Meta-analysis, reviews, Consensus documents, and Guidelines; there are numerous sources aiming at supporting clinicians to provide best practice

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Abstract

Aim: To encourage the spread of evidenced based practice applicable to ambulatory surgery.

Methods: Review of recent guidelines and consensus papers supportive to safe and efficacious ambulatory surgery and anaesthesia.

Keywords: Guidelines; Day case; Ambulatory surgery.

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There is a growing interest in evidence based medicine, how to provide best practice. The field of medical science is growing and it is hard for the clinical practitioner to keep up with the continuous flow of information. Meta-analysis, consensus document and guidelines are all intended to provide a composite evaluation of available information, present state of the art. The development of such a document is a huge commitment. Still many such documents have been developed, although the process is time and resource consuming. The interest in providing standardised best practice is also increasing in anaesthesia, perioperative medicine.

There are today guidelines around preoperative assessment, the European Society of Anaesthesiology (ESA) published in the October 2011 issue of European Journal a 38 page document, Preoperative evaluation of the adult patient undergoing non-cardiac surgery: guidelines from the European Society of Anaesthesiology [1]. These are general recommendations and not explicitly devoted to the patient scheduled for ambulatory surgery. Still the document should be seen as an efficient review of evidence based medicine around preoperative assessment.

There are a 9 page US consensus paper around perioperative blood glucose management in diabetic patients undergoing ambulatory surgery published in Anesthesia and Analgesia December 2010; Society for Ambulatory Anesthesia Consensus Statement on Perioperative Blood Glucose Management in Diabetic Patients Undergoing Ambulatory Surgery [2].

There are also explicit guidelines for the management of postoperative nausea and vomiting provided by SAMBA published in 2007; Society for Ambulatory Anesthesia Guidelines for the Management of Postoperative Nausea and Vomiting [8].

The guidelines, guidance paper around anti-platelet agents and anti coagulants are a couple of years old and one may argue...
if it is entirely up to date [9]. It suggests that low dose aspirin should be discontinued for up to seven days prior to surgery; "Aspirin works by irreversibly inhibiting platelet cyclooxygenase. The circulating platelet pool is replaced every 7 to 10 days, so aspirin therapy should be discontinued 7 to 10 days before surgery." A more recent review published in Anesthesia & Analgesia 2011 [10] suggest a more liberal approach suggesting avoiding stopping the administration of anti-platelet drugs; Management of patients who are receiving antiplatelet drugs during the perioperative period requires an understanding of the underlying pathology and rationale for their administration, pharmacology and pharmacokinetics, and drug interactions. Furthermore, the risk and benefit assessment of discontinuing or continuing these drugs should be made bearing in mind the proposed surgery and its inherent risk for bleeding complications as well as decisions relating to appropriate use of general or some form of regional anesthesia. In general, the safest approach to prevent thrombosis seems to be continuation of these drugs throughout the perioperative period except where concerns about perioperative bleeding outweigh those associated with the development of thrombotic occlusion.

The Society for Ambulatory Anaesthesia SAMBA has an active and informative webpage [11]. SAMBA also provide a link to the SAMBA clinical outcome register SCOR [12]. There are also comprehensive standard operating procedure guidelines issued by national societies such as the Australian and New Zealand college of anaesthetists. These national guidelines may not only provide scientific advice but sets the national standard to which facilities and practices are audited against [13,14]. Also the British Association for Day Surgery provide a series of useful papers on their website [15]. A most useful simple PONV calculator is available on line .

Guidelines are however not absolute but needs to be put into perspective. They need to be seen as support but needs also to be handled and implemented on the basis of analysis. There has recently been an opposition against the guideline produced by the European Society for Anaesthesiology around propofol sedation by non-anaesthesiologists [17,18]. These guideline was based on evidence, expert opinion and was produced to high methodological standards [19]. The diverse positions among ESA members reflect the different medical practices, reimbursement policies and political leanings within individual countries. In an accompanying editorial Werner et al state; "However, whatever your view, one fact is clear. It is however of importance to acknowledge that guideline, as the name implies, offers guidance and is not composed of fast and hard rules. Within its text appears the following note: [the guideline is] 'not designed to be rigid and cannot replace clinical judgment; furthermore, the implementation may be subject to domestic regulations or local policy and should only be used with the agreement of the relevant domestic regulatory authority or local policy maker". Thus, although we can expect that this guideline will improve patient safety in countries where non-anaesthesiologists administer sedation and analgesia, countries with anaesthesiologist-based sedation systems are not obliged to surrender their current high level of care and adopt the administration of propofol by non-anaesthesiologists [20].

The continuously expanding body of information is hard to follow. It should also be acknowledged that the information today is available in numerous presentations. There are numerous websites and alerts providing news on a regular basis. It is also easy to set up a dedicated personal search from for instance PubMed. The International Association for Ambulatory Surgery is one webpage [21] trying to provide updated links to different best practice recommendations and other guidelines for the management of patients undergoing ambulatory surgery.

References