



## News from the President

### NEW IAAS EXECUTIVE COMMITTEE is coming from COPENHAGEN CONGRESS



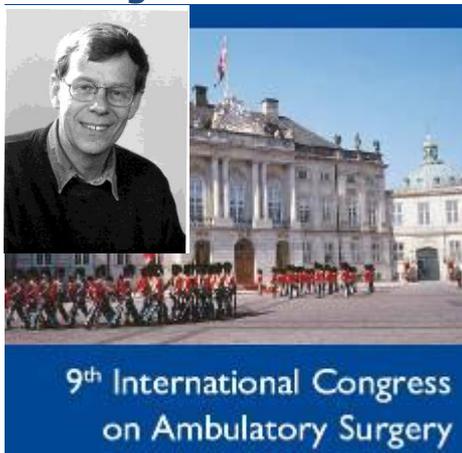
Every two years the General Assembly (GA) of IAAS, composed by two delegates of each Full Member, has to elect the new Executive Committee (ExCo). This new ExCo is constituted by 12 Directors, three of them automatically re-elected, are coming from the last team: Immediate Past-President, President and President-Elect. The other 9 Directors will be elected by the members of GA after a candidature process that has been started on the 1<sup>st</sup> January and will close on the 8<sup>th</sup> March, 2011. All GA Members can submit their candidature through a letter send to the IAAS President with the following documents:

1. A two pages Curriculum Vitae (related to day surgery experience);
2. A letter explaining the reasons for their candidature, with additional reference regarding:
  - a. Past experience and work undertaken in the Executive Committee in the case of re-election.
  - b. Other involvement with IAAS projects.
  - c. The strategy and initiatives proposed by the candidate for the future of the organisation.

Being member of the Executive Committee of the IAAS is the best way to actively promote day surgery all over the world. So, all GA members are encouraged to submit their candidature and present their ideas and projects for the enlargement of our international organisation.

*Paulo Lemos*  
IAAS President

## Meetings



### 9th International Congress on Ambulatory Surgery 8 – 11 May 2011 Copenhagen Denmark

<http://www.iaascongress2011.org>

Why not join us in the beautiful city of Copenhagen for the next International Association for Ambulatory Surgery Congress. The Associations of Ambulatory Surgery in Denmark, Sweden, Norway and Finland have put together an outstanding programme. The Nicoll lecture promises a stimulating start as it will be given by Dr Paul White from the USA on the topic "Clinical research in ambulatory surgery: What have we obtained and what is still remaining?" The meeting then has a large number of parallel sessions that offers something for all interests. Attending the Congress will be both educational and entertaining.

Obviously it gives you the chance to catch up on international developments in day surgery from surgical, nursing and anaesthetic perspectives. However it also offers you the opportunity to meet and network with international experts and colleagues and perhaps take home a trick or two you hadn't thought of. There is also the opportunity for you to submit an abstract and so present some of your own work and experience. Don't forget to enjoy Copenhagen while you're here. You can visit [Tivoli Gardens](#) which is a fairytale amusement park and of course [The Little Mermaid](#). Then at night you might consider visiting the [Ice Bar](#) to have a drink from a glass made of ice! So put the date in your diary and come and join us. *Claus Toftgaard, Congress President*

## International News and Comments

### A Medicare cost comparison of minor cutaneous procedures by surgical setting

(Marks, Maria M. et al. The Journal of dermatological treatment. 2010)

**Message:** The mean charges for minor cutaneous procedures were greatest when the procedure was performed in a hospital and least when the procedure was performed in an office setting. The most cost-effective specialists for these minor procedures were dermatologists.

Link: <http://tinyurl.com/6jr537y>

### **Activity-based financing: is ambulatory care profitable for the institution**

(Souchier, M. Journal français d'ophtalmologie. 2010)

**Message:** Ambulatory surgery is feasible for palpebral, lacrimal, and orbital surgery. However, ambulatory surgery seems to be disadvantageous concerning department incomes: The lower reimbursement for outpatient surgery resulted in a loss of 79% for our department compared to the inpatient procedure.

Link: <http://tinyurl.com/66bn967>

### **Total cost and operating room time comparison of rotator cuff repair techniques at low, intermediate, and high volume centers: mini-open versus all-arthroscopic**

(Churchill, R Sean ; Ghorai, Jugal K. Journal of shoulder and elbow surgery. 2010)

**Message:** Operative time was significantly shorter in the mini-open group (103 minutes) compared to the all-arthroscopic group (113 minutes) ( $P < .00001$ ). Surgical charges were also significantly less in the mini-open group (\$7,841) compared to the all-arthroscopic group (\$8,985) ( $P < .00001$ ). Regardless of the repair method, high volume surgical centers were significantly more expensive when compared to low and intermediate volume centers ( $P < .00001$ ).

Link: <http://tinyurl.com/6byq9af>

### **Cost-analysis comparison of outpatient see-and-treat hysteroscopy service with other hysteroscopy service models**

(Saridogan, Ertan, et al. Journal of minimally invasive gynecology. 2010)

**Message:** Three hysteroscopy service models were examined: outpatient see-and-treat service; outpatient diagnostic hysteroscopy followed by referral for operative hysteroscopy under general anesthesia (outpatient and referral service); and general anesthesia see-and-treat service. Outpatient see-and-treat hysteroscopy was associated with the lowest treatment costs.

Link: <http://tinyurl.com/6dggo5k>

### **Cost-minimization analysis in a blind randomized trial on small-incision versus laparoscopic cholecystectomy from a societal perspective: sick leave outweighs efforts in hospital savings**

(Keus, Frederik, et al. Trials. 2009)

**Message:** Operative costs were higher in the laparoscopic group using reusable laparoscopic instruments. There were no significant differences in the other direct cost categories. More than 60% of costs in employed patients were caused by sick leave.

Link: <http://tinyurl.com/6h679i4>

### **Wound infiltration with local anaesthetics in ambulatory surgery**

(Gupta, Anil. Current opinion in anaesthesiology. 2010)

**Message:** Wound infiltration analgesia can be used without major complications. It offers the benefit of providing analgesia at a low cost when used as a single injection.

Link: <http://tinyurl.com/65fhs6n>

### **Nurse practitioner role in preparing families for pediatric outpatient surgery**

(Frisch, Ashley M., et al. Pediatric nursing. 2010)

**Message:** Nurse practitioners (NPs) are currently being used in pre-operative outpatient settings to conduct physical examinations and provide pre-op education. Both are beneficial in decreasing the anxiety state among children and parents prior to surgery.

Link: <http://tinyurl.com/5uuka4y>

*Jost Brökelmann (Germany)*

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## **News from national organizations**

### **Ambulatory Surgery in Peru**

The Peruvian Association of Ambulatory Surgery and Short Stay (APCACE) organised its IV International Meeting, in the Congress Centre of the Peruvian Medical College in Lima on the 8th and 9th October, 2010.

Dr Melitón Arce, Director of the Peruvian National Health Service, empowered of the regulation and supervision of all policies in the Peruvian health national service, chaired the Opening Ceremony. In his speech he stressed the official



commitment of the Peruvian Health Authorities regarding the need for a major development in ambulatory surgery along the country to benefit from the clinical, social and economic advantages offered by this surgical regimen.

International speakers Dr Paulo Lemos, IAAS President, Dr Jack Egnatinsky, Past-President of the Ambulatory Surgery Centre Association, Dr Francisco Suárez Anzorena Instituto Callao de Buenos Aires (freestanding ambulatory surgery centre leader in day surgery practice in Argentina) and Mrs María del Pilar Rodríguez, Operating Room Manager of the Ambulatory Surgery Centre in Bogotá (leader in the day surgery practice in Colombia) presented several lectures. 200 enthusiastic Peruvian health professionals (doctors, nurses and managers) attended. In their lectures the speakers gave the audience important examples of their practice in this field and how to create the conditions for the increase of day surgery all over the country.

*Alejandro Langberg, MD  
President of the IV International Meeting of APCACE*

## Ambulatory Surgery in Portugal



There was a huge increase in the day surgery (DS) practice in Portugal in the last 5 years. All public hospitals have already a day surgery programme running, which allows a national rate of 43.7% of non-emergent surgery performed on a day surgery basis (179.646 major surgeries on a total of 411.173 non-emergent surgeries performed), doubling the data obtained in 2005 (22.0%). DS is nationally homogeneous developed in all regions of the mainland (Figure 1). The Final Report of the National Committee for the Development of Ambulatory Surgery in Portugal (CNADCA) published in October, 2008, and the followed approval of its proposals by the Health Ministry were critical for the results obtained, foreseeing a national result over 50% on a day surgery basis during 2010, what will allow Portugal to be amongst the performance of the majority of the industrialised countries in this field.

*Paulo Lemos, MD  
Past-President of the  
Portuguese Association for Ambulatory Surgery (APCA)*

## Ambulatory Surgery Volume 16.4 January 2011

You can find an interesting range of articles in the Journal this month. From the UK we have the BADS team explaining how they developed their Directory of Procedures which provides a challenge in both day and short stay surgery. From Ribeirão Preto in Brazil we have an account of their experiences in opening a new ambulatory surgery centre. From Germany we have an interesting study looking at analgesia following breast surgery that does not support the use of preoperative analgesics. Finally from the USA we have a case report about a failed spinal and a timely review of Obstructive Sleep Apnoea and its management in ambulatory care.



### **The British Association of Day Surgery Directory of Procedures**

I.J.B. Jackson, D. McWhinnie, M. Skues

### **Search for efficiency without neglecting safety in the design and construction of a new ambulatory surgery centre**

W. Salgado

### **Is the prophylactic use of non-opioids for post-operative analgesia always indicated? A randomized controlled trial in breast surgery**

M. Gehling, C. Arndt, I.C. Behrendt, H. Wulf, L.H.J. Eberhart

### **Spinal Anesthetic Block Failure due to the Hyperbaric Nature of 2% Chlorprocaine Local Anesthetic**

R. Raw, E.R. Nwaneri

### **Anesthetic Implications of Obstructive Sleep Apnea in the Ambulatory Setting**

K.E. McGoldrick

These articles can be downloaded from <http://tinyurl.com/6bkuokl>

## News from the Executive Committee



We are pleased to report that we are developing exciting new sponsorship deals to support the work of the IAAS. The website, the journal and this Newsletter are attracting interest from several companies. Our UK General Assembly colleagues Dr Ian Jackson and Mr Doug McWhinnie have

completed the sign up of Vanguard Healthcare Limited. Based in the UK this company provides mobile operating theatres and ward areas that can be mobilized across Europe very quickly. They are bringing one of their units to our Congress in Copenhagen so you can see it there. For more information and details of a special offer for IAAS Members please follow [this link](#). Perhaps you have links to a company that would be willing to support the IAAS. Those interested in developing further sponsorship should contact Paulo Lemos, President IAAS.



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### IAAS Homepage – [www.iaas-med.com](http://www.iaas-med.com)

Do you have a national congress you wish to advertise? Please let us know the details and they will be listed on the website for you. Perhaps you know of a useful websites we should link to - please let us know. Please explore this free resource and if you have any suggestions for content then contact us via [webmaster@iaas-med.com](mailto:webmaster@iaas-med.com).

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### Newsletter subscription

It is now possible to subscribe to receive this Newsletter direct from our website [via this link](#). It requires you to submit a valid email address and respond to an automatic email that is sent to verify the email address. It is also possible to cancel your subscription via the above link. If you have any problems with this then please contact us via [webmaster@iaas-med.com](mailto:webmaster@iaas-med.com).

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### Your Editors

If you have items you wish to see included then please contact us



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