

Dilemmas in Day Surgery

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The increasing population and its age has not only posed health delivering problems for the developing countries alone but has attained a global nature. Ever full hospital bed with an ever persisting demand for an increase in their nos, need to provide quality healthcare and ever rising cost of treatment has compelled the authorities to search for solutions to address these issues in a more amicable ways without compromising the quality of healthcare delivery system in their respective countries.

The most suitable answers to these problems rests in the adoption of DAYCARE SURGERY as a standard protocol for delivery of their healthcare system. The better understanding of the healing process, increase in surgical skills, availability of better and safer drugs (anaesthetic, antibiotic and analgesic) coupled with technological advances in medicines and effective and meaningful communication with patient has made daycare surgery feasible in more than 60% of all surgeries.

The history of day surgery itself is as old as medicine itself and most of us knowingly or unknowingly do day surgery or out patient surgery, but it has not been exploited to its fullest capacity. Though need of the hour, with multiple advantages to all stake holders in health care sector only 20% of surgery in our country of which majority are ENT / Ophthal procedures is performed as DCS, whereas in U.K. 50% of all elective surgeries are done as DCS. Why is DCS then not earning an acceptance which is rightfully due

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to it? Is it a new form of surgery? Probably NO. Only the approach of the patient and his relative, doctors, hospital administrators and Government changes. However there are many reservations that are faced by all the stake holders individually and they need to be addressed before DCS can gain a wide acceptance.

The dilemmas faced by the patients

- 1) They feel secured in a hospital set up particularly after operation and doubt the same comfort post op at home.
- 2) Complications and emergency care whenever needed would definitely be more readily available at the hospital setting than home.
- 3) Infrastructure at home (lift, toilets, relatives) may not be optimum for many forcing them to remain admitted post op.
- 4) Distance between his residence and the hospital with its travel time due to traffic jams, if required in the post op period are all taken into consideration by the anxious patient schedule for surgery.
- 5) Joint families and Indian culture of looking after all the needs of the sick may infact encourage many to remain in-patient as there is always somebody to look after the business or home.
- 6) Poor understanding of pre and post op instructions due to illiteracy forces one to remain in-patient despite fit for DCS.
- 7) Many especially Govt. employees who have their sick leaves pending are reluctant to return to work early, hence tend to remain admitted.

- 8) Excessive charging (for doing something new) by many of our colleagues discourages many potential DCS patient from accepting it as their preferred mode of healthcare delivery. It is important to know that DCS world over costs an average 47% less than those compared to indoor treatment.

The dilemmas faced by the Doctors

- 1) Convincing reluctant and illiterate patients who want the Dr. to take all decision on his behalf without making any effort to understand the procedure.
- 2) Medico-legal problems related to early discharge.
- 3) Patients insist the surgeon for follow up visits at home for routine check up.
- 4) Inability to identify facilities in the local area to admit patient if required.
- 5) Choice of anaesthesia defers as many a time you tend to operate a DCS pt under local anaesthesia and there is a tendency to use less leading to inadequate anaesthesia making surgery uncomfortable.
- 6) Post operative complications if occurs are more tedious to manage especially after patient's discharge and they are not well accepted by the patient either.
- 7) Availability of Family doctor, his qualification, training and thus his ability in dealing with post operative patients cannot be relied upon. If you find a local surgeon to look after, his professional ego in handling only the post op hassle for a patients who has chosen another one to operate, comes in the way of efficient healthcare delivery.

The dilemmas faced by the Hospital Administration

- 1) Though Day care is most beneficial to the

Government run Hospital, they cater to poor and uneducated population who are difficult to convince for DCS.

- 2) There are at times social indications for admissions like lack of even a proper shelter or food for the patient.
- 3) They are pressurized by various so called social and political figures to keep the patient admitted.
- 4) They form an important network for Post graduate trainings and hence needs to be more vigilant in regards to post op complications.
- 5) Their financial resources many a times prohibit them from using costly but safer drugs and technology.

The dilemmas faced by the Private Hospital

- 1) Setting up of a different infrastructure as DCS is not only costly but it also leads to under utilization of the existing one.
- 2) Difficulty to blend in patient and day care surgery patient
- 3) Reduction in revenue for the hospital as the DCS patient has to be treated as same class whereas the same procedure may earn them more in different class in an indoor settings.
- 4) Visit by the busy consultant before discharge may not be assured in majority of the cases and hence dependant on the juniors for final decision regarding discharge where he is likely to err in judgment for fitness for discharge.
- 5) Majority of the times the hospital is located at a far off distance from the patient's residence making it difficult for him to return in case of an emergency.

The dilemmas faced by the Private Nursing Homes

- 1) They possess an infrastructure which can be utilized for all surgeries without any

reduction in overhead expenses or an increase otherwise even if a patient remains admitted

- 2) DCS: leads to empty beds in a nursing home meant for all purposes which sends a wrong signal about the consultant's practice at times.
- 3) In an exclusive DCS set up the consultant tends to lose many indoor patients specially emergencies.
- 4) With the mobile phone revolution, patients tends to call the consultant at anytime for non specific reasons.

The dilemmas faced by the Government

- 1) They are guided by populist measures where their vote banks need to be kept happy and even a small untoward incident sets a precedents for the larger masses notwithstanding the advantages. They fear the ire of even a small negative impact.
- 2) Majority of the hospitals run by them cater to poor population with poor existing

infrastructure of home and hence unfit for DCS.

- 3) Criteria underlined for DCS by developed educated nations cannot be matched by the developing /third world nations due to their socio economic status.
- 4) Lack of Insurance policy which covers even smaller cases / OPD cases mandates 24 hr admission even in cases most ideal for DCS. Infact DCS popularity gained in USA only because insurance co. refused to pay for hospitalization for procedure which they felt could be safely done on a day care basis hence forcing many to adopt to DCS.

Whatever the dilemmas, they all appear as superficial doubts in the minds of all the stake holders and can be addressed by proper awareness and practice. The advantages of DCS such as reduction in cost, increased convenience to all, and increased safety combined with low infection rates may make admitting a patient for post-op-care obsolete in majority of cases.

UROSELECTIVE ALPHA-BLOCKERS PRESERVE SEXUAL FUNCTION IN MEN WITH LUTS

It is well known that tamsulosin has a significant correlation with ejaculatory dysfunction, but there is some suggestion that this has less impact on patients' sexual 'wellbeing' than erectile dysfunction.

The newer 'uroselective' alpha blockers have less effect on patients' sexual health. There is even a suggestion that these drugs may improve sexual function in men with lower urinary tract symptoms (LUTS).

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