

## News from Denmark

Last week was the week of the yearly national congress for the Danish Surgical Association. This is the highly ranked congress for the “real surgeons” meaning Gastro-, Endocrine-, Mamma, etc surgeons. For the first time we succeeded in having a Day Surgery session lasting 4 hours at this congress, and it was the first time the surgeons have shown interest in this field. It was with a mixture of clinical cases (e.g. reflux surgery and laparoscopic surgery of ventral hernia as day surgery) and more strategic and financial issues.

After our congress last year in Copenhagen the Danish health Regions experienced that the government gave extra millions to development of day treatment possibly because of the positive experience the health minister had from our congress. And even better it has become an issue at the yearly contract between the government and the Danish health regions. It is said in the contract from this year, that it is an obligation for the regions to increase the day surgery activity and at the same time improve quality.

We have worked for many years in the struggle to bring this issue on the official political and surgical agenda, so it is rewarding to observe this has happened eventually.

Claus Toftgaard MD, IAAS Past-President

## News from France

### France is actively promoting Day Surgery

The public health authorities in France have decided, since 2009, to consider day surgery a national priority. The objective is to reach a level of >50% day surgery by 2016 (38.6% for 2011). In order to achieve this goal, multiple measures have been undertaken:

1. A surveillance system of day surgery levels' in each health establishment has been implemented on a national scale. Public financing of surgical projects is conditioned by the achievement, of the concerned medical centre, of a fixed objective of day surgery levels.
2. Corrective measures: In 2009, a basket of 17 surgical procedures was considered by the social security authorities as obligatory in day surgery. In 2012, the number increased to 38 procedures.
3. Incentive measures: hospital stays for 17 (in 2009) and now 50 (in 2012) surgical procedures are financed identically whether or not they take place in a day surgery context.

Corinne Vons MD, AFCA

## News from India

### **How The Indian Association of Day Surgery is organized**

At the General Assembly meeting in Porto, it was interesting to note the Membership fees paid by members of different countries to their National Associations. Well, in India, we do not have yearly membership fees. It is one time payment for life! Therefore, we call it 'Life Memberships', which is €14, for our Association. This means a lifetime issue of all the Journals, Newsletters and periodic correspondence, including the postage cost, to be borne by the Associations. Mind you, at present, our National conferences do not have concessional registration for members, but soon! Trying to change it to yearly payment will see everyone default on their payments. Hopefully, some day, we will be able to increase the fees.

At present, we have 340 Life members. Membership is restricted to Surgeons, Anaesthetist and Dentist. Possible expansion to include DSC and Nurses, Managers and Ayurvedic surgeons, as Associate/Corresponding members in the near future, is being looked into.

We also publish Day Surgery Journal of India, yearly issue; and One Day Surgery Times, a monthly Newsletter, being edited by me.

The Journal is available on [www.daysurgeryindia.org](http://www.daysurgeryindia.org) for everyone to read. Earlier, we had articles from international authors, but, since the past 2 issues of the Journal, articles received are from Indian authors only! This goes to show, the development and data, in Day Surgery, locally.

Newsletter is basically for General Practitioners, Family Physicians and Medical Students, to increase awareness on Day Surgery.

National Conferences are biennial now, alternating with the IAAS Congress, we are trying to organize these meetings in different parts of the country so as to make it possible for more people to attend.

**Naresh Row, MD, President of The Indian Association of Day Surgery  
Editor, Day Surgery Journal of India & One Day Surgery Times**

## News from Germany

### German Expert Advisory Board Votes for Ambulatory Surgery

The Expert Advisory Board of the Ministry of Health has recommended that ambulatory surgery should be promoted in order to tear down the historical barriers between hospitals and doctor's offices including day clinics. So far hospitals are paid for by a DRG system whereas day clinics are still remunerated at a much lower rate by the payment system called EBM. According to the Advisory Board ambulatory surgery should be part of the newly established area of 'special consultant care' which means care by highly specialized consultants of hospitals and doctor's offices in the fields of surgery, oncology and others. The remuneration for ambulatory surgery should be adjusted so that it does not pay any more for hospitals to hold patients in bed.

**Comment:** This is a major advance for ambulatory surgery in Germany even if the recommended reform probably will not be started before the next general elections which will take place in the fall of 2013. Nevertheless, the advice of this official Expert Advisory Board cannot easily be denied in the future.

Jost Broekelmann MD, BAO

## News from the Netherlands

### The 16th Dutch Congress on Ambulatory Surgery

The 16th Dutch congress (November 2011), 'the digital world of ambulatory surgery' was again successful with a varied programme and a good attendance.

Topics were

- The luxury of robotic surgery in urological interventions
- Digital anesthesia report with four-color pencil
- Innovation in thorax surgery with VATS Video Assisted Thoracoscopic Surgery. VATS is also a technological development in surgery in favor of the patient
- With the help of Design Management a product can be made more attractive and can positively affect perception, contribute to the learning process, enlarge the enjoyment and improve the decision-making.
- E-health is a fast growing phenomenon that will be in a short time an indispensable tool for patients to manage their own disease. Especially for the chronic patient who is well knowing his own disease. People are using Social Media for sharing personal experience, knowledge and understanding but also about the performance and service of doctors and hospitals.

The congress was closing with a witty comic speaker on the advancing digitalization in health matters.

The congress was also a farewell to Dr. Hans Kerckamp as chairman of the Dutch NVDK and the beginning of the new chairman Dr. Andre Wolff (anesthetist) and a new surgeon board member Dr. Marlies Schijven.

Cecile Verhagen, NVDK