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I have been interested in the development of day surgery since starting my consultant post in 2003.

Many of my lists are in our Day Case unit with different specialty surgeons so I have a good insight into the everyday working of the Unit and thus been involved in moving many operations into the Daycase arena. This started with laparoscopic cholecystectomies and moved to mastoid surgery in ENT, then more recently mastectomies as day cases, some bariatric operations and anti reflux surgery.

I undertake a lot of audit within the Day Case Unit to try and improve day surgery rates towards BADS aspirational targets and to develop effective anaesthetic and analgesic guidelines as best practice to facilitate this. I held the day surgery lead role for many years.

Pre-operative assessment for day surgery patients was set up by myself and developed with the day surgery pre-op nursing team to be an efficient and effective dedicated service that is described as best practice in the current BADS and GIRFT documents. Through the years this has allowed many complex patients to access day surgery who were previously denied it.

In conjunction with pre-op I developed a sleep apnoea service with the respiratory physicians to diagnose using STOP BANG scores and then treat sleep apnoea within a short time frame so the patients could remain on the day surgery pathway once stabilised on CPAP.

I then set up a training package for day surgery pre-operative assessment nurses which has been presented at the BADS conference in 2019, as I believe it is a specialised role.

Currently I am developing a fast track referral service from pre-op to a diabetic clinic for poorly controlled patients to optimise them and keep them in day surgery if possible.

I have been a member of BADS for 18 years and made many presentations and posters as well as taken back innovations from the conference to Derby to share with colleagues.

I think teaching is central to developing good day surgery and thus have been clinical supervisor for all levels of anaesthetic trainees doing their day surgery modules. They attend the pre-operative assessment clinics and learn how to expand selection for day surgery to even the most complex patients. In theatre I teach techniques that improve successful day surgery discharge rates.

Regional teaching programmes such as EMSA provide a platform to spread the word and elevate the awareness of good day surgery practice further. I have written the chapter on day surgery in the trainees main Textbook of Anaesthesia by Aitkenhead and Smith based on BADS principles.

I am interested in being a member of BADS council to help share and expand the day surgery message nationally and to become involved in the implementation of the National Day Surgery Delivery Pack to address the surgical backlog after covid 19.