2. Surgery

Oral presentations

**Characteristics of ambulant Chevron osteotomy – concept of preoperative and postoperative treatment**

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126 patients underwent a chevron osteotomy in our clinic between 1997 and 2003, of these 58 could be clinically evaluated in the follow up study. The average age was 54.2 years. 105 were female, 21 male. The average angle of the hallux valgus deformity was 30.7° (15–45°) and the intermetatarsal angle was 8–16°. The Kitaoka score after surgery was 84.67 with an average angle of correction of 10.6°. 102 patient questionnaires were able to be evaluated and showed that 82% of the patients felt relaxed before the operation whereas 18% felt uneasy.

Circulatory problems i.e. dizziness, nausea, pain awareness and swelling after the operation were gauged on a scale 0 to 10. The average value for circulatory problems was 1.04 and for nausea 1.41. Pain awareness in the first 3 days after surgery rated at 4.32 and then after 2.7. The scoring for swelling after the 5th day was 4.34. 97% of the patients felt that the medical follow up at home was satisfactory. Secondary wound healing occurred in 5.8% of the patients however no cases were caused by infection. A haematoma resulted in 15.7% and modified accordingly.

Conclusion: Sacral nerve stimulation is a technique that has been developed for both faecal incontinence and constipation. Improved insertion techniques have allowed it to be performed as a day case procedure. Now that the technique is becoming more widely available, travelling time will be less of a constraint to procedures being undertaken as a day case.

**Sacral nerve stimulation: a day case procedure for faecal incontinence and constipation**

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Background and Objective: Sacral nerve stimulation for faecal incontinence and constipation resistant to conservative treatments has been shown to be successful in 60–80% of patients. The procedure has the advantage of a temporary stimulation period prior to permanent device insertion. With the advent of a percutaneous technique for both temporary and permanent implants, these procedures may now be carried out as day case procedures.

Methods: Over the last two years 22 consecutive patients undergoing SNS for faecal incontinence and 24 consecutive patients undergoing SNS for constipation were studied.

Results: Of the 46 temporary wire implantations 21 patients (46%) had them placed as a day case procedure. 29 patients went on to permanent implantation of the new percutaneous tined lead. 10 (34%) of these were done on a day case basis. In both categories it was travelling distance and lack of social support that prevented more cases from having been done in this way. Levels of satisfaction and low complication rates have been maintained in the patients treated on a day case basis.

Conclusion: Sacral nerve stimulation is a technique that has been developed for both faecal incontinence and constipation. Improved insertion techniques have allowed it to be performed as a day case procedure. Now that the technique is becoming more widely available, travelling time will be less of a constraint to procedures being undertaken as a day case.

**Laparoscopic supravaginal hysterectomy performed in a day clinic – prospective multicenter (VAAO) study**

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Laparoscopic supravaginal hysterectomy (LASH) is an alternative to total hysterectomy for benign conditions in cases where conservative treatment options fail. There are only few data concerning surgical techniques, postoperative well-being and complications from German speaking countries.

Data of 191 patients scheduled for laparoscopic supravaginal hysterectomy were prospectively registered between 1.4.2003 and 31.3.2004. A questionnaire was filled in by the physician recording data pre-, intra- and postoperatively. All patients were interviewed six months after surgery and asked about their well-being, possible complaints and their fitness to work by telephone.

The average age of the patients was 43 years. The main indications for the operation were abnormal uterine bleeding and dysmenorrhea (65%). The mean operation time was 119 minutes and the average weight of the uterus corpus was 239 g. The uterine arteries were coagulated with bipolar current in most cases (81%) and the dissection of the corpus uteri from the cervix was done using monopolar scissors in 59% of the patients. In most cases the cervical stump was peritonealised (84%).

71% of the patients were operated in an outdoor manner. No serious complications were reported.

13% of the patients continued to have cyclical bleeding six months after the operation.

Laparoscopic supravaginal hysterectomy (LASH) is a patient focused, outpatient and cost saving alternative to total hysterectomy for benign uterine conditions unresponsive to conservative treatment alternatives.

**Day surgery rhinology – extending the boundaries**

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Otorhinolaryngology (ORL) has not traditionally had a good record in the UK for Day Surgery rate. The issues in ORL are often very different from other specialties. The main reason for a low day case rate is the fear of post-operative bleeding into the airways. This has been particularly the case with sino-nasal surgery, which only comprises 25% of all ORL day cases.

National data, as well as regional and local clinical audits, are analysed to determine what the main issues are, and how they might be overcome. Admission rates by procedure and reasons for admission are analysed. Multiple procedures carried out on the same patient, are common in ORL (34%) and are more common in rhinology (51%), and the effect this has on admission rate is discussed.

A steady improvement over the last 10 years throughout the UK is reported, yet the UK Audit Commission targets for day surgery are still not being met. Are they realistic? There is still a considerable variation in day case rates for the same operations in different surgeon’s hands.
in the same hospital, never mind between different hospitals where facilities may not be the same. Evidence based modification of surgical technique, pre-operative and post-operative management has allowed the author to achieve much greater day surgery rates in rhinology than many of his colleagues. These will be presented.

30 KTP laser reduction of inferior turbinate for nasal obstruction – A day case topical anaesthetic outpatient procedure

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Reduction of inferior turbinate of the nose is a common procedure. Many methods exist to reduce the size of turbinate. Most involve the need for a general anaesthetic, nasal packing to stop bleeding and the need for an overnight stay in hospital. We describe 40 patients treated with KTP laser in the outpatient setting. All patients were sprayed with 2.5 ml of topical lidocaine (5% w/v) and phenylephrine spray (0.5% w/v); cardiovascular monitoring was instituted. Each inferior turbinate was lasered with six linear cuts to the anterior end for a length of 5 centimetres. Average time to complete treatment to a patient was 15 minutes. Only one case had to be abandoned due to lack of access from septal deviation. All other patients (39/40) were highly satisfied with the treatment. No patient required nasal packing or admission for bleeding. At three month follow up all patients were satisfied with the result of the surgery and would recommend it to a friend. KTP laser surgery is a very cost effective method of treating nasal obstruction due to turbinate hypertrophy, with good patient tolerance and reduced morbidity.

31 Outpatient laparoscopic surgery

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Background: The purpose of this study was to assess the feasibility of advanced laparoscopic procedures performed as same day surgery, expressed by patient safety and satisfaction, and to assess consequences for education of residents and for health care costs.

Methods: The procedures were recorded prospectively focusing complications, admissions and readmissions. Patient satisfaction was evaluated by interviews. Health care cost were compared to standard inpatient hospital stay.

Results: During 1994 until 2004 1456 patients were operated.

<table>
<thead>
<tr>
<th>Laparoscopic procedure</th>
<th>Patient number</th>
<th>Primary admission</th>
<th>Readmission</th>
<th>Grade III* complications</th>
<th>Patient satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholecystectomy</td>
<td>1271</td>
<td>9.8%</td>
<td>6.5%</td>
<td>0.6%</td>
<td>98%</td>
</tr>
<tr>
<td>Antireflux surgery</td>
<td>143</td>
<td>11.9%</td>
<td>11.1%</td>
<td>2.8%</td>
<td>88%</td>
</tr>
<tr>
<td>Adrenalectomy</td>
<td>28</td>
<td>4.2%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Splenectomy</td>
<td>14</td>
<td>16.7%</td>
<td>20%</td>
<td>11.1%</td>
<td>89%</td>
</tr>
</tbody>
</table>

*Potentially life threatening complication.

Trainees attended cholecystectomy operations, performing two thirds of them assisted by a senior surgeon. Heath care cost saved compared to a median hospital stay of two days amounted one million Euro. Conclusions: The main concern for patients undergoing these operations as outpatients is delayed recognition of serious complications. Careful evaluation before discharge, as well as thorough information on routines for readmission are mandatory. Adrenalectomy seems to be the easiest procedure to accomplish as same day surgery, splenectomy the most difficult. Generally, outpatient laparoscopic surgery is safe and patient satisfaction is high. Outpatient laparoscopic surgery is well compatible with training of residents, and health care cost savings are substantial.

32 Bipolar scissors vs conventional tonsillectomy

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Aims: Tonsillectomy (TE) is traditionally performed with scissors, tonsil elevator and diathermy. The recent developed bipolar scissors may combine these tools. The present prospective study compares the two tech niques. Time consumption, blood loss, pain and complications were evaluated on the same subjects.

Methods: Consecutive patients of both sexes aimed for TE were subjected to TE after informed consent, in a prospective randomised, single-blind study using one procedure on each side. Group I: scissors, Henke tonsil elevator, bipolar diathermy. Group II: bipolar scissors (Eticon, set on 20 W), bipolar diathermy if necessary. Each side was completed at a time. Blood loss and total surgical time were registered. Pain was evaluated daily on a visual-analogue scale, VAS (0-100 mm).

Results: Forty-nine patients (M/F 20/29), mean age 14.3 (4-41) years were included. Thirty-one patients were operated due to upper airway obstruction. Mean time consumption for Group I was 11.6 (1.0-55) min and for Group II 3.1 (0.5-7.0) min (3.7× difference; t-test p < 0.001). The corresponding blood loss was 43.2 (7-225) vs. 3.0 (0-25) ml (14.4× difference; t-test p < 0.001). There was no difference in pain; duration 6-14 days. Two and three late haemorrhages were found in each group respectively.

Conclusions: Tonsillectomy with bipolar scissors was almost 4-fold faster and the blood loss was 14 times less than on the side operated with the conventional technique, whereas no difference in pain or complication rate was found.

33 Rectal stapled mucosectomy: A safe outpatient procedure for the treatment of haemorrhoids

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Background: Rectal stapled mucosectomy (RSM) may be a useful surgical procedure in major ambulatory surgery. Postoperative pain levels after RSM are lower than those registered after selective classical techniques for the treatment of haemorrhoids and mucosal rectal prolapse.

Objective: To compare quality assessment parameters that have been previously defined in our major ambulatory surgery unit (MASU) with those obtained after RSM.

Patients and Methods: Since February 1999 to December 2003, 133 patients were operated using the RSM technique in our Hospital. Among them, in 96 (72.2%) the operation was done in the MASU: 58 men (mean age 47 years, range 21-77) and 38 women (mean age 47 years, range 30-69). Surgical indication was rectal mucosal prolapse in 13 cases, second degree haemorrhoids in 17 cases, third degree haemorrhoids in 31 cases and fourth degree haemorrhoids in 35 cases. Postoperative enemas were given preoperatively and all the patients were under antibiotic prophylaxis (a single dose of gentamicin plus metronidazol). All the patients were operated in Lloyd-Davies position and predominantly under spinal anaesthesis (91 patients, 94.8%). Mean operative time was 29.4 minutes (range 15-50). Postoperative analgesia included non-steroidal antiinflammatory drugs, an oral intake of water over 11/24 h, and the use of laxatives if constipation was present. The next parameters were evaluated: substitution index, me postoperative stay in the MASU, postoperative pain, early and late admissions. A comparison with global parameters of the MASU was made.

Results: Substitution index of RSM was progressively increasing from 20% in 1999 to 88% in 2003 (global index for the MASU 58.31%). Time elapsed to discharge the patient from the anaesthetic recovering was never more than 90 minutes (global 3.6% of the patients). Mean postoperative stay in the MASU was 189 minutes (global 132.2 minutes). Twenty-four hours after the operation, pain was measured by a visual analogical scale: 88 cases (87%) expressed pain under 2 (scale 0-10). Early postoperative admission was necessary in...
4 patients (4.2%, global 2.3%); 2 cases of postoperative hypotension, one case of perirectal haematoma and other cases for social conditions. A single case of late admission was registered (1.6%), due to a postoperative rectal bleeding.

Conclusions: RSM has been successfully implemented in our program of major ambulatory surgery. Quality parameters of RSM are similar to those obtained in the global evaluation of the MASU. RSM can be done by MASU with an strict program of quality assessment.

34 Outpatient laparoscopic supracervical hysterectomy

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Study objective: To elucidate the safety and patient’s satisfaction with laparoscopic supracervical hysterectomy performed in an outpatient setting. Design: Prospective case study.

Patients: Fiftieth-three women.

Procedure: Outpatient laparoscopic supracervical hysterectomy performed by laploop.

Results: The procedure could be recommended by 41 out of 43 patients. Three patients (7%) were admitted to the ward due to complications following the surgery. One patient was admitted because of a vagal reaction following the anaesthesia, she recovered fast and was discharged after a few hours of observation. One patient was admitted due to postoperative pain and discharged the next day, she had a prolonged postoperative recovery with pain and subfebrile. One patient underwent laparotomy due to major intra-abdominal bleeding. Postoperative complications occurred in another five patients (12%) without need for hospitalization (infected intra-abdominal haematoma, urine retention, cystitis, cystitis combined with wound infection and pneumonia).

Conclusion: Laparoscopic supracervical hysterectomy as an outpatient procedure is a safe and highly acceptable treatment.

35 Day case thyroid surgery

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Introduction: In the United Kingdom patients have traditionally been observed post-operatively in hospital for up to 72 hours following thyroidectomy. This resulted from concerns over potentially fatal complications such as airway compromise, haemorrhage and severe hypocalcaemia. Day case thyroid surgery, however, is now carried out routinely in some centres in the USA with no increase in complication rate or mortality. In the UK, day case thyroid surgery is not established and no series exist.

Material and Methods: Pre-operative screening was carried out in a dedicated nurse-led assessment clinic, with patient selection following UK national day surgery guidelines. A standard operative technique was employed. Patients were discharged according to strict criteria and returned the following morning for review and removal of drain/s.

Results: Between September 2001 and January 2005, 66 elective day case thyroid operations were performed with data collected prospectively. 57 were female (age range 22–69, mean 46.9) and 9 were male (age range 34–65, mean 46.9). 22 total thyroidectomies, 38 hemi-thyroidectomies and 6 completion thyroidectomies were performed. The mean operative time was 75.4 minutes (s.d. 18.5). Intra-operative blood loss was minimal. The mean weight of gland was 26.2 g for hemi-lobectomy and 33.5 for total thyroidectomy. 64 patients were discharged within 8 hours of surgery. Two patients were admitted overnight for observation: one whose drain fell out, and the other for social reasons. There were no deaths, and complications included 1 patient with symptomatic hypocalcaemia who was readmitted 5 days after surgery, and 1 patient with permanent recurrent laryngeal nerve palsy.

Conclusion: With careful patient selection ambulatory thyroid surgery is feasible and safe with comparable complication rates to previous day case studies.

36 Give the patients the choice – walk in walk out (WIWO) hernia clinic

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Objectives: Patients with an Inguinal or Femoral hernia make at least 3 hospital visits and wait 41–53 weeks for the operation. 10–15% of patients either do not attend or are cancelled due to bed shortage, lack of theatre space or are unsuitable for General or regional anaesthesia.

We have created a ‘WIWO’ hernia clinic, the first of its kind within NHS where patient is given a choice at the GP surgery to have their operation under local anaesthetic, by a single hospital visit and on the date of their choosing to fit in with their life and work.

Patients and Methods: An e-mail containing ‘Instructions to the patients’ and ‘Patients suitability for ‘WIWO’ clinic’ was sent to each GP in the area. The GP gave each suitable patient the instruction booklet and faxed a referral letter to the consultant’s (RPB) scheduler. The patients rang the scheduler to make an appointment on a suitable date.

Results: Of 72 patients referred in six months 88.9% had successful ‘tension free’ mesh repair under local anaesthetic. 6.9% of patients were (n=5) inappropriate referrals (Bilateral or recurrent hernias) and 4.1% (n=3) did not attend their appointment.

Conclusion: Patients with unilateral reducible primary inguinal hernias, regardless of ASA status can safely have ‘tension free’ mesh repair under a local anaesthetic as a day case on the day of their choice. This WIWO clinic has shown a significant reduction in DNA and cancellation rates at a financial saving to the trust.

37 Teaching clinical skills in minor and ambulatory surgery – the European “medskills” project (Leonardo da Vinci programme)

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“MedSkills” is a pilot project to be carried out between 2004 and 2007 under the auspices of the European Community Action Programme on Vocational Training ‘Leonardo da Vinci’. The promoter of this project is the Free University of Brussels, and the partners come from six European countries: Belgium, Greece, Italy, Poland, Spain, and the United Kingdom.

The project aims to create a unique WWW realistic training and learning environment for evidence-based medical skills, and to develop multimedia education material: the Web portal with a correlated collection of CDs, DVDs and virtual reality applications. This should improve the competence in skills of all target groups, the quality of, and access to continuing vocational training.
Quality Indicators in Ambulatory Surgery In General Surgery, Analysis of 7 years of experience in Fundación Hospital Alcorcón

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Objective: To analyse the results in Ambulatory Surgery (AS) in General Surgery Unit from 1998 to 2004, with special remarks in cancellation rates, unplanned admission rates, preoperative mean stay and postoperative mean stay.

Patients and Methods: All patients operated on AS in General Surgery Unit from 1998 to 2004 were included in a register. Data included were: sex, type of anaesthetic technique, diagnosis, cancellation rate and their causes, and unplanned admission rates and their causes. In our centre, AS was designed as an activity, not a Unit. Operating rooms and surgical programme are shared with inpatient surgery. All surgeons and all anaesthesiologist perform AS. The timetable of surgery was from 8.30 am to 3 pm. In 2004, began an afternoon surgery programme and timetable was prolonged to 8 pm. Results: In this period, we have operated on AS 5288 patients (46.2% of elective major surgery, excluding minor surgery). The rates each year were: 1998 = 42.3%; 1999 = 48.6%; 2000 = 46.8%, 2001 = 46.3%, 2002 = 46.6%; 2003 = 47%; 2004 = 46%. More frequent pathologies were: 1426 inguinal hernia, 1357 vascular access for haemodialysis, 975 pilonidal cyst, 342 anal fissure or fistula, and 325 umbilical hernia. Local anaesthesia was used in 60% of cases, regional anaesthesia in 30% and general anaesthesia in 10%. Cancellation rate was 8% and the year evolution was 1998 = 7.4%, 1999 = 9.2%, 2000 = 7.8%, 2001 = 8.6%, 2002 = 8.3%, 2003 = 6.3%, 2004 = 7.7%. More common causes were: no-show patient 47%, illness 15%, and insufficient surgery time 14%. Unplanned admission rate was 6.5%, and each year rate was: 1998 = 6.1%; 1999 = 8.6%; 2000 = 7.7%; 2001 = 6.1; 2002 = 5.3%; 2003 = 2.7%, 2004 = 8.8%. Causes of unplanned admission were anaesthetic in 38% (urinary retention and hypertension, the more common) and surgical in 38% (more extensive surgery and pain). Mean stay at the Unit was 441 min (median 404 min) and mean postoperative stay was 198 min (median 189 min). Inguinal hernia had the most prolonged postoperative stay (440 min) and pilonidal cyst had the least (87 min).

Conclusions: AS rate remains stable around 46%. Cancellation rate was stable and no-show patient was the main cause. Unplanned admission rates were higher in 2004 due to afternoon surgery programme. We need to perform modifications in our policy to improve our figures.

Effectiveness and patient satisfaction of day case laparoscopic cholecystectomy

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Objective: With the advancement of anaesthetic techniques, facilities of day surgery unit and increase in surgical experience, we aim to assess the effectiveness and patient satisfaction of day case laparoscopic cholecystectomy.

Method: All patients fulfilling day surgery criteria were included in the study over a specified time period of 6 months. Anaesthetic techniques and post-operative advice were standardised. Incidence of inpatient stay was analysed. A postal questionnaire was offered to the day case patients about adequacy of pre-operative information, pain and sickness before discharge and on 1st post-operative day, expectation of pain at home, reasons for GP consultations following discharge and overall satisfaction.

Results: Eighty one patients were admitted for day case laparoscopic cholecystectomy. Six patients (7.4%) were not discharged from the day unit because of late surgery and recovery in 3, and pain and vomiting in another 3 patients. Response rate to the questionnaire was 83%. Ninety five percent of the respondents were happy with the pre-operative information. Pain was nil/mild in 52% & 72% and sickness was present in 35% & 29% of the respondents before leaving the hospital and on 1st post-operative day respectively. Pain was less or equal to what was expected in 80.5%. Twelve percent and 36% patients consulted their GP for pain and wound respectively. Ninety four percent of the respondents was very satisfied and would have similar operation as a day case surgery in future.

Conclusion: Day case laparoscopic cholecystectomy is a safe and effective service with high patient satisfaction.

Thyroidectomy in ambulatory surgery and overnight stay surgery

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From January 2004 to January 2005, 90 thyroidectomies were performed at the 3rd Service of General Surgery. 72 out of 90 were performed in the afternoon and discharged from the hospital the following morning after surgery (unilateral lobectomies and total thyroidectomies). In this group of overnight stay discharge after the operation varies from 14 to 18 hours. Drains were removed before discharge in all the patients. Patients with total thyroidectomy were discharged with routine prophylactic treatment for temporary hypocalcaemia. (Oral calcium and calcitriol). PTH was performed the day after surgery and the aforementioned treatment was modified according to the PTH level.

12 patients were operated on at the Ambulatory Surgical Unit under general anesthesia. All the patients had thyroid nodules with low risk for carcinoma (between 20 and 60 years of age, less than 5 cm of diameter, and cytology without signs of malignity). Intraoperative pathology was not performed. Possibility of a second operation for completion thyroidectomy, in case of definitive malignity, was discussed previously with the patient. Patients were discharged between 4 and 7 hours after surgery. In all cases definitive pathologic studies confirm the absence of malignity. No complication was observed in this group of patients. After gaining more experience with unilateral lobectomy, selective cases of total thyroidectomy should be considered in the future.

Antibiotic prophylaxis for hernia repair with P.A.D. technique

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The aim of this study is to determine whether the use of prophylactic antibiotics is effective in preventing postoperative wound infection in mesh inguinal hernia repair. From March 2003 to November 2004, 213 male patients with primary inguinal hernia were operated according Valenti's P.A.D (Self-regulating dynamic prosthesis) technique in Day Surgery (89% pts. in local anesthesia). In this series were excluded recurrent hernias, bilateral hernias, femoral hernias, inguinoscrotal, ASA > 2, hernia with operating time more than an hour, and situation at risk such as diabetes and obesity. 98 patients (mean age 59.2, range 24–83) received a single dose of 2g of cefazolin preoperatively. The control group consisted of 115 patients (mean age 59.4, range 19–92). For both groups the mean operative time was 45 minutes. Patients were controlled at one week and at one and two months. None patients of the antibiotics series developed wound infection. Only one patients of the control series developed infection, confirmed by cultural test. No seroma occurred in both groups. The Fisher's exact test showed no significance (0.54). Although in literature a recent Cochrane meta-analysis (2003) concluded that antibiotic prophylaxis for hernia repair cannot be firmly recommended or discarded, we conclude that, in our experience, prophylaxis is of no benefit to low risk patients undergoing inguinal primary hernia with P.A.D. technique.
Objective: Randomized clinical trials comparing open haemorrhoidectomy with either Ligasure or stapling have shown the latter techniques to be less painful resulting in quicker recovery. There is no reported trial comparing the two new techniques. Our aim is to compare the efficacy of day case Ligasure and stapled haemorrhoidectomy.

Method: Data was collected prospectively from the first 34 patients taken from two colorectal surgeon's practice and allocated to either of the procedures according to the consultant's preference. Anaesthesia and post-operative advice were standardised. Postoperatively all patients were reviewed in the clinic at 8 weeks by a surgeon blinded to the procedure.

Results: Fourteen patients had Ligasure and 20 had stapled haemorrhoidectomy. Median age was 54 in Ligasure and 56 years in stapling group. Sex ratio was equal. Median operating time was 19 and 18 minutes for Ligasure and stapling respectively. All cases except 2 in each group were completed as day cases. Postoperatively 71.4% of Ligasure and 55% of the stapling group had pain score > 3 on a visual analogue scale [1-10; 10=severe pain] (p = 0.332). There was no major complication in either group. Median time to return to work was 14 in Ligasure and 12 days in stapling group (p = 0.394). Eighty-five percent patients of Ligasure and 75% of stapling group were very satisfied [score > 8 on a scale of 1-10] (p = 0.447).

Conclusion: With the limitation of small sample size, early results of Ligasure and stapled haemorrhoidectomy have shown both to be equally safe and effective as day cases.

Experience on ambulatory surgery in thoracoscopic sympathectomy for the treatment of primary hyperhidrosis

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Objectives: The length of hospital stay is an important factor of cost and psychological discomfort in the treatment of hyperhidrosis by endoscopic thoracic sympathectomy (ETS). This study aims to confirm that ETS can be performed on an outpatient basis providing improvement in quality of life of patients.

Patients and methods: Fifty four patients underwent ambulatory thoracoscopic sympathectomy between March 2003 and February 2005. Sex: 35 female, 19 male; Age 15–44 (mean age 27.52).

Under general anaesthesia using a double lumen endotracheal tube and in a semi-sitting position with arms abducted and two ports of access, the sympathetic chain and the communicating rami were severed at different levels according to hyperhidrosis location. Patients were discharged from hospital after 323 to 416 minutes. The only abnormal post-operative event observed was insignificant residual pneumothorax, found in 3 (5.6%) of the thoracic X-rays taken. Once discharged patients are followed up for a year, answering a questionery about pre- and postoperative quality of life at least one month after surgery.

Results: 98.1% of patients referred drastic improvement in their quality of life. One of them (1.9%) referred the same quality of life (basically due to compensatory hyperhidrosis). 48.2% of patients referred compensatory hyperhidrosis.

Conclusions: Thoracoscopic sympathectomy in an outpatient basis is a fast, safe, economic, and effective method for the treatment of hyperhidrosis palmaris that increases quality of life. Nevertheless, appearance of compensatory hyperhidrosis is a major drawback that needs of further study.
Patient satisfaction following major oculoplastic surgery using local anaesthesia plus sedation in UK centre

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Objective: To assess patient satisfaction during and after oculoplastic surgery under local anaesthesia and sedation (midazolam/propofol). The expectation is to recruit 50 patients by April 2005.

Materials and Methods: At time of submitting this abstract, questionnaire was sent by post to 22 patients who had various major oculoplastic procedures including DCR, ptosis surgery, excision of lid lesions of all sizes and lid reconstruction. DCR patients received peribulbar injection of preservative free 2% lignocaine. Ptosis surgery was done with intratroctdear nerve block using 1–2ml of preservative free 2% lignocaine. Reconstruction surgery was done with local injection of 2% xylocaine plus adrenaline with top up as required. The questionnaire was designed to assess various features of pain during and after the surgical procedures. Patients were also asked whether they would be willing to undergo similar anaesthesia again if required.

Final opinion was taken about the anaesthetic procedure being satisfactory or not.

Results: Of the 22 patients, only 3 patients (13.64%) complained of pain during the procedure. All three had stabbing pain. 5 patients (22.72%) required some kind of painkillers in the recovery, 2 (9.09%) of whom required ice packs in addition to painkillers to successfully obtain pain relief. 15 patients (22%) had a good night sleep, 6 patients (27.7%) had interrupted sleep whereas only 1 patient (4.55%) had a bad sleep. 8 (36.36%) patients experienced pain on first postoperative day and 2 patients (9.09%) experienced nausea. 21 patients (95.45%) were satisfied and were willing to have similar anaesthesia if required in future. Only 1 patient (4.55%) was unsatisfied and did not approve of the technique.

Conclusion: Major oculoplastic surgery can be safely carried out as day care procedure in UK centres if appropriate local anaesthesia is combined with sedation. The patients were largely satisfied with no post-operative nausea and pain. Few patients who did experience some form of pain or interrupted night sleep were also overall satisfied by the choice of anaesthesia and were ready to opt for a similar choice of anaesthesia if required in future. Only one patient was unsatisfied with the procedure due to postoperative pain and interrupted sleep.

Gynaecologic ambulatory surgery unit: vaginal surgery as a resort

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Since we established our Gynaecologic Ambulatory Surgery Unit (ASU) in July 1994, we have added some new procedures like the Neugebauer–Le Fort operation, started in 1996, and the Manchester or Donald–Fothergill operation, started in 1997. Over the past 8 years (1996–2003) we have carried out 1015 procedures in the ASU; that required 35 admittances (3.4%). The Le Fort operation consists of uterus invagination with vaginal obliteration in old women with a grade III uterine prolapse. We operated on 53 patients; 18 of them in the ASU (substitution index 34%). The last ones had an average age of 78 years (rank between 71–92 years old). We practised local anaesthesia in 14 patients (78%) and intradural anaesthesia in 4 patients (22%). The average surgery time was 51 minutes (rank between 30–75 minutes). We had 3 admittances (16.5%). The Manchester operation consists of the amputation of the uterine cervix when it is elongated and, generally, hypertrophied. At first, we indicated it in women successfully operated on for urinary incontinence and, afterwards, we included those patients that wished to conserve their uterus, always without pregnancy purpose. We operated on 17 patients, 5 in the ASU (substitution index 29.3%). The average age of patients operated on for incontinence was 55.5 years (rank between 40–68 years old) and of the rest of the patients was 45.5 years (rank between 36–51 years old). We practised intradural anaesthesia in 82% of the cases, and general in 18%. We had 2 admittance cases (40%). Both procedures are a resort in front of vaginal hysterectomy in very selected patients. The experts and the patients together with the relatives reach a consensus on the procedure.

Day care surgery: the future of modern surgery

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A retrospective analysis of 3007 cases from a single centre, dedicated to ambulatory surgery, over a period of 4 years, from June 2000 to May 2004, has been compiled for presentation, to promote day care or ambulatory surgery, as a speciality, in Mumbai, India.

The reasons for the trend toward increasing outpatient and office procedures are clear: lower cost, greater efficiency, and improved patient convenience. Accomplishing the procedures described in this presentation safely, swiftly, and successfully will serve patients and surgeons, well.

The concept of day care or ambulatory surgery is as old as surgery itself. Certain surgical procedures, owing to their magnitude, have to be done as an inpatient. With the advent of better anaesthetic agents, increased surgical experience and better patient awareness, has helped evolve day care surgery into an art. It has been seen that 60% of cases in a general surgeon's surgical list can be done as day case.

Excision & closure of pilonidal sinus as day case

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Aim: To show the possibility of local block for pilonidal sinus excision & closure.

Objective: With proper case selection and practice, field block anaesthesia can be used for excision and primary closure of pilonidal sinus.

Material and Method: A retrospective analysis of 30 cases of pilonidal sinus patients treated by excision and primary closure, from a
single centre, over a period of 4 years, that is, June 2000 to May 2004, as day case, is illustrated as a possibility in experience hands. Use of field block with a combination of 2% lignocain hcl & 0.5% bupivacain, with iv sedation was done in all the cases. Dye sonogram was performed on table, with complete excision of all the tracts, followed by primary closure done in two layers with fine & medium nylon was accomplished. Larger cavities has a simple iv drain kept for 2–3 days.

Results: 2 patients had recurrence, where dehiscence of wound and non-healing required repeat surgery. The rest of the patients did not have any untoward complication and returned to normal activity within 48 hours.

Conclusion: Excision and primary closure of pilonidal sinus can be safely, performed under local field block, in trained hands.

51 Unexpected hospital admission in ambulatory surgery

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Background: Ambulatory surgery is trying to implement quality control programs around the world. Among the monitored indicators used in these programs, the rate of unexpected hospital admissions is the most common.

Methods: Between April 1995 and February 2005 a total of 10,000 patients were operated on in a multidisciplinary ambulatory surgery unit. According to ASA classification, patients were divided in ASA 1, 54.1%, ASA 2, 41.1% and ASA 3, 4.8%. General anaesthesia was applied in 16.4% of cases, spinal in 28%, local in 29.8% and retrobulbar in 20.9%. Cataract surgery, hernia repair and varicose vein surgery were the most common procedures. Data were obtained from the clinic data base of the unit created by Stat View 5.0.1 program.

Results: A total of 238 patients (2.4%) suffered unexpected hospital admission. This rate varied from 5.3% in 1995 to 1.4% in 2004. The most frequent causes of admission were: Surgical difficulties, dizziness, nausea-vomiting and wound complications. Admissions were more common after hernia repair procedures, plastic surgery, testicle surgery, ASA 3 patients and general anaesthesia.

Conclusion: 1. Increasing experience in ambulatory surgery improves the rate of hospital admission.

2. Unexpected hospital admissions were related to different surgical procedures, ASA physical status and type of anaesthesia.

52 Postoperative complications after ambulatory surgery

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Background: Day surgery is becoming more common due to its cost/effectiveness as well as patient acceptance. The increase of number of procedures and their complexity are related to improvements in anaesthesia and surgical technique. The aim of this study is to identify the most frequent postoperative complications in a multidisciplinary day surgery unit in order to prevent them.

Methods: A total of 10,000 patients were operated on between April 1995 and February 2005. Data were obtained from the clinic database of the day surgery unit. Adverse events registered during operation, early and late recovery were analysed. Statistical analysis was done with Stat View 5.01 program.

Results: Adverse events during operation: 1.7% of patients. The most frequent were unexpected surgical complexity and spinal anaesthesia failure. Postoperative complications: 2 cases of major complications were registered (0.02%), a septic shock after a prostatic biopsy and a respiratory insufficiency after a septal deviation correction. 12% of patients suffered minor complications: urinary retention 6.2%, severe postoperative pain 1.8%, wound infection 1.2%, wound disruption 0.7%, nausea-vomiting 0.5%, and wound bleeding 0.5% were the most frequent.

The procedures causing most complications such as postoperative pain, postoperative nausea-vomiting and wound infection were hernia repair, anal surgery and hallux valgus correction (p < 0.01). Urinary retention is related to spinal anaesthesia (p < 0.01).

Conclusion: Major complications are uncommon in ambulatory surgery, but minor complications rate is around 10% in worldwide series causing additional expenditure. Urinary retention, bad pain relief and wound infection were the most common adverse events. Pre-emptive medication is necessary to reduced postoperative morbidity.

53 The safety of laparoscopic cholecystectomy for acute cholecystitis in the early period

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Objective: The aim of this study was to determine whether laparoscopic approach for acute cholecystitis in early period had an impact on postoperative complications and conversion to open procedure.

Methods: The data of 452 cases was evaluated and the patients divided two groups as acute or chronic cholecystitis. The diagnosis was based on clinical, laboratory test and abdominal ultrasonography findings. The cases of acute cholecystitis underwent laparoscopic cholecystectomy operated on in the first 72 hours. The demographic and clinical findings, operative times, intraoperative and postoperative complications, convention rates, postoperative hospitalization times and mortality were evaluated.

Results: Thirty-nine cases were acute cholecystitis and 413 cases were chronic cholecystitis. There was no significantly difference between groups about all of evaluated factors (p > 0.05). There was one mortality in the group of chronic cholecystitis.

Conclusion: Laparoscopic cholecystectomy for acute cholecystitis in the early period is safe and effective method. This approach provides medical and economic advantages.

54 Surgery of elderly patients in day and one-day hospital

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Demography situation in majority of countries in Europe and Russia caused quantitative growth of elderly (60 years and more) people. This group of people often suffer from several chronic diseases which mostly synergetic. This brings a serious problem in surgery because any surgical interventions overloads all systems of the organism of elderly patients including their psychological status. It should be kept in mind that the disease subjected to surgical correlation is often at a rather advanced stage. Under current social and economic conditions treatment of the elderly becomes unprofitable and, thus, unreasonable for specialized hospitals. The patients of the mentioned category, thus, are often hospitalized by the emergency ambulance with complicated surgical diseases (strangulated external abdomen hernias, acute thrombophlebitis, etc.) and need urgent specialized surgery.

At the same time the experience obtained by modern practical medicine demonstrates that there is a large group of surgical diseases of elderly patients which may be treated early using in-hospital substituting technologies bring improvement of social and psychological status, disablement degree of patients and often prolongation of their lives. The following circumstances ensure these effects: high qualified personnel of the Outpatient Surgery Centers should provide favorable results of surgery, there is minimal risk of inter-hospital infection and other complications. Staying at home in familiar environment, enjoying support from the relatives these patients may be activated earlier being in tight contact with the surgeon who performed the operation till their complete recovery. Their return