# Progress of Day Surgery in India

#### T. Naresh Row

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Consultant General Surgeon & Day Care Surgery Specialist, Founder & Hon. Secretary, The Indian Association of Day Surgery.

Editor, Day Surgery Journal India and One Day Surgery Times

**Author,** Protocols of a Day Care Surgery Centre

Webmaster: www.daysurgeryindia.org, www.one-daysurgeryindia.com

**Director:** One Day Surgery India Private Limited.

Correspondence address: One Day Surgery Centre - Babulnath Hospital, 15 Sadguru sadan, opp. Babulnath Mandir, Babulnath

Road, Mumbai-400 007, Maha. State, India.

Tel: +91 22 2367 4758; +91 22 2367 5221 E-mail: nareshrow@hotmail.com

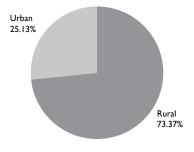
#### Introduction

Ambulatory surgery in India is still a new concept of modern surgical care. Organized delivery of standardized surgical care, in the form of Day-case, is now an accepted norm in the specialties of Ophthalmology and ENT, but in others, still confined to minor / OPD procedures.

In India, the current trend is to establish Super-Specialty Tertiary health care facilities, which provide Coronary by-pass and Hip replacement. These, of course, are definitely required for advancement of medical care. The Health Ministry is working towards encouraging medical tourism, facilitating visas for a smooth flow of patients. Last year, approximately 1.5 million patients were seen for treatment in these tertiary hospitals. But, Day Surgery is not really a priority for them, as yet.

# Organization of health care

A population of 1,073,000,000 (over a billion and growing), out of which 73.87% live in villages and smaller towns, and only 26.13% reside in larger towns and metro cities. Therefore, health care in India becomes a formidable task.[1]



Yet, we have one of the most unique health care systems. The two basic systems are public and private health care providers. Public hospitals are funded by the state and central government. These are utilized by almost 60% of population. Apart from certain larger hospitals, where the funding is reasonably good, most lack in facilities due to shortage of funds. Out of the total expenditure on healthcare in the country, this amounts to only 17 %.[2] On the other hand, private sector health care, where facilities are comparable to most developed countries, cater to just 40% of the country's population,

yet take the burden of 83% of healthcare expenditure. Therefore, the per capita expenditure on private health care is 4.2% of the GDP and public health is about 0.9% GDP (totaling to 5.1% of the GDP). This makes it one of most privatized health care systems in the world.[3]

Due to lack of facilities and infrastructure as well as shortage of doctors and nursing staff in the public sector, there has always been a growing trend to seek treatment in private hospitals and clinics. Here, the patient pays for his treatment, sometimes needing to borrow or sell assets to fund the treatment. Apparently, every year, about 16% of the population is pushed below the poverty line due to health expenses. The private sector has facilities and trained staff comparable to any developed country, but available at a premium.

#### Health insurance

At a National level, just 2% of the popoulation is covered under Medical insurance. Mumbai, the commercial capital of India, has a population of approx. 20 million but only 20% of its citizens are covered by health insurance.

A mandatory insurance requirement of 24 hours admission or overnight stay, made it easier to pay claims but has restricted the concept of Day Surgery. However, after extensive correspondence over a period of four years, working with the Insurance Regulatory & Development Authority and service providers, there is now a change in the policy. This new policy has included a clause stating 'procedures performed by the advancement of technique, or utilization of specialized equipment, e.g. LASER, etc., do not require overnight stay in the hospital' and '. . . Surgeries performed at specialized centre . . . ', represent the first step in a logical change that is required for the advancement of Day surgery. Hopefully, more and more cases will be added to the One Day Surgery list, creating an acceptable 'basket' as followed elsewhere in the world.

#### **Problems faced**

Lack of awareness is the main difficulty we face. There is a tremendous lack of awareness among the patients as well as doctors.

The suggestion of surgery creates a fear psychosis in most patients. On one hand, they do not want to go home for the fear that they might face some complications which may not be managed once they

are out of the hospital, so they wish to continue to stay in the hospital 'till the stitches are out'. On the other hand, 'discharge on the same day', reduces the magnitude of surgery in patient's minds, convincing the patient to undergo the procedure.

As yet, there is no definite government policy or support for One Day Surgeries. Nationally, the Bed:Patient ratio is 1:1,123, making it impossible to procure a bed in case of emergencies. There is an estimated shortage of 42,000 beds in government hospitals, which cater to 60% population.[4] Most hospitals perform Day Surgery as part of the regular surgical list. According to latest government estimates, the doctor: patient ratio is 1:1,800 and hospital bed: patient ratio is 1:1,462.

The flow of patients is from villages to nearest city, to District hospitals, to Hospitals in larger state capitals & ultimately, to hospitals in metropolitan cities. This drive starts with a lack of basic infrastructure in villages, and therefore, a belief that care is better in cities. This trend or shift is seen more in favor of private facilities, which come at a premium. The Public hospitals are overwhelmed by the inflow and unable to handle the overcrowding. The government in turn is doing whatever it can, but still a tremendous amount needs to be done.

#### **Solutions**

The Indian Association of Day Surgery was founded in the year 2003, with 262 Life members so far. It is a national organization, with members from 18 states and different surgical specialties, including anesthesiologists and dental surgeons. We had stickers made for doctors' cars, proclaiming them as members of the Association!

To date, four National Conferences have been organized. The first conference was in 2005 at a Naval Hospital, attended by Defense service and civilian doctors. The scientific session lasted for 10 hours straight, with 29 guest lectures covering all the aspects of One Day Surgery. To commemorate the occasion, a First-Day postal cover was released.

A handbook on Protocols of a Day Care Surgery was released during the first national conference. It gives a complete and concise insight on patient selection, patient preparation, instructions to patients, list of surgery, types of anesthesia, design of a centre, and its day to day running. This book also includes many useful forms, such as like admission and consent forms, including advantages and disadvantages, as well as complications and management of complications.[5]

Day Surgery Journal of India was launched during the proceedings. It is an annual publication, with a collection of articles from all over the world. It is provided free of charge to all the Association's members as well as sent to every Medical College library in the country. Articles can also be read on-line on the Association's website.[6]

During the subsequent three conferences, issues on protocols, insurance, medico legal and progress were discussed. The conferences were held in and around the city of Mumbai at various hospitals.

The 4<sup>th</sup> National Conference saw the inception of an Oration. It was given by a representative of the Medical Council of India and a Member of Senate of the State Medical University, who was positive towards the inclusion of the concept of Day Surgery in the undergraduate and postgraduate medical education in India.

Increasing awareness is another organization goal. The initial reaction of patients and doctor colleagues is of surprise at no-overnight stay. Apart from holding seminars, scientific meetings, workshops and publications, a major advertising campaign is required (within the permissible medical ethics).

## **One Day Surgery Centre**

Establishment of a multispecialty, free standing One Day Surgery Centre in every major city in India, seems to be the ideal way to show the effectiveness of this concept. The first of its kind has been started in the metropolitan city of Mumbai, which is the most popular destination for Medical treatment in India, as well as for medical tourism. Another centre is situated in Nagpur, a large central Indian town.[7] The uniqueness of these centers is that they are Certified by ISO 9001-2000 & 2008, the quality manuals and operational procedures of which have incorporated protocols for a Day Surgery Centre. These include and stringently follow pre and post-operative instructions, discharge criteria and other checks.

'One-Day Surgery Times' newsletter is released every month and circulated amongst general practitioners and family physicians. It carries articles, news and information pertaining to Ambulatory Surgery.[8]

Challenges face these centres. Nursing staff need more training and orientation towards Day Surgery. Patient education is of prime importance. Who can convince the patient more than the operating surgeon? It means more time spent with the patient, but a confident patient means a successful recovery.

### In summary

India is a rapidly developing and growing nation. Since a large part of its population is low to middle income, it is but logical to assume the tremendous benefits the concept of Day surgery will have. A multi pronged approach and continuous dialogue with all concerned, however slow, will be the essence in working towards our goal of establishing One Day Surgery Centers in each city. It is only a matter of time. Like anywhere in the world, Day surgery will be the Future of Modern Surgery in India as well.

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