

## Plastic surgery in a day surgery unit: 1 year's experience

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### Abstract

The study is of the different pathologies treated at the UCSI by a Plastic Surgery Unit during the course of a year. Variables such as age, sex, pathology and degree of patient satisfaction have been studied. The total number of patients treated was 678. The most common surgery was for skin tumours and hand pathology. Of those treated 96% demonstrated a high degree of satisfaction. © 1998 Elsevier Science B.V. All rights reserved.

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### 1. Introduction

Plastic, cosmetic and reconstructive surgery has been a pioneering specialisation in the field of out patient treatment. The lack of hospital beds [1] combined with an increase in the standard of living of the population (housing, communication and hygiene) and the improvement of anaesthetic and surgical techniques make it possible to appropriately treat specific pathologies in health centres. The patients must agree to be operated on without being admitted into the hospital. Their homes should meet minimal conditions in hygiene and comfort. For example, they must have a telephone, they cannot live alone and their home cannot be further away than a 60 min drive from the centre [2]. The patients arrive at the centre after consulting with a plastic surgeon recommended by a specialist or their general practitioner. At the Juan Canalejo Hospital the UCSI consists of two operating rooms, a recovery room, a resuscitation room, a waiting room for family and patients and changing rooms for patients and staff. This unit, although separate, depends on the hospital. Although the patients are released the same day, they must have a follow-up conversation by telephone 24 h later. All other follow-up and treatments are done in the doctor's office.

Our objective is to review the activity of this type of surgical unit during the course of a year.

### 2. Patients and methods

The medical histories of the patients operated on in the UCSI between January 1, 1996 and December 31, 1996 were reviewed. Variables such as age, sex, pathology and degree of patient satisfaction (by means of a telephone questionnaire (Table 1)) were studied.

### 3. Results

A total of 678 patients were operated on, 326 were men and 352 were women, with ages ranging from 5 to 93 years (average 50.24 years).

#### 3.1. Distribution of pathologies

The most frequent pathology treated was skin tumours with a total of 341 patients. Of the patients, 206 were benign and 135 malignant, distributed in the following way: 71 cases of epidermal carcinoma, 51 cases of basal cell carcinoma and 13 cases of melanoma.

Hand surgery with 297 cases was second and included diverse pathologies such as: Dupuytren's con-

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Table 1  
Questionnaire

UCSI Maternity and Children's Hospital Teresa Herrera

Dear Patient

Last year you underwent surgery at our Hospital. In order to improve patient care we would like you fill out this anonymous questionnaire regarding the treatment you were given and the impression you have of the surgery.

What treatment did you receive?

(Please underline the most appropriate answer).

1	How were you treated by the UCSI staff (doctors, nurses and support staff). BADLY	AVERAGE	WELL	VERY WELL
2	Did the doctor discuss the details of the operation with you prior to the surgery? NO	AVERAGE	WELL	VERY WELL
3	What type of memories do you have of the surgery? BAD	AVERAGE	GOOD	VERY GOOD
4	Did you experience pain at home after the surgery? NO	LITTLE	SUFFICIENT	A LOT
5	Were you happy with the treatment you received at the UCSI? YES	NO		
6	If you had to undergo the same surgery again would you prefer to be operated on the UCSI or be admitted into the hospital? UCSI	ADMITTED		
7	What did you dislike the most about your experience or what can we improve?			

Thank you very much for your co-operation.

tracture (74 cases), ganglions (52 cases), carpal tunnel syndrome (33 cases), rheumatic hand (25 cases), tendinous injuries (27 cases), tumours (19 cases). Less frequent were De Quervain's disease, nerve injuries, trigger finger, osteomyelitis, foreign bodies, loss of substance/flesh and camptodactylia. The 34 operations performed on facial pathologies were the following: 14 cases of orbito-palpebral pathology (xanthelasma, chalazions, palpebral ptosis, ectropion, orbit and zygoma fractures), 14 cases of nasal pathology (nose fractures, loss of substance/flesh, rinofimas, dento-nasal fistulas), 6 cases of auricular pathology (torn lobes, prominent ears, loss of substance/flesh). Other less frequent pathologies included scar repair (24 cases), loss of substance/flesh in the lower extremities (6 cases), gynecomastia (3 cases) and hydradenitis (2 cases).

### 3.2. Patient satisfaction was assessed using a questionnaire [3]

This demonstrated that contact between staff (doctors, nurses and support staff) and patients was considered good by 34% of those questioned and very good by 66%. Regarding the medical information received, 6% said they received no information, 8% found the information scarce, 80% said they were well informed and 6% believed they were very well informed. Looking back on their surgery, 10% of patients found the experience negative/bad, 18% found it average, 48% found it good and 20% found it very good. When questioned about pain at

home, 56% said they experienced no pain, 18% had little pain, 24% had some pain and 2% experienced a great deal of pain. Of the patients 96% stated they were satisfied with the treatment received. This is reflected in the fact that 90% would prefer to return to the UCSI for similar operations rather than be admitted into the hospital. Although 70% had no complaints, some patients believed that access to this unit should be made more direct in order to avoid intermediary steps and that both the waiting lists and time spent in the waiting room prior to surgery should be decreased.

## 4. Discussion

If patients are selected appropriately, we have found that the age range for out patient surgery can be widened without increasing the level of risk or complications.

In this review we were able to observe many pathologies, which are only a mere reflection of the fields which are covered by our speciality. This observation contrasts with other specialities where out patient surgery is limited to a very specific number of pathologies [4].

Skin and hand pathology were treated most frequently. Improvements in local and local-regional anaesthesia plus sedation techniques [5,6] decrease a patient's recovery time and allow them to be discharged in a few hours.

Although the results of the questionnaire [7] show patient satisfaction to be very high, it also demonstrates

problem areas which need to be improved such as the control of pain in the home (24% experienced some pain and 2% experienced a lot). In many cases this is due to the fact that the patients are not taking the painkillers or are doing so incorrectly. In other cases, the painkillers prescribed are insufficient. It's important to reiterate this point to the patients and evaluate the type of operation and patient characteristics when prescribing adequate painkillers. The inconvenient and tedious process undertaken by the patients before arriving at the UCSI can be avoided by maintaining closer relationships with primary care doctors and other specialists. This in turn will diminish the waiting lists and dissatisfaction of patients who have consulted various doctors without solving their problem.

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