

Abstracts

Ambulatory surgical treatment of varicose veins under intradural anesthesia

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Introduction: Nowadays ambulatory surgery is the fastest growing subspecialty within clinical anesthesiology owing to the advances in anesthetic and surgical technology. Several side effects of subdural anesthesia (postdural puncture headache, impairing the ability to ambulate and void) can prevent the challenge of anesthesia for ambulatory patients (rapid return to street readiness). The aim of this study was to evaluate spinal anesthesia by using pencil point needles in adult outpatient surgery (uni or bilateral saphenectomy).

Material and method: We studied prospectively 520 patients operated on for saphenectomy. After vascular replacement, 10 ml/kg of Hartman's solution, and a premedication with metoclopramide, 10 mg, and midazolam, 0.03 mg/kg, patients received subdural anesthesia (pencil point needle 25–27 G) with either 60 mg of mepivacaine 0.2% unilateral saphenectomy or bupivacaine 0.5% 10 mg or 0.25% 7.5 mg (bilateral saphenectomy). We measured in every patient sensitive block, heart rate, blood pressure, surgery duration, time for hospital discharge and side effects (nausea/vomiting, urinary retention, and PDPH).

Keywords: Spinal anesthesia; Saphenectomy; Ambulatory surgery; Pencil point needles

Endoscopy in a gynecological ambulatory surgical unit

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Over the last decades we have been able to increase the number of surgical procedures undertaken in day surgery units due to two main factors: the outstanding progress in the techniques used in anesthesia and the development of endoscopy. In gynecology this fact has been particularly significant due to laparoscopy and hysteroscopy. In this paper we present their possibilities in our environment.

Keywords: Ambulatory surgery; Day surgery; Gynecology; Endoscopy; Laparoscopy; Hysteroscopy

Mycolaryngeal surgery as ambulatory surgery. Results during the period 1995–1998

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The objective is to prove that microlaryngeal surgery is a safe procedure to include as ambulatory surgery.

We reviewed the direct laryngoscopies performed as ambulatory surgical procedures in a day surgery unit during the 1995–1998 period. In this retrospective study 132 patients were included. The type of pathology, anaesthetic risk, intra and postoperative complications and discharge criteria were analyzed.

Only 3.78% of the patients had some intraoperative complication, three, bronchial spasm and two, skin rash. Among the causes of admission to the hospital

(4.54%), social problems, not related to surgical procedures (2.27%), nausea and vomiting (0.76%), fever (0.76%) and dizziness (0.76%) were the most common. We conclude that microlaryngeal surgery can be safely

performed as an outpatient procedure as long as the patients are selected.

Keywords: Ambulatory surgery; Laryngoscopy