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Editorial

Does day surgery still need promoting?

Those involved in day or ambulatory surgery over the years are well aware of its benefits and what can be achieved by its substitution for inpatient surgery. It offers the same number of cases for a reduced cost or more cases for the same cost. In general, patients prefer ambulatory treatment, patient satisfaction rates are high and complication rates are the same or lower than those for the same procedures undertaken on an inpatient basis. Day surgery cases are not cancelled at the last moment because their beds are occupied by unexpected emergency cases. Thus, surgical procedures can be booked well in advance with fixed times and dates which benefits planning for patients, doctors and managers. Day surgery can also offer a cost effective solution to the problem facing many nationalised or public healthcare systems of a lack of inpatient facilities available to deal with the rapidly increasing number of elderly patients. A move to day surgery can free inpatient beds thus reducing capital expenditure on new inpatient facilities. In the private sector specifying day surgery for certain procedures can help to contain the cost of medical insurance.

These benefits of day surgery would seem simple enough, but have they been widely understood and taken advantage of? The answer is they are increasingly understood but nowhere used to their full potential. Certainly there are an increasing number of countries in the world practising or developing day surgery. This is reflected in the membership of the IAAS which has risen from nine countries at its foundation in 1995 to 21 countries today. However, there are many countries in the world that show little or no interest. Yet many of these such as China, India, Brazil and some African countries with large populations and low per capita income could benefit from the cost effectiveness of day surgery. Equally there are countries with strong economies and members of the G7 economic group who have blinkers on when it comes to the economics of healthcare. In Germany the volume of day surgery is small and at best stationary though probably falling and in Japan, apart from a small group of enthusiastic anaesthetists promoting day surgery, there is very little interest.

Even in countries where the purchasers of healthcare support day surgery and where day surgery rates appear high, all is not what it seems or could be. Overall rates for day surgery of over 65% are claimed in the USA and 62% in England (1997–1998). Yet a general surgery board review textbook from the USA in 1999 states that an overnight stay is required following varicose vein surgery and in that country laparoscopic cholecystectomy is frequently undertaken with a 23 h stay. It is difficult to equate this with the claimed overall day surgery rate unless this global figure includes 23 h stays. Similarly in England only 30% of inguinal hernias, 45% of varicose veins and 64% of cataracts were dealt with on a day basis in 1997–1998. To reach the overall day surgery rate of 62% surely minor cases and endoscopy must be included.

In nearly every country there is the individual surgeon or day unit that achieves the highest day surgery activity. Yet overall in every country in the world there is a lot of room for improvement in day surgery activity and nowhere has day surgery reached its full potential. In the USA if 23 h stays were reduced to the length of a normal working day, substantial savings could still be made. Achieving reasonable high day surgery rates for common procedures would be beneficial in England. For instance, if day care rates were increased for inguinal hernia repair from 30 to 80% and for cataract surgery from 64 to 95%, ≈ 200 and 300 beds could be released, respectively. To put it another way, Dr Claude De Lathouwer said in 1995 at the third World Conference on surgical efficiency and economy in Kiel, if a country increased its day surgery rate by $< 5\%$, the savings would pay for that country's transplant programme. Yet at the same meeting, one concentrating on economics, 3 h were spent discussing day surgery with its potentially large savings and 3 days on how to shave costs off major inpatient surgery.

It is clear that those involved in day surgery still have a promotional job to do. All day surgery organisations

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need to continually repeat the benefits that day surgery can offer. Governments, including those who falsely believe they have maximised the benefits of day surgery, international aid organisations, such as the World Bank, the WHO and regional organisations such as the European Community, all need to be targeted. At the same time, specialist surgical organisations must have demonstrated to them the advantages that increased day surgery can give them.

Eighty percent of day surgery rates for elective work are possible today without any new developments. Continued growth in day surgery offers those involved in purchasing and managing healthcare the greatest potential to contain costs and thus provide the broadest possible surgical care to their patients.

One's own familiarity with the benefits of day surgery does not mean that the majority of those in healthcare understand its potential. The advantages of a move to day surgery will need constant promotion for some years to come.

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