12/54 (22%) were discharged on the same day of surgery. All 12 were on a morning list. In children discharged on the same day of surgery, none re-attended with complications.

Conclusion:

Day case surgery can be improved in children undergoing planned delayed appendicectomy by prioritising cases in morning theatre lists and by appropriate patient selection for day surgery.

Regional nerve blocks in combination with oral Morphine provides satisfactory postoperative analgesia for day case complex elective orthopaedic ankles procedures

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Freeman Hospital, Newcastle, United Kingdom

Abstract

Introduction:

The Freeman Hospital, Newcastle, performs around 30 complex elective orthopaedic ankle procedures (CEOAP) a year. Our current average length of stay is 4.4 days.

A barrier to performing these procedures as a day case has been the perception that they are associated with significant postoperative pain.

This retrospective 16-month review of all CEOAP was to investigate if, regional nerve blocks in combination with low dose oral Morphine provides satisfactory postoperative analgesia, allowing these procedures to be performed as day case.

Methods:

A retrospective electronic notes review of all patients who underwent CEOAP between November 2019 to April 2021 was completed.

Total oral Morphine usage was calculated for the first, and second 24 hours following a patient's discharge from theatres.

Satisfactory postoperative analgesia was defined as taking less than 60mg of oral Morphine within 24 hours.

In patients, who received intravenous Morphine, a conversion ratio of 1:3 was used to calculate an equivalent oral dose.

Results:

45 CEOAPs were completed during this period. 1 patient was excluded because an intrathecal catheter was inserted, making them incomparable to the other patients.

40 patients received regional nerve blocks.

73% of patients used less than 60mg of oral morphine in the first 24 hours post-discharge from theatres.

This increased to 97% in the second 24 hour period.

Conclusion:

Significant postoperative pain is not a barrier to achieving same day discharge for patients undergoing CEOAP.

Adequate postoperative analgesia can be provided through regional local anaesthetic techniques and low doses of oral Morphine.

Case Report: Intra-abdominal Harrington Rod migration presenting as a suspected hernia

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Abstract

Introduction:

The Harrington rod system consists of a stainless-steel rod connected to the inferior spinal facets and pedicles. Historically, it formed the foundation of treatment for conditions associated with spinal instability and deformity, like scoliosis. Contemporary instrumentation devices have since replaced Harrington rods as primary treatment due to better clinical outcomes. A rare complication of Harrington rod fixation is migration due to associated loosening. We present a case of a migrated Harrington rod presenting as a suspected hernia.

Case Presentation:

A 30-year-old male was admitted with a 6-day history of right iliac fossa pain radiating to the testicle and a palpable abdominal lump. His background included Harrington rod fixation for scoliosis as an adolescent, appendectomy and a right inguinal hernia repair. Ultrasound imaging suggested a possible incarcerated Spigelian hernia or fistulating inflammatory bowel disease, with an adjacent pocket of gas. Subsequent CT imaging showed a pelvic metallic foreign body exiting the Sciatic foramen, with the tip abutting the Spigelian fascia. The patient underwent laparoscopic removal of the migrated rod, after discussion with a spinal centre. There were no intraoperative complications, and the patient was discharged within 24 hours.

Learning Points:

Spinal rod migration remains a rare complication with few associated literature reports. This case highlights the need to consider foreign body migration as a cause for a suspected hernia or fistula and the value of CT or MRI to aid diagnosis when a patient presents with an atypical picture. In such cases, ultrasound may be a less reliable imaging modality.

Surgery in a patient with Ehler Danlos Syndrome: Day case or Inpatient?

Rehan Khan

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Abstract

- Introduction: Ehlers-Danlos syndrome comprises a group of clinically and genetically heterogeneous connective tissue disorders, chiefly characterized by joint hypermobility and instability, skin texture anomalies, and vascular and soft tissue fragility. This leads to high risk of bleeding and tissue injury, hence, raising a doubt on the safety of performing such cases as a day case procedure.
- Case Report: 43-year-old female with known Ehler Danlos Syndrome presented to us with abdominal pain, underwent laparoscopic cholecystectomy for gall bladder stones as a day case. The procedure was uneventful except some ooze from the liver bed which was managed with monopolar spray diathermy. The patient was discharged home same day evening. The patient was readmitted next day with acute abdomen, tachycardia and drop in haemoglobin by 25g/L. Laparoscopy was carried out one again which showed large haematoma in subhepatic region and haemorrhagic fluid in the perihepatic region which was evacuated and washed with saline and a drain was placed in subhepatic region, was removed after 2 days and was discharged home.
- Discussion: A detailed study on the perioperative risks of patients with EDS revealed the risk of untreatable diffuse bleeding, mucosal bleeding, hematoma, vascular dissection, pneumo-(hemo-) thorax, compartment syndrome, spontaneous organ rupture, postdural puncture headache.. Hence, a detailed preoperative assessment, informed consent and careful planning is important.
- Conclusion: The surgical procedures in patients with Ehler Danlos syndrome can be performed safely with proper preoperative surgical planning. The procedure should ideally be performed as inpatient with minimum of 24 hour observation in the hospital

Impact of COVID-19 pandemic on utilization of day case surgery -large volume single centre study

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Abstract

Introduction:COVID-19 pandemic has caused a massive disruption to our health services. With an increased tendency to cancel or postpone elective surgery, Day case surgery was one of the vital sectors that was hit badly. The aim of this study is to describe the impact of COVID-19 on day case sector.

Methods :All patients undergoing elective procedures on day case unit(DCU) were collected retrospectively from operative room information system(ORMIS) between April 2018 and March 2022.Data was compared before and after March 2020.

Results:Total number of procedures performed during the study period was 11075. There was a significant drop in number of procedures post-pandemic -3407 cases compared with 7668 cases in the pre-pandemic period. Majority of patients were discharged on the same day (94% vs. 95.8% respectively). Average number of procedures performed per day post-pandemic was 8 cases vs.15 cases pre-pandemic($p < 0.05$). Most affected specialties in DCU were Dermatology, Plastic Surgery and General Surgery with a reduction in percentage of performed procedures of 71.8% , 62.5% & 62.1% respectively. Our centre showed early recovery signs following restriction lifting since 24th February (average 13 procedures per day).

Conclusion:COVID-19 pandemic has negatively impacted the flow of cases across various specialties. Despite the national recovery process, the rates in day case remain low which could be due to sickness related to patients as well as hospital staff. Day case surgery remains key in recovering from the pandemic & clearing up waiting lists . A more robust strategic approach is recommended to make use of this valuable resource.

Laparoscopic cholecystectomy in Day case Surgery: Maximizing Training Opportunities Post-COVID

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Abstract

Introduction: Surgical Training in the UK is facing unprecedented challenges. From the implementation of the European Working Time Directive (EWTD) to COVID-19 pandemic, trainees have been struggling to meet their competency requirements throughout. Laparoscopic cholecystectomy (LC) operation has been always regarded as gateway to developing key competencies in minimally invasive surgery. We aim to assess the impact of laparoscopic cholecystectomy training in day case unit (DCU) compared to the pre-pandemic era.

Methods: All elective LC operations performed on DCU were collected from the Operative Room Information System (ORMIS) retrospectively between April 2018 and March 2022. Data collected included operating surgeon(s), procedure performed, procedure time (PT), length of stay (LOS), complications and death within 30 days of procedure. Data was compared before and after March 2020.

Results: 613 LC operations were performed. There was a 68.7% reduction in number of LC performed in DCU after March 2020 compared with the pre-pandemic period. Trainees led in 45.6% (n=213) of cases pre-pandemic as opposed to 35.6% (n=52) of cases during COVID era. Before the pandemic, the mean PT for consultant led operations was 68 min (± 21.9) and 68 min (± 22.1) for trainees. In Post-COVID, the mean PT for consultant led operations was 77.8 min (± 21.4) and 78 min (± 21.3) for trainees. There were no difference in LOS, complications and death rates with 30 days of the operation.

Conclusion: Day case surgery remains an underutilized opportunity for trainees to gain laparoscopic experience. The provision of dedicated LC training lists is recommended to maximize learning opportunities.