

The Lure of Day-Care / Office-based Plastic Surgery

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Day care surgery always existed; in fact the earliest surgeries were most likely, carried out in the ambulatory setting as 'hospitals' did not exist. Today it has evolved into a major entity by itself perhaps because of the trend in medical finances. Even before the concept matured, patients were usually not kept in hospital longer than necessary. The evolution of anaesthesia techniques and anaesthetic drugs and also the evolution of surgical technique have helped convert more and more surgical procedures to daycare surgeries. However Day-care-surgery calls for increased responsibilities as regards patient care. When the 'informed consent' form is explained to the individual, he/she may even have a change of heart and opt for a 'safer' hospital-setup scenario.

In 1950 Sir Harold Gillies formulated the Ten Commandments of plastic surgery. Dr. Millard tested these principles and found that they were applicable in daily life as well. He amalgamated some more principles to a total of 33. In today's context many of these principles seem to apply rather well to day-care-surgery.

- Thou shalt make a plan

It is imperative to have many plans: routine job delegation to staff; job delegation in an emergency situation; in case of necessity the plan to transfer to a hospital/ICU/ mobilize for investigations.

- Think principles until they become

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instinctively automatic in your *modus operandi*.

- Thou shalt have a style

The crispness of handling a 'situation' can come through if 'drills' for emergencies like anaphylactic reaction; cardiac emergency; malignant hyperthermia to name a few, are done at regular intervals with continuing education of the staff.

- Thou shalt not bear false witness against thy defect

Regular functionality audits help to reveal lacunae that may have been overlooked. The necessary steps can then be taken to provide for prevention where possible or else a solution.

- Diagnose before treating

A thorough history, pre-operative and pre-anaesthesia evaluation is essential for proper case selection for day care surgery.

- Thou shalt not do today what you can't put off until tomorrow

Undertake the surgery only when all parameters for safety and betterment of results by elimination of detrimental factors have been met.

- When in doubt, don't

The setup should be suitable for the surgery and its anticipated problems. A preferably hospital-setup-case should not be downgraded to a day-care-centre case or an office-surgery-case overlooking or slighting the 'statistical' occurrence of complications. Instead it could be done in the hospital setup and the discharge may be possible even

the same day if things were to go well.

- Thou shalt not covet thy neighbour's plastic unit

Just because someone has done some more elaborate surgery as a day case and gotten away without the anticipated complications is no justification to throw caution aside.

- Thou shalt provide thyself with a lifeboat

A flow chart of all possibilities of what could go wrong in terms of anaesthesia or surgery and the line of action in each scenario including the immediate response, calling in of appropriate specialists, the transfer to an adequate setup and the continued care. There should always be arrangements for transfer to an appropriate setup and a further standby arrangement if the first setup fails on you at the last moment.

- Do not underestimate the enemy

Complications can arise even when you least expect them so always be prepared.

- Thou shalt not have a routine

Approach every case on its own merits and envisage the possible setbacks that may occur despite all preventive measures.

- Go for broke

Always go for the very best, no matter what! Do not compromise on the surgery or the results just to fit the case into the daycare slot. Extend your abilities to do the most good.

- Make a record. Keep an accurate record.
- Speed consists in not doing same thing twice

Delegate responsibilities in advance as regards role of the various team members in case of an emergency situation

- After-care is as important as planning

Follow-up with a critical eye to spot the earliest indicators of any post-operative

complications. The role of the patient and the attendant cannot be underplayed.

- Correct the order of priorities

Economy should not get priority over patient safety and final result.

- Mobilize auxiliary capabilities

Support or backup facilities

- Acknowledge your limitations so as do no harm

Anticipate the possible urgent need for another specialist's role and see that he/ she is available on standby for example, an anaesthetist even if the case starts off under local anaesthesia.

- Consult other specialists
- Be familiar with the literature
- Gain Access to other specialties' problems

All this homework in the last three points should be completed prior to doing the surgery to provide the best of evidence based service.

The list of operative procedures that can be done as day-care or office-based surgery varies with the setup per se and the proximity it has to a fully equipped hospital.

Daycare or office surgery is very attractive to all parties involved but for an all-round happy ending it is imperative to abide the basic rules.

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VIRAL RESISTANCE TO DRUGS FOR HIV PREVENTION IN WOMEN

'A single dose of tenofovir and emtricitabine at delivery reduced resistance to non-nucleoside reverse transcriptase inhibitors at 6 weeks after delivery by half; therefore this treatment should be considered as an adjuvant to intrapartum nevirapine'

Nevirapine is essential for perinatal HIV prevention in resource-constrained settings, but it can induce resistance to non-nucleoside reverse transcriptase inhibitors, which are essential to first-line antiretroviral regimens. Benjamin Chi and colleagues did an open-label randomized trial to investigate whether a single peripartum dose of combined tenofovir and emtricitabine would reduce resistance to these drugs at 6 weeks after delivery. They showed that addition of this intervention to the antiretroviral prophylaxis regimen of short-course zidovudine and intrapartum nevirapine reduced the frequency of postpartum resistance to non-nucleoside reverse transcriptase inhibitors by 53% at 6 weeks. In view of this new evidence, in a Comment Shahin Lockman and James McIntyre discuss the circumstances under which treatment with tenofovir and emtricitabine should be implemented.

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