

Abstracts of Session 8b

Free papers on pediatric ambulatory surgery

8b1

Experimental pediatric day-surgery in a general pediatric department

Renato Pascotto, Michele Moscatiello

ASL Napoli 1, Italy – SS. Annunziata Hospital – Pediatric 1[^] Department: Head Prof. F. Tancredi – Pediatric Surgery Unit, Via Toledo 116, 80132 Naples, Italy

Insertion of a Pediatric Day-surgery Unit in a General Pediatric Department arises from the lack of a Pediatric Surgery in the mother-childlike SS. Annunziata Hospital from Naples and in the entire ASL Na1, except an Organizational Unit of Pediatric Surgery created in the near Ascalesi Hospital for adults. Aims of this experimentation are: (a) to decongest Pediatric Surgery Centers able to perform “major” pediatric surgery, with possibility of performing “minor” pediatric surgical operations inside; (b) to eliminate the “improper admission” of children in surgical departments for adults, recovering the “escape of patients” toward other Hospitals; (c) to optimize minor pediatric surgical activity assuring continuity in assistance and reducing waiting list for such operations. Our pediatric day-surgery has been realized transferring to the SS. Annunziata Hospital the Pediatric Surgery Organizational Unit of the near Ascalesi Hospital, allocating it in the 1[^] Pediatric Dept. There are two general pediatric surgeons and two otorhinolaryngologists operating inside; moreover one ophthalmologist, one orthopedist and one dentist work, at moment, in outpatient’s activity. Surgical activity is made alternating use of operating room with the Obstetrical-Gynecological Operative Unit. Children are admitted in room dedicated inside the Pediatric Dept. Nurses are those of the Pediatric Dept. In 3 yr (1997–2000) they have been performed 1.798 surgical interventions (nearly three times those performed from Pediatric Surgery Unit at Ascalesi Hospital in 12 yr. Results are equal to the objectives. This model is applicable to all Pediatric Dept. so decentralizing activity of some Pediatric Surgery O.U. for “minor” surgery, leaving few of them for “major” surgery.

Pascotto R., Moscatiello M. – Esperienze di day-surgery in una U.O. di Pediatria Generale. – Atti 8° Congr. Naz. Gruppo di Studio di Pediatria Ospedaliera. OSPEDALE & TERRITORIO 2 (sl), 17, 2000.

8b2

Thirteen years pediatric day surgery, possibilities, limitations

Seine Ekkelkamp

Paediatric Surgeon, Paediatric Surgeon Centre Amsterdam, De Wijde Blik 2, 1189 WJT, Amsterdam, The Netherlands

“Children have not to be hospitalised if the care they need can be given in ambulatory treatment or in the outpatient office.” (Statement one of the “Kind en Ziekenhuis – child and hospital – in The Netherlands) Day surgery is defined as: “An operative treatment of diagnostic investigations with local of general anaesthesia including the postoperative period.” From 1987 till 1999 we treated 2331 of our patients in day surgery. 1779 Patients were boys, and more than 1300 operations were herniotomy or circumcision. 28% of all operated patients are now operated in day surgery, and the limitation is now lack of facilities. Three aspects play a role in the choice for day surgery: financial, quantitative and qualitative. All these aspects will be discussed. The indications and results of this kind of treatment will be discussed and the results of a questionnaire held with the participants whether they were satisfied with this kind of treatment will be reported.

8b3

Pediatric age day-surgery: our experience with “soft” anesthesia induction

M. Messina, D. Meucci, L. Giuntini, E. Ferrucci, R. Tallarico, A. Ilardi, B. Melissa

Chair of Pediatric Surgery; Department of Anesthesiology and Intensive Care, University of Siena, Italy

INTRODUCTION: Surgical procedures in young children can generate a series of collateral undesirable side effects, ranging in seriousness from enuresis to tattering to personality alterations. We have developed an interactive “soft” anesthesia induction protocol, which is allowing us to decrease perioperative stress on the small patient, pharmaceutical load, and consequently post-operative hospitalization.

MATERIALS AND METHODS: From October 1999 until October 2000, we have evaluated the effects of an interactive anesthesia induction on 217 day-surgery pediatric patients, with ages ranging from 3 to 14 yr (average age 8.5; 157 males and 60 females). To be included in the study, patients needed to have, among other factors, a negative history for epilepsy or convulsions, a normal neurological, psychological and motor development and a good family compliance. During preoperative preparation, a doctor from the surgical team attempts to focus the child’s attention with cartoon videocassettes or by means of television-based video games, depending on the child’s age. During this time, the anesthetist induces sedation and subsequent anesthesia, prior to entrance in the operating room, with minimal child discomfort and stress.

After surgery, the child is fully awakened in the same room where induction was started with the same game and/or cartoon video, and bears no memory of the entire surgical procedure.

A control group of 53 children (42 males, 11 females, and average age 8.2 yr) has been formed, encompassing children of various ages with the same characteristics, which have however been induced with the conventional method.

All children's families are contacted at regular intervals after surgery to enquire upon post-operative behavioral changes or reminiscence of the period spent in the hospital.

RESULTS: No behavioral post-operative alterations have developed in 87.5% of patients in the study group after three months. However, this percentage was only 53.4% in the control group. 2.5% of patients in the study group have participated to the game although showing late behavioral alterations, while 10.0% have shown clear signs of refusal of game play or cartoon watching.

Surprisingly, most (83.5%) of children interviewed after three months which have undergone "soft" induction actually refer to have lived the hospitalization as a holiday period, and repeatedly have asked their parents whether the "experience" could be repeated in the future.

CONCLUSIONS: Interactive "soft" anesthesia induction seems a reasonable, practical, functional and altogether easily feasible procedure for the treatment of the pediatric day-surgical patient, and shows an unexpected high rate of patient compliance. Results bring us to highlight the importance of game and serenity, even in a hospital setting, as the first approach to surgical distress in the pediatric age.

8b4

Information video for children who are afraid of dental treatment

Agneta Nordin

Day surgery unit 79 E, Department of Otorhinolaryngology, Hand-Plastic-ENT-center, University Hospital, S-751 85 Uppsala, Sweden

BACKGROUND: Paediatric patients are often admitted to our Unit for dental treatment under general anaesthesia. These patients are usually very apprehensive about their hospital admission. Their fears can be significantly reduced with appropriate preoperative information.

AIM: To produce a video aimed at preparing children for inpatient dental treatment under general anaesthesia.

METHOD: The local ethics committee approved the project and written consent was obtained from the parents of two children, both

male, aged 5 and 6 yr. The patients were treated following the usual routines of our unit and a member of the nursing staff filmed their progress.

SUMMARY: At the day surgery unit, we frequently take care of children whom are afraid of dental treatment. These children and their parents may have concerns and fears that are made worse by lack of appropriate information. Therefore, we decided to produce a video about the way we take care of the children and their parents. The video runs through the whole clinical scenario starting with the dental assessment right up to the postoperative follow up call two days later. The film will be used as an adjunct to the information given in the preoperative visit. This video is designed to improve the level of information given to our young patients and their parents enabling them to have a more positive experience in hospital. It is also hoped to be a useful tool for non-Swedish speaking patients and children with language impairment.

8b5

Outpatient laparoscopic appendectomy – a benefit for children

Jorg Hermann Schreiber

Tagesklinik Mettmann Talstrasse 4-6, D-40822 Mettmann, Germany

After developing the technique of laparoscopic appendectomy (LA) in 1982. I practised this method first in hospital, and since 1988 in out-patient technique.

As the diagnosis of appendicitis is particularly difficult in infants, one can therefore decide in favour of a diagnostic laparoscopy with simultaneous appendectomy in the slightest suspicion of appendicitis. Perforation of the appendix is a typical complication in children with a rate about 35%.

From 1988 until 1999 apart from LA in adults, we performed LA in 20 infants (6 boys, 14 girls aged from 8 to 16 yr); all children were discharged in the afternoon of the same day.

HISTOMORPHOLOGY: Acute, subacute and fresh phlegmonous or ulcerous appendicitis in nine cases and chronic recurrent infection of the appendix in eleven cases. *Complications* occurred in two girls: a pelvis-inflammation was cured by drainage and antibiotics in hospital; the second girl with stump-leak one day postoperative had to undergo laparotomy in hospital as well.

CONCLUSION: outpatient laparoscopic appendectomy is a valuable method in pediatric surgery. The procedure is demonstrated by video.