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Review

Why is outpatient surgery still limited?

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Despite positive and attractive considerations, outpatient surgery has not developed in Europe as it has in the USA for many different reasons. Negative forces are evident at each level of health care system: political authorities, hospital administration, faculty of medicine, insurance companies, surgeons, anaesthesiologists, patients and their families. New strategies should be developed to overcome these oppositions and to promote ambulatory surgery.

Key words: Outpatient surgery, ambulatory surgery, organization, new strategies

Numerous factors, which nowadays are well analysed, favour an increased development of outpatient or ambulatory surgery in selected cases according to precise criteria. Some of which are:

- Ambulatory surgery is cost-effective;
- Ambulatory surgery is as safe as inpatient surgery, if patients are well selected;
- The risk of nosocomial infections is reduced by ambulatory surgery;
- Ambulatory surgery may reduce the need for hospital extension;
- Patient's lifestyle is minimally changed;
- Disability is decreased and allows earlier return to work.

Despite these positive and attractive considerations, outpatient or ambulatory surgery is not as popular in Europe as it is in the USA, for various reasons.

Negative forces opposed to ambulatory surgery

Opposition to ambulatory surgery can be found at different levels in the organization of health care. These forces are listed in Table 1. We will briefly discuss them:

Political authorities

Political authorities usually misunderstand the benefits of ambulatory surgery. They fear the loss of state control of surgery and are afraid of the development of an increasing number of freestanding units. Therefore, they impose severe regulations and detailed control procedures on the organization of surgical units.

Table 1. Possible negative forces opposed to ambulatory surgery

Political authorities
Hospital administration
Faculty of medicine
Insurance companies
Surgeons
Anaesthesiologists
Local conditions
Patient
Patient's family

Low price scales are prescribed to discourage the development of ambulatory surgery outside public hospitals, as is the case in Switzerland. New ambulatory surgery beds, as in France, can be opened only if hospital beds are closed. This is proof of the misunderstanding: ambulatory surgery enables the freeing of hospital beds to cater for more severe cases and for old patients who will need prolonged hospital stay, due to the longer life expectancy of our population. Ambulatory surgery allows better use of theatres if performed in specially dedicated units.

Prospective statistical analysis is necessary to convince the authorities of the necessity to develop ambulatory surgery.

Hospital administration

Public hospital administrations may be reluctant to develop facilities for ambulatory surgery as hospital-controlled integrated units or as hospital-controlled autonomous units. The building or remodelling of existing spaces involves new expense in the face of limited budgets. Rooms should be comfortably furnished. Administrative staff and nurses should be competent,

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efficient and familiar with outpatient management. The sharing of new equipment between hospital and outpatient units should still be possible, if limited. Hospital administration and organization of operating rooms should provide the ambulatory unit with an efficient care-scheduling system.

Because of the operational complexity of ambulatory surgery and the large amount of income generated by this activity, ambulatory surgery programmes should be structured as separate business units even when they are part of hospitals. Operating costs can also be cut by reducing the turnover time between cases, so that surgical suites do not remain vacant. Administration is usually not trained and works too slowly for ambulatory surgery management.

Faculty of medicine

Outpatient surgery is not taught. The medical faculties fear to lose patients for the surgery training programme they offer. A good organization should overcome this fear. Furthermore, it has been well proved that patients treated by surgeons-in-training, well controlled by senior surgeons, are not submitted to increased risks. Security is even higher. Patients who can choose between being treated outside the public hospital in well-controlled outpatient units, prefer, for security reasons, to be taken care of in teaching hospitals. No conflict should therefore occur between training programmes and outpatient surgery.

Health insurance

Insurance companies are only interested in the development of ambulatory surgery as far as they can profit from it. Financial competition to some extent should be introduced between in- and outpatient surgery. This is possible only if the insurance companies have to cover the real costs in case of hospital stay and not flat rate amounts. In this case, even fee-for-service for ambulatory surgery is cheaper. Insurance companies, more frequently due to strict regulations, do not consider the fact that ambulatory surgery shortens waiting lists for hospital entries, allows better and earlier planning for surgery and reduces patients' time off work. These conditions are also cost effective.

Surgeons

A surgeon may be reluctant to perform outpatient surgery for many reasons:

- appropriate facilities are not always available and some day-case units are poorly organized and managed;
- he may fear that the quality of service offered is not as good as for inpatients;
- he is not familiar with or trained for ambulatory surgery;
- he is afraid of possible postoperative complications and does not wish to be disturbed at night if some occur;
- he may charge more in case of hospital stay.

The first four reasons can be avoided by training, experience and a well-organized surgical unit. As to the last reason, the political authorities are solely responsible for the unattractive financial aspects.

Anaesthesiologists

Anaesthesiologists can refuse to cooperate in ambulatory surgery if they do not have facilities to perform optimal preoperative evaluation, and the use of a well-organized recovery room with trained nurses. Close cooperation between surgeon and anaesthesiologist is mandatory. Some financial aspects should also be considered: in case of loco-regional anaesthesia, for example, when the anaesthesiologist is required just for a 'standby', he should be fully recompensed. 'Standby' should be as well paid as general anaesthesia.

Patient and patient's family

Detailed information should be given to the patient and his family. Nevertheless they may be opposed to ambulatory surgery for various reasons:

- patient may prefer to spend days in hospital or private clinic in order to recover quickly (for example, a mother with children at home);
- having paid expensive insurance rates for many years without having been ill, the patient may feel entitled to profit from a hospital or private clinic stay;
- he may not be interested in going through early surgery, or having only a short time off work;
- financial contribution from the patient in the case of outpatient surgery is a penalty which does not exist in the case of hospital stay.

Only some modifications of these penalties can overcome the financial aspects. Surgeons may, from time to time, have to order a hospital stay to prevent postoperative infections, even if, from a purely medical point of view, ambulatory surgery could be performed (for example, to prevent a farmer who has just gone through more or less extensive hand surgery, from milking his cows on the same day!).

Local conditions

Local conditions may be very different from one place to another. If freestanding units and outpatient clinics linked with hospitals are not attractive nor sufficiently organized and staffed, patients may prefer a hospital stay to ambulatory surgery. If postoperative care is not sufficient or if access to the medical centre is difficult in case of complications in the postoperative period, the patient

may prefer to stay at the hospital until his condition improves.

Conclusions

We have to keep in mind that our aim is to provide our patients with the best available quality of care at an optimal security level. We have therefore to identify and to analyse precisely the various oppositions to the development of ambulatory surgery. We have to elaborate new strategies to convince political authorities, hospital administrations, medical faculties, insurance companies, surgeons, anaesthesiologists, patients and their families, of the benefits resulting from ambulatory surgery.

Performance comparisons should be established for various and frequent surgical procedures. Further medical and socio-economic results are necessary to prove the value, safety, quality, medical advantages and cost effectiveness of ambulatory surgery to those who are against this new trend.