

TO ASSESS THE EPIDEMIOLOGY OF DAY CARE SURGERY IN A TERTIARY CARE CENTER

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Abstract

Background: Day care surgery offers advantages for health care delivery system around the world and so rates have steadily increased in both developed and developing countries.

Methods: This study has been done in a single unit of the Department of General surgery at S M S Medical college, Jaipur on patients attending the OPD as well as admitted for surgery

Results: There was no age limit in our study. Out of 100 patients 11 were of age group 0-20 years, 55 were of age group 21-40 years, 25 were of age group 41-60 years, 9 were of age group >60 years.

Conclusion: Age and sex was not any criteria for patient selection for day care surgery.

Keywords: Age, Sex, Distance.

Introduction

Health care system has faced several developments and has seen many changes in the last two decades. At present it is being motivated by factors such as financial management, patient satisfaction and time management. If some system can be evolved which decreases these factors, it will be much beneficial for the patients. Recent studies have indicated that day care surgery or ambulatory surgery (AS) can offer significant advantages over inpatient surgery.¹ Day-care surgery is not a new concept; in fact the earliest report was in 1909 by a Glasgow surgeon James Nichol², but the concept did not become popular till 1960 when first hospital based ambulatory unit was developed.²

Day care surgery offers advantages for health care delivery system around the world and so rates have steadily increased in both developed and developing countries.³ Day care surgeries result in decompression of busy hospital beds, less nosocomial infection, early recovery in home environment with the family, less disruption of personal life and reduce expenditure of longer hospital stay. In developing countries, with problem of financial constraints, insufficient grants for health care, lack of adequate money for improvisation of operation theatres & recovery rooms and social factors, we are not able to cash on all the advantages of day care surgery.⁴⁻⁵

Materials and Methods

Setting:

This study has been done in a single unit of the Department of General surgery at S M S Medical college,

Jaipur on patients attending the OPD as well as admitted for surgery.

Study Design: Observational study

Patients were selected on OPD basis for different day care surgical procedures in Department of General Surgery

Selection of Cases:

Inclusion criteria: -for those operated in Major OT

- Patients were assessed as American Society of Anesthesiologists (ASA) classes I or II.
- For most procedures under GA and SA, availability of a responsible adult was ensured who escorted the patient home and provided support for the first 24 h.
- Patient stayed within 30 min of travelling distance from the hospital with adequate motivational level.
- Patient who gave informed consent for the study.
- All the cases operated under Local anaesthesia were not admitted.

Exclusion criteria

Patient with the following criteria were excluded:

- Patients with extreme obesity and co-morbid conditions like poorly controlled diabetes, hypertension, and coronary artery disease or ischemic heart disease and with ASA III and IV.

Observations

Table 1: Age distribution

Age(in years)	Frequency(n)	Frequency (%)
< 20	11	11
21-40	55	55
41-60	25	25
>60	9	9

There was no age limit in our study. Out of 100 patients 11 were of age group 0-20 years, 55 were of age group 21-40 years, 25 were of age group 41-60 years, 9 were of age group >60 years.

Table 2: Gender distribution

Gender	Frequency (n)	Frequency (%)
Male	34	34
Female	66	66

Out of 100 patients, 34 were males and 66 were females.

Table 3: Area

Address	Frequency(n)	Frequency (%)
Urban	66	66
Rural	34	34

Out of 100 patients 66 were of urban background and 34 were of rural background.

Table 4: Distance of Home from Hospital

Distance of home from hospital (Km)	Frequency (n)	Frequency (%)
0-5	41	41
6-10	37	36
11-15	9	9
16-20	3	3
>20	10	10

Out of 100 patient 41 were staying in an area which was within 00 to 05 km from hospital, 37 were in an area within 06 to 10 km, 9 were staying within 11 to 15 km, 3 were staying within 16 to 20 km and 10 were staying in an area more than 20 km away from hospital.

Discussion

There was no age limit in our study. Out of 100 patients 11 were of age group 0-20 years, 55 were of age group 21-40 years, 25 were of age group 41-60 years, 9 were of age group >60 years. There were no adverse peri-operative outcomes in the study depending on age factors and age has nothing to do with the acceptability for Day care Surgery. J.Fortier et al conducted a prospective cohort study of 15127 patients undergoing ambulatory surgery and found that age did not predict unanticipated admission⁶ Out of 100 patients 34 were male and 66 were female. There was nothing in literature to suggest about better acceptance and success of Day Care Surgery in patients depending upon the gender being male or female. In this present study 66% patients were from urban area and 34% were from rural area. There is nothing in literature to suggest about the acceptability of the procedure depending upon the geographical distribution of the patients upon the area being urban or rural. A study conducted by S.Bal et al at AIIMS, New Delhi, India where 93% patients were successfully discharged after day care surgery in patient from a distance of 20 Km from hospital.⁷

Conclusion

Age and sex was not any criteria for patient selection for day care surgery.

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