



# The impact on orthopaedic workload of the introduction of a dedicated day surgery unit

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## 1. Introduction

Day case surgery is becoming increasingly accepted as a safe and efficient alternative to formal in-patient treatment for many different orthopaedic procedures. Day case procedures may be performed during mixed lists consecutive to in-patient operations or on lists comprising entirely of day cases often in a stand-alone unit. Introduction of a dedicated day surgery unit into the activities of a busy district general hospital orthopaedic department can be achieved smoothly and efficiently. This resulted in a large increase in the number of day case operations, a slight reduction in the number of in-patient operations and an overall increase in workload.

## 2. Method

The number of operations performed on orthopaedic theatre lists over the final 3 months of an integrated system with day cases intermingled with in-patient cases was audited, retrospectively. Upon the opening of a dedicated day surgery unit separate from the main theatres with its own ward, staff and equipment, lists were then divided into purely in-patient or purely day surgery procedures. A prospective audit of the number of cases was then performed for a further 6 months. The total number of lists performed was not altered. The number of lists switched from the main theatres to the day surgery unit varied from consultant to consul-

tant, ranging from one list a month to one list weekly depending on subspeciality.

## 3. Results

No surgical complications arose in those patients treated in the day surgery unit. There was no difference in the amount of theatre time or number of lists throughout this 9-month period.

The figures shown in Table 1 demonstrate that the use of dedicated day surgery theatre lists achieved an increase in the total number of orthopaedic cases treated. While there was a small decrease in the number of in-patients treated, this was by far outweighed by a large increase in the volume of day case operations performed. Thus by separating theatre time into dedicated in-patient and day surgery lists an overall increase in workload was achieved.

## 4. Discussion

With the opening of a new day surgery unit some teething troubles could be expected. Despite this an increase in the number of orthopaedic day cases performed was achieved.

Initially the number of procedures listed for a half-day orthopaedic list was restricted to five due to perceived bed limitations. It soon became clear that this was over-cautious, as lists were finishing early with wasted theatre time. Experience has enabled more efficient planning of lists to make best use of the available operating time with no set limit to the number of cases

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Table 1  
Number of cases treated between February and October spanning the opening of the dedicated day surgery unit

	Integrated in-patient and day case lists				After day surgery unit opened separate in-patient and day case lists						
	February	March	April	Average	May	June	July	August	September	October	Average
Day cases	60	64	74	<b>66</b>	62	78	76	92	82	81	<b>79</b>
In-patient cases	58	58	57	<b>58</b>	52	73	55	52	39	45	<b>53</b>
Total cases	118	122	131	<b>124</b>	114	151	131	144	121	126	<b>131</b>
% Day cases	51	52	56	<b>53</b>	54	52	58	64	68	64	<b>60</b>

listed for one session [1]. The range of procedures performed in the unit is also expanding, bringing variety and interest to day case work. Some more complicated procedures such as shoulder and ankle arthroscopy have been introduced. In addition some simple trauma cases such as removal of wires have been successfully dealt with in the unit, whereas traditionally these would have been placed on the main trauma list. Potentially this could free up main theatre time for more complex trauma cases and reduce the out-of-hours workload.

In future months the number of day case operations performed is likely to rise. The Royal College of Surgeons of England has stated that day surgery is now the best option for 50% of all patients undergoing elective surgical procedures though the proportion will vary amongst specialities [2]. This is particularly attractive given the current climate of bed shortages and waiting lists [3].

## 5. Conclusion

The transition to using a dedicated day surgery unit

can be undertaken smoothly with no detrimental effect to the patients. In fact it allows an increase in the number of day case procedures performed, with only a small reduction in the number of in-patient operations. This reduction could easily be remedied by reassigning lists to main theatres while achieving a slightly smaller increase in day case work. The institution of pure day surgery lists performed in a dedicated day case unit is recommended. This can increase the overall activity of an orthopaedic department while the number of theatre lists stays the same.

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