

# 2nd virtual meeting of the International Association for Ambulatory Surgery: Submitted Abstracts

## Preoperative Fasting Audit

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### Background

The aim of preoperative fasting is to decrease the risk of pulmonary aspiration during induction of general anaesthesia. However fasting hours beyond the standard limits is

Not preferable. This Audit was undertaken to assess the actual number of fasting hours prior to elective lists associated adverse effects and adherence to the trust preoperative fasting guidelines.

### Aim

To assess the compliance with the trust preoperative fasting guidelines.

### Method

Data was collected anonymously from adult patients having elective surgery on the day of the surgery, either before or after the operation. Lists included General surgery, Obstetrics, Gynaecology, Urology, Max-fax, ENT, Orthopaedics, and one CTS case. We then compiled the Data onto an Excel spreadsheet and interpreted appropriately against the trust standards.

### Results

Total of 51 patients aged between 20 to 87 were interviewed. On average, fasting time was around 12 and seven hours for food and fluids respectively. Most of them were not offered hot drink whereas 78% received sips of water. Only 3 out of the 51 had thirsty sensation, 6 had headache, and 4 complained of nausea. 92% said they had good overall experience.

### Conclusion

Most of the patients had fasting time more than that recommended in the trust

**Guidelines.** Fasting times were sometimes prolonged depending on the patient's rank on the operation list. 22% of the patients did not receive fluids or sips of water prior to their operation. Adverse effects were more obvious in patients with prolonged fluid fasting time.

## Pandemic and Ambulatory Surgery in Alava (Spain)

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The objectives of this study are to assess the impact of the pandemic in our surgical activity in major outpatient surgery" comparing it with the activity with admission as well as analyze the multiple factors that have influenced on it.

### Methods

We have carried out a review of the data on surgical outpatient and inpatient activity of our service during 2020, comparing these data with those of 2019.

### Results

In 2019 3,976 patients were operated on a scheduled basis in our department.

Due to the pandemic situation in 2020 the total dropped to 3,154" which meant a decrease in activity by 20.7%.

If we only focus on the AS activity, there was a decreased in the number of patients in 2020 compared to 2019 by 13.4%" although the percentage of AS regarding the total number of surgeries increased by 4.6%.

An explanation for these data is found in what happened in our Health area during 2020. At the beginning of the pandemic, the oncological and non-delayed surgery displaced the AS activity. Once the first wave was overcome, all surgical activity has been recovered and even surpassed the 2019 data.

### Conclusions

Ambulatory surgery was penalized in our organization at the beginning of the pandemic by prioritizing other oncological and non-delayed surgeries. The AS has been fundamental in the recovery of surgical activity in subsequent months of the pandemic; which leads us to conclude that the AS is possible and necessary in times of pandemic.

# Improving the Quality of Pre-Operative Assessment for patients undergoing General Anaesthesia for Ophthalmic Surgery

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## Background

Patients listed for day case ophthalmic surgery under general anaesthetic at the Wolverhampton Eye Infirmary, United Kingdom, undergo a pre-operative assessment conducted by Foundation doctors with limited experience.

The quality of pre-operative assessment was poor and a high number of same day cancellations were observed for issues that could have been detected in pre-operative assessment.

## Methods

This was a five-cycle quality improvement project conducted according to Plan Do Study Act methodology. The quality of individual pre-operative assessments was retrospectively measured according to 23 essential criteria during each data collection cycle. Quality of assessment was measured before and after four separate interventions, which included educational interventions and introduction of a pro forma to guide pre-operative assessments.

## Results

45 patient assessments were analysed. Assessment of cardiorespiratory symptoms improved from 40% of patients in the first cycle to 100% by the fifth cycle. Assessment of exercise tolerance improved from 50% in the first cycle of patients to 100% by the fifth cycle. Airway assessment improved from 0% of patients in the first cycle to 100% by the fifth cycle. Overall, only 7 of the 23 essential criteria were met in all patients during the first cycle, which improved to 16 of the 23 essential criteria being met in all patients during the fifth cycle.

## Conclusions

The introduction of a pro forma for pre-operative assessment has been shown to improve the quality and safety of pre-operative assessment for Ophthalmic surgery.

# The Safety of Non Catheter in Laparo-endoscopic Single Port Day Surgery in Gynecology under Enhanced Recovery Mode: An Analysis of 88 Cases

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## Background and Objective

Day surgery is the trend of medical development, indwelling catheterization is the traditional concept of general anesthesia, However, as an invasive procedure, the placement of urinary catheter may damage the urethra and bladder mucosa, which will increase

the probability of surgical related urinary tract irritation and urinary tract infection. The purpose of this study was to investigate the safety and feasibility of non catheter in laparoendoscopic single port day surgery in gynecology under enhanced recovery mode.

# Feasible and safety of ovarian surgeries by V-NOTES in Day surgery center

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## Objective

To investigate the feasibility and safety of transvaginal laparoscopic (V-NOTES) ovarian surgery in day surgery center.

## Methods

From May 2020 to February 2020, 50 cases of ovarian cystectomy by V-NOTES were performed in the gynecological day surgery center of Chengdu Women and Children Center Hospital. The age of the patient was  $(29.31 \pm 9.65)$  years. Including 28 cases of Teratoma, 11 cases of endometriosis and 11 cases of other benign ovarian tumors. The patient was admitted on or before the day of surgery and discharged within 24 hours after surgery.

## Results

All patients were operated smoothly, bleeding was  $15.02 \pm 4.86$  ml, no organ injury, no transperitoneal laparoscopy, no postoperative complications such as infection, no Hematoma, no fever, all patients were discharged within 24 hours, and all patients were discharged within 24 hours, no transfer to the general ward, no case of readmission after discharge. Patient and family satisfaction 98% .

## Conclusion

Transvaginal laparoscopic (V-NOTES) ovarian surgery is feasible, safe and has significant social and economic benefits.

# Clinical Analysis of 128 Cases of Non-indwelling Catheterization after Daytime Single-port Laparoscopic Surgery in Gynecology Based on the Surgical Concept of Enhanced Recovery After Surgery (ERAS)

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## Objective

To investigate the feasibility and safety of non-indwelling catheterization after daytime single-port laparoscopic surgery in gynecology under the surgical concept of enhanced recovery after surgery (ERAS).

## Methods

A total of 128 cases of gynaecological single-port laparoscopic day surgery were collected from May 2020 to December 2020 in the day surgery centre of our hospital. All the patients underwent general anaesthesia. Postoperative pain score, anal exhaust time, first time of getting out of bed and first time of defecation were summarized and analysed.

## Results

The postoperative pain score was  $(2.23 \pm 0.99)$  one hour after operation. The score at 3 hours after operation was  $(1.77 \pm 0.88)$ . The score at 6 hours after operation was  $(1.57 \pm 0.88)$ . The score at 12 hours after surgery was  $(1.43 \pm 0.80)$ , the time to anal exhaust was  $(11.23 \pm 9.14)$  hours, the time to get out of bed for the first time was  $(3.38 \pm 1.23)$  hours, and the average time to urinate for the first time was  $(1.56 \pm 1.06)$  hours. All patients were discharged on the same day

and the day after surgery. No complications occurred or readmission occurred, and all patients recovered well.

## Conclusion

Under the surgical concept of rapid recovery (ERAS) for benign gynaecological diseases, it is feasible, safe and effective to do not indwelling catheterization after single-port laparoscopic surgery in the daytime. The implementation of the ERAS concept and the absence of indwelling catheter can ensure the early movement of patients out of bed, promote patient comfort, reduce postoperative complications, accelerate patient recovery, ensure patient safety, and improve patient satisfaction.

# The Safety of Non-catheter in Laparo-endoscopic Single Port Hysterectomy Day Surgery in Gynecology Under ERAS Mode

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## Objective

To investigate the safety and feasibility of non catheter in laparo-endoscopic single port hysterectomy day surgery in gynecology under ERAS mode

## Materials and Methods

Data of 8 cases of hysterectomy by laparo-endoscopic single site day surgery between October 2020 to March 2021 in the department of day surgery ward of our hospital were collected. The patients urinated within 10 minutes before operation, and no catheter was placed during the operation. The operative method, operative time, intraoperative input and blood loss, the first time to urinate, exhaust and get out of bed, the incidence of postoperative urinary retention, the incidence of surgical complications and transfer to the general ward, satisfaction and so on.

## Results

Among the 8 patients, there were 3 cases of atypical endometrial hyperplasia, 3 cases of multiple myoma and 2 cases of adenomyosis. Age was from 43 to 52 years old, body mass index was from 20 to 27 kg/m<sup>2</sup>, operative time was from 115 to 168min, intraoperative blood loss was from 20 to 80 ml, intraoperative input was from 1100 to 1600 ml; First time of getting out of bed after surgery was from 1.8 to 5.5 h, feeding time was from 1.5h to 6h, urination time was from 1h to 5h, and exhaust time was from 2.5h to 16h; 7 patients had symptoms of urinary tract irritation without urinary retention. No transfer to porous, open surgery, no transfer to the common ward, no bladder, ureter injury, no hematoma, infection, secondary operation, the satisfaction is 100%.

# Laparoscopic Cholecystectomy in the Elderly –Retrospective Study

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## Introduction

Life expectancy is in a continuous expansion and there is an increased demand for surgery by older patients, namely laparoscopic cholecystectomy (LapC). we intend to compare LapC in ambulatory surgery (AS) with elective surgery (ES) in elderly patients.

## Methods

Retrospective study of elderly (>75 years) submitted to LapC in AS and ES between 2015 and 2019. Statistical analysis was performed with IBM-SPSS®, p-value<0.05.

## Results

106 patients were included, with a mean age of 79 years, 69% female and 44% ASA III. 48% were operated in AS.

Comparing LapC in AS and ES, there were more female patients (76% vs 62%, p<0.05), less surgical time (44 vs 61 minutes, p<0.05) and less major postoperative complications in AS (2% vs 7%,

p<0.05). There was no difference between: age, ASA, intraoperative complications and minor postoperative complications. Mortality rate was 0%.

Four AS patients (6%) were converted to ES. In ES, mean postoperative hospitalization was 2 days, with 45% discharged on the first postoperative day and only one patient presented a minor complication.

Regarding postoperative complications there was no difference in age and gender. Major complications were more frequent in ASA III patients (ASA II 19% vs ASA III 38%, p<0.05).

## Discussion

This study demonstrates that LapC in AS appears to be safe in the elderly, with no differences in intraoperative complications and a lower rate of major complications, which were associated with ASA III. Almost half of ES patients were discharged on the first postoperative day, similarly to the patients in AS.

# Post-thyroidectomy Hypocalcaemia: A Single Center Experience

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Post-thyroidectomy hypocalcaemia is a common complication and results in significant morbidity. Our aim is to describe the incidence and risk factors for hypocalcaemia after completion or total thyroidectomy.

Between January 1 and August 31, 2019, a total of 205 patients underwent completion or total thyroidectomy in our Center.

Serum calcium and parathyroid hormone (PTH) levels were measured on day 1 postoperatively. Hypocalcaemia was defined as mild if serum calcium level was between 8.0 and 8.4 mg/dL and severe if serum calcium level was less than 8.0 mg/dL. Post-

operative hypocalcaemia can be transient (lasting less than 12 months) or permanent (if patients had not recovered within 1 year).

Mild and severe hypocalcaemia occurred in 51 (24,5%) and 41 (20%) patients, respectively. Of the 113 normocalcaemic patients, 2 developed hypocalcaemia (one of them mild and the other severe) despite normal serum calcium levels in the morning of the first postoperative day. Permanent hypocalcaemia was observed in 2 (1%) patients.

# Outpatient Laser Treatment of Pilonidal Disease

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Pilonidal disease is an acquired chronic inflammation of the hair follicles of the sacrococcygeal skin and subcutaneous fat which mainly affects young Caucasian males. This condition is associated with significant morbidity and socioeconomic implications.

Laser treatment of pilonidal disease is a percutaneous approach with minimal damage to proximal tissues and has been associated with low rates of postoperative complications and satisfactory cosmetic outcome.

The present paper aims to examine the outcomes of the patients undergoing laser treatment in the Integrated Center of Ambulatory Surgery of the Hospital and University Center of Porto between 2019 and 2020 on an outpatient basis. In a total of

44 patients the following aspects will be overviewed: wound healing time, early post-operative complications, time to re-establish both daily life and professional activity and early recurrence rate.

# Quality of the Pre-operative Assessment for Day Case Patients attending the Oral Surgery Department for Treatment with Intra-Venous Sedation

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## Introduction

Intra Venous Sedation (IVS) is a helpful pharmacological adjunct in treating day-case Oral-Surgery patients. Patient pre-assessment helps identify suitable individuals and minimise peri and post-operative risks.

This two cycle audit aimed to review and improve quality of IVS pre-assessment within a secondary care Oral and Maxillofacial department.

## Method

Retrospective review of pre-operative assessments for patients receiving IVS. Data included: Medical History, Blood Pressure, ASA grade and BMI/Weight (considered essential). Six additional desirable features such as social history and whether the patient received written information were recorded.

Both cycles reviewed patients seen within a six month period (1) 2017/2018 and (2) 2019/2020.

## Results

Of 40 patients in cycle (1), 25% recorded essential criteria. Five patients did not receive treatment for reasons including opting for General Anaesthetic and cannabis use, with a loss of over five clinical hours. 28% of patients received written information in (1) compared to 80% in (2). Cycle (2) comprised 50 patients; 46% recording essential criteria. Seven patients did not have sedation for reasons including no child care and breastfeeding, with six opting for local anaesthetic only. one hour of clinical time lost. For (1), 68% of patients were consented pre-operatively, compared to 86% in (2).

## Conclusion

For (1), 'booking forms' had not been retained, meaning essential information was lost and sedationists unable to utilise data pre-operatively. Following (1), team education resulted in booking-form retention and improved pre-operative assessment, leading to more efficient/effective IVS lists with optimum patient safety and reduced disruption. There is still scope for improvement and further audit is required.