

# Same Day Surgery A Surgeon's Perspective

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A surgeon's perspective  
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“The person who says  
it cannot be done  
should not interrupt  
the person doing it.”

-old Chinese proverb

# Day Surgery

- Way of the future
- Good for patients
  - Quicker recovery (at home)
  - ↓ cancellation rates
  - ↓ infection risk
  - ↓ risk of pneumonia and DVT

# Day Surgery

- Good for hospitals and society
  - Inpatient beds used for sicker patients
  - Considerable cost savings

# Paradigm shift

- **Current:** can I do this as a day case?
- **Future:** why does this patient need to be an inpatient?

# Cases Suitable for Day Surgery

- Minimal risk of complications
- Suitable patient mobility
- Ability to eat and drink
- Ability to adequately control pain

# Cases suitable for day surgery

- Inguinal hernia
- Umbilical hernia
- Breast biopsy or re-excision
- Lymph node biopsy
- Varicose veins
- Carpal tunnel
- Lumps and bumps
- Haemorrhoids

# Cases suitable for day surgery

- Lap cholecystectomy
- Thyroid lobectomy
- Parathyroid excision
- Parotidectomy
- Axillary clearance
- Appendicectomy

# Expanding the scope – Reducing LOS

- Cases suitable for one-night stays
  - Total thyroidectomy
  - Total mastectomy with axillary clearance
  - Appendicectomy
  - Laparoscopic splenectomy

# Patient selection

- No major cardiopulmonary disease
- Live within 1 hr of hospital
- Social support or medi-hotel available

# Patient education

## *crucial*

- Make sure they know what to expect
- Informed consent: risks / benefits
- Allay fears

# System support

- Team effort
  - Surgeon
  - Anaesthetist
  - Nurses
    - Admission and discharge
    - Recovery
    - Follow up and home care if necessary

# Recovery Phase

- Awake and alert
- Able to eat and drink
- Adequate pain control
- Mobile
- No signs of complications

# Discharge

- Written instructions
  - Wound care, activity, etc.
- Contact information
- Follow-up appointment
- Drugs and dressings
- Responsible person to take patient home

# My experience

- Lap chole 85%
- Inguinal Hernia 100%
- Umbilical Hernia 100%

# Things that help

- Team approach
- Local anaesthetic
- Minimal fluids and sedation
- Liberal use of ice packs, NSAIDS
- Early mobilization

# Possible Pitfalls

- Over Sedation
- Overuse of narcotics
- Inadequate pain control
- PONV
- Urinary retention
- Anxiety

# Resources needed

- Continuing education of staff
  - Surgeons
  - Anaesthetists
  - Nurses
- Adequate evening staff
- Nursing follow-up
  - Phone calls
  - Home visits if necessary

# Summary

- Careful patient selection
- Open communication with team
- Liberal use of local anaesthetic
- Message of caring, support, and “tough love” to patients



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