International Association for Ambulatory Surgery

IAAS NEWSLETTER

Number 3/12, August 2012

News from the President

The IAAS General Assembly met in Porto, Portugal on May 12, 2012. Two delegates from each member association attended, including the first time participation by our new member country, India. I was honored to welcome two delegates from the Indian Association of Day Surgery. On the same note, the GA approved 3 new individual memberships: one from Poland, Serbia and Switzerland. These countries have no active national day surgery association and individual member benefit from the help and encouragement of the IAAS in constituting a multi-professional association aimed at developing ambulatory throughout the individual countries.
Other news from the GA include the presentation of new and ongoing international projects:

- **Paulo Lemos** (Portugal) presented the results of the project **Financing Day Surgery**. 17 out of 29 countries contributed to this survey to insurance systems, percentages and reimbursement of Day Surgery, and some parameters of level of wealth and costs of some daily attributes. Two conclusions of this project are: *Countries that achieve a high DS percentage have a strong financial incentive through an initial reimbursement system that is equal to that of the inpatient setting and significant potential savings can be obtained when NHSs maximize day surgery practice (e.g. UK)*
- **Jost Brökelmann** (Germany) submitted the proposal **Surgical Statistics** to continue the highly appreciated bi-annual International Survey of Day Surgery Procedures, started by **Claus Toftgaard** (Denmark). This project will draw data from **Eurostat**; a large source of statistical data from many fields.
- **Gamal Mohamed** (Hungary) reported that the first edition of the **Teach the Teacher** course (**Day Surgery: Make It Happen**) will take place in Hungary this fall. The first course will be hosted by the Semmelweis University in Budapest and 25 participants coming from Eastern Europe are expected to attend.
- Finally, an application was submitted under the EU call **Second Program of Community Action in the field of Health.** If granted, the EU contribution would help to fiance IAAS activites planned for 2013. In any case, the application process has taught us how to make the IAAS more competitive on an International level.

Lastly, the Spanish Association for Major Ambulatory Surgery (ASECMA) submitted their proposal to host the 11th IAAS International Congress in Barcelona in 2015 and the GA officially assigned to ASECMA the organization of the 2015 meeting.
Organization of the 10th International meeting in Budapest is ongoing. Make plans now to attend. The meeting will take place form May 5 to 8. More information can be found on the IAAS website.

Carlo Castoro, President

International News and Comments

Belgium – September 29th, 2012

12th Annual Meeting of the BARA (Belgian Association for Regional Anesthesia) in association with the BAAS (Belgian Association of Ambulatory Surgery vzw-asbl).
"**Regional Anesthesia in Day Case Surgery**"
with participation of Doug McWhinnie, UK

The Netherlands – November 14th, 2012

17th Dutch Congress of Ambulatory Surgery (NVDK) in 'de Flint' in Amersfoort.
' Day treatment in public hospital or in independent treatment center, what's new?'
What are the differences and benefit (for patient, medical specialist, nurse and operation theater) of the cure and care in a independent treatment center or in a public hospital.

Hot Topics on Day Surgery

In this issue, we interviewed Christian Apfel, a very well known anaesthesiologist researcher on post-operative nausea and vomiting (PONV), asking him to write on three simple questions on PONV, a critical topic for the success of day surgery programmes.

Should PONV prophylaxis guidelines be more aggressively implemented for outpatients than for inpatients?

Ambulatory patients are perceived to be at lower risk of post-discharge nausea and vomiting (PDNV) than inpatients because they typically experience less postoperative nausea and vomiting (PONV) in the post-anesthesia care unit (PACU), due to the fact the ambulatory procedures are generally less invasive than inpatient procedures, and therefore entail less exposure to volatile anesthetics and opioids. Indeed, in our survey of 2,170 ambulatory patients in the United States, the incidence of severe nausea and/or vomiting in the PACU was only about 4% but increased to about 13% post-discharge, with a staggering 37% of patients experiencing PDNV. The misconception that outpatients are less likely to experience nausea and vomiting than inpatients may explain why about 80% of patients intraoperatively received ondansetron to prevent PONV in the PACU, while less than 5% of patients received antiemetics that would prevent PDNV. It is important to note that ondansetron's short half-life of 3-4 hours prevents it from working much beyond this time frame. PDNV is of particular concern because it is more common than we anticipated. Furthermore, PDNV affects patients at home who no longer have immediate access to intravenous antiemetic rescue treatment, and who may be unable to tolerate oral medication. As the proportion of surgeries that are performed on an outpatient basis continues to rise, it will become increasingly important to aggressively implement prophylaxis guidelines for PDNV in outpatients.

How can we expect to improve our control of PONV in outpatients in the future?

We recently developed a risk score to identify outpatients at risk of developing PDNV. We found that the most important risk factors (i.e., independent predictors) for PDNV were female gender, age <50 years, history of PONV, opioids administered in the PACU, and nausea in the PACU. When patients had 0, 1, 2, 3, 4, and 5 of these risk factors, the incidence of PDNV was 11%, 18%, 31%, 49%, 59%, and 80%, respectively. Such a risk score can assist clinicians in targeting high-risk patients for prophylaxis while avoiding unnecessary side-effects of antiemetics in low-risk patients. When it comes to prevention of PDNV in patients at high risk, it is important to focus on interventions with a long duration of action, such as dexamethasone, palonosetron, aprepitant, and transdermal scopolamine, so that these patients receive the protection they need.

In your opinion, which are the 10 most important papers on prophylaxis for PONV?

The ten most important papers on prophylaxis for PONV are:

1. Apfel CC, Laara E, Koivuranta M, et al. A simplified risk score for predicting postoperative nausea and vomiting: conclusions from cross-validations between two centers. Anesthesiology 1999;91:693-700.
2. Apfel CC, Korttila K, Abdalla M, et al. A factorial trial of six interventions for the prevention of postoperative nausea and vomiting. N Engl J Med 2004;350:2441-51.
3. Carlisle J, Stevenson C. Drugs for preventing postoperative nausea and vomiting. Cochrane Database Syst Rev 2006;3:CD004125.
4. Kovac AL, O'Connor TA, Pearman MH, et al. Efficacy of repeat intravenous dosing of ondansetron in controlling postoperative nausea and vomiting: a randomized, double-blind, placebo-controlled multicenter trial. J Clin Anesth 1999;11:453-9.
5. Apfel CC, Philip BK, Cakmakkaya OS, et al. Who is at risk for postdischarge nausea and vomiting after ambulatory surgery? Anesthesiology 2012 [in press].
6. Eberhart LH, Geldner G, Kranke P, et al. The development and validation of a risk score to predict the probability of postoperative vomiting in pediatric patients. Anesth Analg 2004;99:1630-7.
7. Wallenborn J, Gelbrich G, Bulst D, et al. Prevention of postoperative nausea and vomiting by metoclopramide combined with dexamethasone: randomised double blind multicentre trial. BMJ 2006;333:324.
8. Jokela RM, Cakmakkaya OS, Danzeisen O, et al. Ondansetron has similar clinical efficacy against both nausea and vomiting. Anaesthesia 2009;64:147-51.
9. Apfel CC, Zhang K, George E, et al. Transdermal scopolamine for the prevention of postoperative nausea and vomiting: a systematic review and meta-analysis. Clin Ther 2010;32:1987-2002.
10. George E, Hornuss C, Apfel CC. Neurokinin-1 and novel serotonin antagonists for postoperative and postdischarge nausea and vomiting. Curr Opin Anaesthesiol 2010;23:714-21.

Interview by Paulo Lemos, Editor

IAAS 10th

International Congress on Ambulatory Surgery

Budapest, Hungary 5-8 May, 2013

Save the date & and get ready for 10th IAAS Congress in Budapest

Dear Colleagues and Friends,

The 10th International Congress of the International Association For Ambulatory Surgery (IAAS) will be held in Budapest, Hungary, 5 – 8 May 2013, and organised by the Hungarian Association For Ambulatory Surgery, the thing that we are proud of. This event will mark the 10th anniversary in the History of IAAS Congresses. The IAAS initial objective is to encourage the development and expansion of high quality day surgery and to promote education and research. The quality issues are also of great importance to competitiveness across the world, we must promote and demonstrate them. Continuous improvement in ambulatory surgery is no longer the only answer to the challenges we are facing in this world which becomes more and more complex, at high speed. Thinking, acting and realizing breakthroughs in a different way, seems to be the only solution.

These initiatives of the IAAS will be the same aim of our Congress, and we will invite an impressive array of international experts on day surgery to present the up to date knowledge of this subject.

Please visit our beautiful city Budapest, the capital of Hungary, which is famous of its hospitality, culture, city tours and tasty gastronomy, and do not hesitate to contact us whenever you need more information.

Gamal Eldin Mohamed MD, PhD

President,
IAAS 10th International Congress On Ambulatory Surgery,
5-8 May 2013, Budapest, Hungary

President,
Hungarian Association For Ambulatory Surgery
IAAS Executive Committee Member

Website and Registration is open

www.iaas2013congress.com

www.iaas2013congress.org

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Editorial

With the Olympic Games in London, I'm sure all the competing teams are prepared for the 'English' summer and I wish every athlete the best of fortune in their individual sport. The last time the Games were held in London was in 1948 – the so-called 'austerity games', rationing was still a way of daily life only three years after the end of WW2.

A feature of this edition of the Journal is a proverbial hernia feast, featuring three papers on inguinal hernia repair. Interestingly, in 1948, the average length of stay for inguinal hernia repair was two weeks in bed with a rather high rate of venous thrombo-embolism! Two of the papers feature interesting studies on self-adhering inguinal hernia mesh, providing a shorter operating time than conventional Lichtenstein repair while maintaining low levels of complications. the third paper attempts to estimate the cost of different techniques for hernia repair, whether open or laparoscopic and demonstrates that all techniques are cost effective – provided they are performed on a day case basis.

But this edition is not all about surgery and surgical technique. It gives us pleasure to acknowledge the Indian Day Surgery Association as a full member of the IAAS and to offer us a brief history of that association, founded in only 2003. Indeed India too, has come a long way since 1948 and I would expect the Indian Association to develop into a day surgery powerhouse as their population endorses the quality care offered by ambulatory surgery.

Our fifth paper features a performance measurement study of colonoscopy featuring important outcome measures such as pre and post colonoscopy patient wait and the success of bowel prep in a study featuring large numbers of patients. It is reassuring that quality patient care is now at the top of the day surgery agenda!

Finally, we feature a 'one-off' case report of a patient with gigantism undergoing a total dental extraction as a day case. The report explains the anaesthetic technique used on this 7 foot 9 inch patient (2.36 metres) and the need for a specially adapted operating table.

Current contents

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Douglas McWhinnie, FRCS Editor-in-Chief

These articles can be downloaded from www.ambulatorysurgery.org

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