**Optimising your day surgery pathway**

**Dr Kim Russon, Immediate Past President BADS, Consultant Anaesthetist, The Rotherham NHS Foundation Trust**

With huge elective waiting lists (more than 7million patients) it is imperative that day surgery becomes the main pathway for elective and an increasing amount of non-elective surgery. To successfully achieve this clear, established, robust pathways are required. In this lecture we will identify the important components of a day surgery pathway from GP appointment to post-operative follow-up and audit. In particular I will emphasise the importance of the following:

* Day Surgery Definition: planned surgery/intended management of day surgery/admission, surgery and discharge on the same calendar day
* 23hr surgery is not day surgery
* Importance of planned pathway for day surgery with everyone in the pathway having day surgery expertise
* Importance of good patient preparation for day surgery
* Realisation that the majority of patients are appropriate to be managed via a day surgery pathway (if they are not they should probably not be having elective surgery but should be optimised until fit for surgery and then managed via a day case pathway
* Importance of dedicated facilities and staff expertise within day surgery
* Importance of high quality equipment within the day surgery environment

Inclusion criteria for day surgery have been gradually expanding since the original guidelines published by the Royal College of Surgeons in 1992. As our population are getting older, heavier and more likely to have co morbidities such as diabetes, it seems sensible to take a pragmatic approach to selection criteria for these patients and assess their physiological status at the time of pre operative assessment rather than relying on arbitrary cut off limits for age, BMI or disease process.

Recent advances in surgical and anaesthetic techniques, as well as the publication of successful outcomes in patients with multiple co-morbidities, have changed the emphasis in day surgery patient selection. It is now accepted that the majority of patients are appropriate for day surgery unless there is a valid reason why an overnight stay would be to their benefit. When reviewing if a patient could be suitable for treatment as a day case there are two questions that need to be answered:

1. Would surgical or anaesthetic management change if this patient were to be admitted as an inpatient rather than treated on a day stay basis?
2. Would risks to this patient be increased by discharging them home on the day of surgery?

If the answer to these two questions is no then the patient should be planned as a day case.

If inpatient surgery is being considered it is important to question whether any strategies could be employed to enable the patient to be treated as a day case.

Basic criteria for selection of patients suitable for day surgery have been recommended in the joint publication of the British Association of Day Surgery and the Association of Anaesthetists of Great Britain and Ireland, as in Box 1.

***Box 1***

*Social factors*

(a) The patient must understand the planned procedure and postoperative care and consent to day surgery.

(b) Following most procedures under general anaesthesia, a responsible adult should escort the patient home and provide support for the first 24 h.

(c) The patient’s domestic circumstances should be appropriate for postoperative care.

*Medical factors*

(a) Fitness for a procedure should relate to the patient’s health as determined at pre-operative assessment and not limited by arbitrary limits such as ASA status, age or BMI.

(b) Patients with stable chronic disease such as diabetes, asthma or epilepsy are often better managed as day cases because of minimal disruption to their daily routine.

(c) Obesity per se is not a contraindication today surgery as even morbidly obese patients can be safely managed in expert hands and appropriate resources. The incidence of complications during the operation or in the early recovery phase increases with increasing BMI. However, these problems would still occur with inpatient care and have usually resolved or been successfully treated by the time a day case patient would be discharged. In addition, obese patients benefit from the short-duration anaesthetic techniques and early mobilisation associated with day surgery.

*Surgical factors*

(a) The procedure should not carry a significant risk of serious complications requiring immediate medical attention (haemorrhage, cardiovascular instability).

(b) Postoperative symptoms must be controllable by the use of a combination of oral medication and local anaesthetic techniques.

(c) The procedure should not prohibit the patient from resuming oral intake within a few hours.

(d) Patients should usually be able to mobilise before discharge although full mobilisation is not always essential.

Further reading:

National Day Surgery Delivery Pack 2020

<https://www.gettingitrightfirsttime.co.uk/best-practice-library-day-surgery/>

Day Case and Short Stay Surgery: 2. Association of Anaesthetists of Great Britain and Ireland and British Association of Day Surgery, Anaesthesia 2019 Jun;74(6):778-792

Chapter 6 RCoAGuidelines for the Provision of Anaesthesia Services for Day Surgery 2020

# <https://rcoa.ac.uk/gpas/chapter-6>

# Chapter 5 Day Surgery Services, Raising the Standards: RCoA Quality Improvement Compendium 2020

# https://rcoa.ac.uk/sites/default/files/documents/2020-08/21075%20RCoA%20Audit%20Recipe%20Book\_14%20Section%20B.5\_p189-208\_AW.pdf

Other useful information can be found via the British Association of Day Surgery (BADS) website [**www.bads.co.uk**](http://www.bads.co.uk)

* Day case gynaecology surgery BADS 2020
* Day case hip and knee replacement 2nd Ed BADS 2020
* Surgical Same-Day Emergency Care 2nd Ed, BADS 2020
* Day case breast surgery, BADS 2020
* Spinal anaesthesia for day surgery patients: A practical guide 4th Ed, BADS 2019
* [Nurse Led Discharge 2nd Edition](https://daysurgeryuk.net/en/shop/handbooks/nurse-led-discharge-2nd-edition/) *BADS 2016*