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SHEET 1

Day Surgery Information

Selection criteria and suitable procedures

Introduction

When patients are referred for day surgery it is essential to ensure that:

- the procedure is suitable
- the risk of complications (from surgery and anaesthetic) are minimised
- admission to an in-patient bed following day surgery is prevented
- patients are adequately supported after discharge home.

Selection criteria

Referring to best practice guidelines for day surgery (Royal College of Surgeons of England, 1992 and 2000), the selection criteria should be defined and collaboratively agreed by surgeons, anaesthetists and nurses involved in day surgery.

The American Society of Anaesthesiologists' (ASA) classification of physical status has been used to assess a patient's suitability.

Table 1 – The American Society of Anaesthesiologists' (ASA) classification of physical status

Class 1: Patient has no organic, physiological, biochemical or psychiatric disturbance. The pathological process for which surgery is to be performed is localised and does not entail a systemic disturbance. Examples: a fit patient with an inguinal hernia; a fibroid uterus in an otherwise healthy woman.
Class 2: Mild to moderate, systemic disturbance caused either by the condition to be treated surgically or by other pathophysiological processes. Examples: slightly limiting organic heart disease; mild diabetes; essential hypertension; anaemia.
Class 3: Severe systemic disturbance or disease from whatever cause, even if it may not be possible to define the degree of disability with finality. Examples: severely limiting organic heart disease; severe diabetes with vascular complications; moderate to severe degrees of pulmonary insufficiency; angina pectoris; healed myocardial infarction.

During the 1980s and1990s patients classified in categories ASA 1 and 2 were thought to be most suitable for surgery. In recent years criteria have expanded to include patients in category ASA3 provided their disease is well controlled.

For children being considered for day surgery:

- they should normally be of physical status ASA 1 or 11
- the anaesthetic and operating time should not exceed an hour, and

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- the procedure should have a low incidence of post-operative complications
- premature infants who have not reached 44 weeks post conceptual age are not suitable
- determine ASA classification in children with underlying disorders and disabilities
- infants who are less than 4 weeks old or who have been on ventilatory support are not suitable candidates for day surgery.

A patient's body mass index (BMI) is an important measure when selecting suitable adult patients for day surgery. Currently a BMI of 35 is acceptable, however some units have removed the BMI ceiling.

A guideline for investigations to be undertaken must be included in the selection criteria to ensure patients are fit for general anaesthesia and surgical intervention. All investigations should be clinically driven and not done as a matter of routine.

Limits for general anaesthesia rely on physical, psychological and social criteria when assessing a patient's suitability. In children/young people social criteria often play a significant part. Selection may depend on the child living a certain distance from the hospital, having more than one parent or carer, having access to a telephone and a car to drive the child back to hospital in an emergency. Two responsible people should accompany a child home – one to drive the car and the other to care for the child.

In 2001 the Audit Commission produced a revised "basket" of 25 procedures thought to be suitable for day surgery on adults and children.

Table 2

The Audit Commission "Basket of 25" 2001	
1	Orchidopexy
2	Circumcision
3	Inguinal hernia repair
4	Excision of breast lump
5	Anal fissure dilatation or excision
6	Haemorrhoidectomy
7	Laparoscopic cholecystectomy
8	Varicose vein stripping or ligation
9	Transurethral resection of bladder tumour
10	Excision of Dupuytren's contracture
11	Carpal tunnel decompression
12	Excision of ganglion
13	Arthroscopy (all arthroscopic examinations of joints)
14	Bunion operations
15	Removal of metalware
16	Extraction of cataract with/without implant
17	Correction of squint
18	Myringotomy
19	Tonsillectomy
20	Sub mucous resection
21	Reduction of nasal fracture
22	Operation for bat ears
23	Dilatation and curettage/hysteroscopy
24	Laparoscopy
25	Termination of pregnancy

Maintaining the supermarket analogy, the British Association of Day Surgery proposed a "trolley" of procedures, which are suitable for day surgery in some cases.

Table 3

At least half of the following procedures should be performed as possible day cases	
1	Laparoscopic hernia repair
2	Thoracoscopic sympathectomy
3	Submandibular gland excision
4	Partial thyroidectomy
5	Superficial parotidectomy
6	Wide excision of breast lump with axillary clearance
7	Urethrotomy
8	Bladder neck incision
9	Laser prostatectomy
10	Trans cervical resection of endometrium (TCRE)
11	Eyelid surgery
12	Arthroscopic menisectomy
13	Arthroscopic shoulder decompression

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14 Subcutaneous mastectomy

15 Rhinoplasty

16 Dentoalveolar surgery

17 Tympanoplasty

Social criteria

When selecting patients for day surgery certain social criteria must be followed.

- A responsible adult/parent/carer must be with the patient for 24–48 hours post surgery.
- An escort must be available to drive or accompany them home in a taxi.
- Patients/parents must have access to a private telephone.
- The journey home should not take longer than one to one and a half hours.

It is essential that patients have support from carers and a means of contacting the hospital should the need arise.

In the case of children:

- the parent/carer must be able to cope with the pre-procedure instructions and with the care of the child/young person after treatment
- the parent/carer must agree to day treatment after receiving adequate information, and an opportunity to discuss any anxieties.
- the parent/carer must be able to stay with the child/young person throughout the day
- the parent/carer must be able to make arrangements for the practical care of the child/young person at home for a named period of time following discharge.
- facilities in the home must be taken into account when selecting suitability, i.e. access to telephone.
- travel on public transport following a general anaesthetic is inappropriate – arrangements for suitable transport must be available.

Who should select?

When a patient requires surgical intervention, the initial assessment often takes place in the out-patient department by the surgeon using the defined criteria.

Patients suitable for day surgery will be referred to the unit where nurses, through detailed preoperative assessment, continue the selection process. Nurses undertaking this role must be trained and their competence assessed through an agreed development programme (usually "in-house"). A multidisciplinary CD-Rom – *Pre-operative assessment: setting a standard through learning* – is available in every trust to facilitate this training. Staff undertaking pre-operative assessment must have the option to contact the anaesthetist or surgeon if a problem is identified that could potentially increase the risk during anaesthetic or surgical intervention.

For children, initial assessment is again usually by the surgeon in outpatients. Referral is then made to a pre-admission programme. Pre-assessment of children is carried out by a registered children's nurse with specialist day care knowledge. This nurse must have the option to contact the anaesthetist or surgeon if a problem is highlighted that renders the child/young person or family unsuitable for surgery.

Additional selection of procedures suitable for day surgery

General surgery/urology

Ligation of communicating hydrocoele
Separation of preputial adhesions
Meatotomy
Minor repair of hypospadias
Hypospadias fistula
Removal of JJ stents
Division of tongue tie
Examination under anaesthetic and vaginoscopy
Separation of labial adhesions
Gastroscopy ± biopsy
Oesophageal dilatation
Change of tracheostomy
Change of gastroscopy button
Proctoscopy: Sigmoidoscopy ± biopsy
Anal dilatation
Manual evacuation
Excision of local skin lesions
Lymph node biopsy
Excision of sebaceous cysts

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Branchial sinus/fistula
Thyroglossal cysts
Removal of long lines
Partial or complete removal of toenails

Orthopaedics

Manipulations
Change of plaster
Release of trigger thumb
Serial casting for scoliosis
Tenotomy

Dental

Conservation
Extractions (especially children with special needs, mental/physical handicaps)
Excision or biopsy of oral lesions
Lingual/labial frenectomy
Enucleation of simple cysts
Removal of direct bone plates and wires

ENT

Adenoidectomy
Nasal polyps
Suction clearance including removal of foreign bodies
Electrcochleography
Fat graft myringoplasty
Aural polypectomy
Change of mastoid dressing
Endoscopy
Fracture of nasal bones
Cautery
Dilatation of choanae
Antral washouts
Drainage of septal haematoma
Tonsillectomy (some)

Ophthalmic

Tear duct probing
Excision of chalazion and other benign lid lesions

Plastic and dermatological

Incomplete simple syndactyly
Excision of accessory auricles and digits
Dermoid cysts
Minor revisions of nose and lip following cleft lip and palate surgery Excision and revision of various hamartomata
Pulsed dye laser treatment of portwine stain birthmarks

Summary

It is proven that effective patient selection will:

- prevent patient cancellations on the day of surgery
- improve holistic family-centred patient care
- ensure adequate support and education for pre- and post-operative care
- maximise the use of the operating list
- contribute to the overall efficiency of the day unit
- increase patient satisfaction.

Further reading

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