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Abstracts

Varicose Veins: 925 Saphenectomies and Collateral Branch Excision, as Ambulatory and Short Stay Surgery

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Cirugia Mayor Ambulatoria 2001; 5(3)

Introduction

The surgery of the varicose veins is the most often of the vascular surgery. It is based in avoiding future complications. With almost no variations in his technique, it is still practised essentially the same from the beginning of the 20th century. The advance and evolution of the ambulatory surgery offers an improvement for this pathology.

Materials and methods

We present the retrospective revision of the 925 varicose veins surgery with saphenous invaginated stripping and side branches in ambulatory or one-day-surgery way in 876 patients: suprainguinal and inframaleolar incisions in the stripping and Müller phlebectomy to the side branches. Intradural anaesthesia in 847, local in 73 and only seven with general.

Results

There were 0.5% postoperative headache, two deep venous thrombosis, two inguinal hematomas, 15 neuritis, eight recidives and none rehospitalization. Only three patients didn't like the ambulatory surgery.

Conclusion

Wherefore the intervention of the varices with stripping and side branches is totally feasible to make it in ambulatory way with great aceptation by the patients and with law mortality.

Intercurrent Conditions in Ambulatory Surgery. Mayor Ambulatoria

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Cirugia Mayor Ambulatoria 2001; 5(3)

It is studied the concurrent pathology in the 750 patients consecutively selected and operated in ambulatory regimen and the percentage of admissions and delays at the beginning of the surgery associated with such pathology.
The sample was an average age of 53.2 years old (3–89), 55% female and 45% male. 45% were classified as ASA I, 48% as ASA II and 7% as ASA III. The most common concurrent pathologies were arterial hypertension (17.8%), drug allergy (13%), Diabetes Mellitus (7.3%), respiratory disease (7.2%), peptic disease (4.4%) and cardiac disease (3.2%). 18.4% of the patients also had antecedents of tobacco use, 4.5% of alcohol abuse and 11% of possible intubation difficulties. 47.3% were under permanent medication, 49% of them took more than two medicines and 9.5% received antiagregant drugs.

In this series of patients there were two admissions due to a wrong control of glycemia (0.2%) and 2 due to uncontrolled arterial hypertension, there were 17 surgical delays, but the total period of hospitalization did not differ in patients with or whitout the concurrent pathology. From our experience, a high incidence of ccncurrent pathology in patients ASA I, ASA II and even ASA III does not increase the morbidity nor warrant the immediate results of mayor ambulatory surgery.

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Results in Proctological Surgery

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Cirugia Mayor Ambulatoria 2001; 5(3)

Full time Major Ambulatory Surgery within our General and Digestive Surgery Service began in January 1998, and proctological surgery has played an important role in the activities carried out since then.

This project hereby studies the activities carried out between January and December 1998, a period made up of 45 working days of surgery along with the other pathologies treated on an ambulatory basis by our Service. 110 proctological surgery procedures, 67 Milligan-Morgan haemorrhoidectomies on 3–4 grade haemorrhoids, 31 Gabriel fissurectomies and 12 fistulotomies were carried out in total.

Two haemorrhoidectomy patients were immediately hospitalised for postoperative haemorrhaging; three others were hospitalised for experiencing post-haemorrhoidectomy pain 24 h after the operation; and one fistulectomy patient required a more extensive exeresis than anticipated.

We can conclude that proctological pathology is treated without hospitalisation and with optimal results.

Complications in the Treatment of Acute Anorectal Abscesses

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Cirugia Mayor Ambulatoria 2001; 5(3)

Anorectal abscesses are a very common surgical emergency for which there are various treatment techniques. However, complications associated with such treatments are known, such as the recurrence of the abscess, the appearance of fistulas or anal incontinence.

Our aim is to analyse the treatment we have applied and its associated complications. In order to do this we retrospectively studied 68 patients treated for acute anorectal abscesses at our hospital during the period from June 97 to January 99. The abscesses were divided into 56 perianals, one intersphincterian, eight ischiorectals and three submucus. Thirty patients were treated with a simple incision, five presented recurrences and five fistulas. Out of eight patients treated with a Penrose type drainage, four had postoperative fistulas. On 24 patients a skin exeresis with an associated debridement was carried out, six then presented fistulas and one recurrence. Fistulectomies were carried out on six patients for whom the fistulous tract had firstly been detected, and no postoperative complications were apparent. No patient suffered postoperative anal incontinency.

To conclude, we recommend skin exeresis and debridement as less recurrences were observed. Patients treated with primary fistulectomy did not present complications, although we believe that this technique should be reserved for cases where the tract is clearly identified and for surgeons with adequate experience in this pathology.

Our Experience in Ambulatory Laryngeal Microsurgery. Different Ventilation Techniques Employed

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Cirugia Mayor Ambulatoria 2001; 5(4)

Laryngeal microsurgery is an endoscopic method routinely employed for diagnostic and therapeutic purposes in Laryngology. This technique can be performed as day-case surgery for selected patients. Ventilation techniques range from conventional orotracheal ventilation to high frequency jet ventilation.

From June 1998 to April 1999, 81 patients underwent laryngeal microsurgery procedures with different ventilation techniques in the Major Ambulatory Surgery Unit of Valencia University General Hospital. These cases have been retrospectively reviewed.

Inferior Submucosal Turbinoplasty Using Controlled Electrofulguration Anesthesia

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Cirugia Mayor Ambulatoria 2001; 5(4)

Introduction

The most important physiological resistances to nasal air flow occur at the level of the nasal valve and Cottle's endonasal area IV. They are enlarged in cases with supplementary organic obstacles. Hypertrophic inferior turbinates are frequently observed in patients

with nasal breathing insufficiency. Hypertrophic inferior turbinates are frequently observed in patients with nasal breathing inadequacy. Numerous surgical procedures have been proposed to reduce turbinal volume, from the barely aggressive to the most radical methods. Most of them include complex technical characteristics or eventful complications, so that these procedures are rarely performed as ambulatory surgery.

Methods

One hundred and twenty seven patients who underwent inferior submucosal turbinoplasty using controlled electrofulguration were included. In 103 it was performed as a complement to septoplaty (group I), in seven as a complement to septoplasty and uvulopalatoplasty (group II) and in 17 as sole procedure (group III).

Results

Seventy one patients from group I (69% intragroup), 6 from group II (86%) and 17 from group III (100%) were discharged 6 h after surgical operation. The remaining 33 patients were discharged no longer than 24 h after the procedure. No postoperative bleeding was recorded. Postoperative pain required oral analgesia in 73 patients (67 from group I, four from group II and two from group III). One week after the operation, the most significant complaints were endonasal tightness (108 patients, 85%), mucous crusting (96 patients, 75.6%), paranasal paresthesias (47 patients, 37%) and epiphora (one patient, 0.8%).

Conclusion

Inferior submucosal turbinoplasty using controlled electrofulguration is a safe, comfortable and effective procedure to be performed on an outpatient basis.

Review of Unprogramed Hospital Admissions in a Program for Integrated Ambulatory Surgery

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Cirugia Mayor Ambulatoria 2001; 5(4)

We studied the rate and etiology of hospital admissions during the first year of operation of an integrated ambulatory surgery unit, in a newly created hospital. The period studied was from March 1998 to March 1999. A total of 1430 patients underwent surgery in an ambulatory regime, which accounted for 51.7% of ambulatory surgery, with a substitution index of 63.22%. The type of anesthesia was general in 28.4%, intradural in 19.4%, regional intravenous anesthesia or blockade of plexus and peripheral nerves in 10.2%, and retrobulbar in 41.8%. Seven point eight percent of the total, 113 patients, were admitted into hospital, as whom 27 patients were admitted due to the anesthesia (1.8%), principal etiologies were: vomiting, unbalance and dizziness when walking and urinary retention. Out of 195 patients operated for tension free hernioplasty, nine (4.6%) were admitted because of the anesthesia.

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El Control de Calidad en Cirugía Mayor Ambulatoria

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Cirugia Mayor Ambulatoria 2001; 6(1)

Objective

To evaluate the quality of the Outpatient Surgical Unit (OSU) of the University Hospital 'V. Arrixaca' during its first 3 years of operation (1997–1999), using a list of commonly used clinical indicators, mainly for the analysis of processes and results.

Patients and methods

A retrospective study of patients undergoing surgical procedures from ten different specialities, during the period 1997–1999. During this period, the Unit changed from an integrated system to an independent one. Data were processed by the Evaluation Unit of the Sub-direction for Information Systems. Indicators used were: substitution index, protocolization of admission in the S.W.L, cancelled procedures, rate of patients who required hospitalization, readmission index and complaints. To determinate the quality perceived by the user, an external agency carried out an inquiry about the degree of satisfaction and attention received. Three hundred and nineteen phone calls were made asking seven specific questions.

Results

The introduction period of the OSU was brief. The substitution index of some procedures reaches 100%, and the variety and complexity of procedures has increased progresively.

Conclusions

The introduction of the OSU has involved a significant increase of all the surgical activity, because inpatient surgery has maintained the same volume, although inducing an improvement of its quality indicators, and therefore the system's efficiency. The quality indicators evaluated were very favourable. Finally, the quality perceived by the user was very high.

Análisis de la Casuística (Case Mix) de la Sección de Otorrinolaringología de la Unidad de Cirugía Mayor Ambulatoria

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Cirugia Mayor Ambulatoria 2001; 6(1)

Objective

Analysis of case mix reports gathered by the hospital's information systems and their accuracy in reflecting the activity of the Ear, Nose and Throat section of the Outpatient Surgical Unit of the Hospitales Universitarios Virgen del Rocío.

Material and methods

The study was performed as a retrospective comparison of patients who underwent ENT outpatient surgical procedures over the period of 1 year (1998). The case mix report of the DRGs was compared to the data registered by the Department of ENT of the Hospitales Universitarios Virgen del Rocio.

Results

Eight hundred and sixty one patients underwent sur-

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gical treatment, 96% as ambulatory surgery. We recorded a mean stay of 1.04, outstripping the standard average stay of 2.51. A hospital stay impact of 1.320 was observed. We reached 495.96 DRG points through a DRG mix of 0.55 and a functional mix of 0.41. Clinical procedures were as widespread as 30 DRGs, and 39% were other than 060 DRG (adeno-amigdalectomy in the under 17s). Up to 1% of the patients were in a wrong in DRG grouping. Re-admissions were not properly reported.

Conclusions

DRG case mix analysis is a useful tool to be acquainted with to gather a clinical Unit's genuine activity. It also reports the efficiency in hospital management of resources. Nevertheless, this analysis must be subject to critical appraisal to solve relevant information deficiencies including the whole clinical activity. Audits of case mix reports complete the evaluation of the quality of the process.

Esfinterotomia Lateral Interna en la Fisura Anal Cronica

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Cirugia Mayor Ambulatoria 2001; 6(1)

This study gives our experience, over the last 5 years (1995–1999), in this surgical technique for the treatment of chronic anal fissure in the Outpatient Surgical Unit of the Complexo Xeral Calde of Lugo (UCA).

This is a retrospective study of a total of 72 patients, 51 (71%) of which were women and 21 (29%) were men. Average age was 39, ranging from 21 to 65. Average time of evolution of the fissure was 10.5 months (6 months–5 years)

Dolor Postoperatorio y Tratamiento Del Saco en Las Hernias Inguino-Crurales (Invaginación-Resección): Estudio Preliminar

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Cirugia Mayor Ambulatoria 2001; 6(2)

Introduction

It has been the goal of this prospective and open investigation to find out if after the surgical repair of inguinofemoral hernias, postoperative pain is influenced by the type of procedure used on the hernial sac (invagination or resection).

Patients and methods

Between July and October 1998, at the Ambulatory Surgical Unit in the General University Hospital of Valencia, 76 patients underwent surgery (67 men and nine women; MA 53.9 ± 12.5; limits 25–83) for inguinal or femoral hernias. The surgical technique employed for the repair of inguinal (direct, indirect and mixed) and femoral hernias was a personal variation of Lichtenstein's tension-free hernioplasty using either a plug, a mesh or a plug + mesh. Out of the total of patients operated on, 13 had bilateral hernias which were repaired during the same surgical procedure. The anaesthetic technique employed was monitorized anaesthetic care (MAC) plus local anaesthesia in bilateral hernias. Postoperative pain was measured with a visual analogical scale (VAS) and depending on the dose, in mg, of magnesic metamizol taken for 6 days after the operation.

Results

Invagination of the hernial sac was performed in 66 (74.2%) cases while resection was performed in 23 (25.8%). In relation to pain, no statistical difference was found (invagination or resection) ($P > 0.05$) in the first 6 postoperative days. Only through the double variant analysis between the pain variation and the number of repairs (unilateral or bilateral hernias) performed in the same operation, was there any significant statistical difference, during the first postoperative day ($P < 0.05$). Analgesic consumption was not affected by gender or age.

Conclusion

Results lead us to the conclusion that the use of either procedure, invagination or resection, of the hernial sac does not seem to influence postoperative pain.

Fístula Anal y Cirugía Mayor Ambulatoria: Utilidad de la Ecografía Endoanal en la Selección de los Pacientes

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Cirugia Mayor Ambulatoria 2001; 6(2)

Introduction

After an adequate selection of patients most proctological surgery can be performed as a 1-day procedure. Simple anal fistula is a frequent pathology in any program of ambulatory surgery. On the contrary complicated fistula would require hospitalization. Anal endosonography has become the most helpful tool in selecting patients with anal fistula for ambulatory surgery.

Aim

To analyse the value of anal endosonography in the preoperative selection of patients with anal fistula.

Material and methods

From March 1996 to December 1999, 25 patients complaining of complex anal fistula (group I) and 25 with a simple fistula (group II) were preoperatively studied by anal ultrasonography with a B&K Medical machine with the 1850 probe and a 10 MHz transducer. Hydrogen peroxide was used to enhance the image resolution.

Results

Clinical examination had classified the patients in complex (group I) and simple fistulas (group II). After the anal ultrasound, patients were re-classified: 15 out of 25 from group I were already complex as well as five of the 25 from group II. Therefore, anal sonography changed the surgical strategy in 15 cases.

Summary

Anal endosonography may assist in the decision-making for fistula in ano. It offers a good view of the anatomy of the anal canal and the fistula track. Therefore anal ultrasound is of great help in selecting patients with fistula for 1 day surgery.

¿Hay un Limite de Distancia Para Seleccionar los Pacientes que van a ser Operados en Régimen Ambulatorio?

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Cirugia Mayor Ambulatoria 2001; 6(2)

Since 1996, the Hospital Geral de Santo António (HGSA)-Porto, Portugal, performs, under general anaesthesia, neuromuscular biopsies in children from all over the country, as outpatients.

In this study the authors settled the question of the safety of this kind of surgery, that goes against the guidelines usually proposed for day surgery.

This prospective study included 50 ASA I, II and III children, proposed for neuromuscular biopsies in the Day Surgery Unit (DSU) of HGSA, assigned to three groups:

Group A ($n = 17$): children living less than 30 min away from the DSU

Group B ($n = 15$): children living between 30 and 60 min away from the DSU

Group C ($n = 18$): children living more than 60 min away from the DSU

All children were operated on under combined anaesthesia (general intravenous with infiltration of skin/peripheral nervous block). All the complications, such as pain, haemorrhage, nausea and vomiting were assessed. There was no statistical difference between the three groups. All the children went home the day of surgery and none of them needed to be readmitted during the 30 days following surgery.

Based on these results it seems that, for some types of surgery, like neuromuscular biopsies, distance must not be a limiting criteria for a proper day case selection.

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Postoperative pain and treatment of hernial sac in inguinofemoral hernias (invagination-resection): a preliminary study pp. 74-85

C. ZARAGOZA FERNÁNDEZ, H. Bebek Herrero, S. Castaño Conesa, L. Olavarrieta Masdeu, R. García-Aguado, M. Vivó Benlloch, C. Martínez Aparicio
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Cirugia Mayor Ambulatoria 2001;6(2)

Introduction: It has been the goal of this prospective and open investigation to find out if after the surgical repair of inguinofemoral hernias, postoperative pain is influenced by the type of procedure used on the hernial sac (invagination or resection).
Patients and methods: Between July and October 1998, at the Ambulatory Surgical Unit in the General University Hospital of Valencia, 76 patients underwent surgery (67 men and nine women; MA 53.9 ± 12.5; limits 25–83) for inguinal or femoral hernias. The surgical technique employed for the repair of inguinal (direct, indirect and mixed) and femoral hernias was a personal variation of Lichtenstein's tension-free hernioplasty using either a plug, a mesh or a plug + mesh. Out of the total of patients operated on, 13 had bilateral hernias which were repaired during the same surgical procedure. The anaesthetic technique employed was monitorized anaesthetic care (MAC) plus local anaesthesia in bilateral hernias. Postoperative pain was measured with a visual analogical scale (VAS) and depending on the dose, in mg, of magnesic metamizol taken for 6 days after the operation.
Results: Invagination of the hernial sac was performed in 66 (74.2%) cases while resection was performed in 23 (25.8%). In relation to pain, no statistical difference was found (invagination or resection) ($P > 0.05$) in the first 6 postoperative days. Only through the double variant analysis between the pain variation and the number of repairs (unilateral or bilateral hernias) performed in the same operation, was there any significant statistical difference, during the first postoperative day ($P < 0.05$). Analgesic consumption was not affected by gender or age.
Conclusion: Results lead us to the conclusion that the use of either procedure, invagination or resection, of the hernial sac does not seem to influence postoperative pain.

Fistula-in-ano and ambulatory surgery: use of endoanal ultrasonography in selection of patients

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Cirugia Mayor Ambulatoria 2001;6(2)

Introduction: After an adequate selection of patients most proctological surgery can be performed as a one-day procedure. Simple anal fistula is a frequent pathology in any program of ambulatory surgery. On the contrary complicated fistula would require hospitalization. Anal endosonography has become the most helpful tool in selecting patients with anal fistula for ambulatory surgery.
Aim: To analyse the value of anal endosonography in the preoperative selection of patients with anal fistula.
Material and methods: From March 1996 to December 1999, 25 patients complaining of complex anal fistula (group I) and 25 with a simple fistula (group II) were preoperatively studied by anal ultrasonography with a B&K Medical machine with the 1850 probe and a 10 Mhz transducer. Hydrogen peroxide was used to enhance the image resolution.
Results: Clinical examination had classified the patients in complex (group I) and simple fistulas (group II). After the anal ultrasound, patients were reclassified: 15 out of 25 from group I were already complex as well as five of the 25 from group II. Therefore, anal sonography changed the surgical strategy in 15 cases.
Summary: Anal endosonography may assist in the decision-making for fistula in ano. It offers a good view of the anatomy of the anal canal and the fistula track.

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Therefore anal ultrasound is of great help in selecting patients with fistula for one-day surgery.

Is there a distance limit when selecting patients for ambulatory surgery?

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Cirugia Mayor Ambulatoria 2001;6(2)

Since 1996, the Hospital Geral de Santo António (HGSA)-Porto, Portugal, performs, under general anaesthesia, neuromuscular biopsies in children from all over the country, as outpatients. In this study the authors settled the question of the safety of this kind of surgery, that goes against the guidelines usually proposed for day surgery.
This prospective study included 50 ASA I, II and III children, proposed for neuromuscular biopsies in the Day Surgery Unit (DSU) of HGSA, assigned to three groups:

Group A ($n = 17$): children living less than 30 min away from the DSU
Group B ($n = 15$): children living between 30 and 60 min away from the DSU
Group C ($n = 18$): children living more than 60 min away from the DSU

All children were operated on under combined anaesthesia (general intravenous with infiltration of skin/peripheral nervous block). All the complications, such as pain, haemorrhage, nausea and vomiting were assessed. There was no statistical difference between the three groups. All the children went home the day of surgery and none of them needed to be readmitted during the 30 days following surgery.
Based on these results it seems that, for some types of surgery, like neuromuscular biopsies, distance must not be a limiting criteria for a proper day case selection.

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Organisation and planning of an outpatient surgical unit (OSU)

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Cirugia Mayor Ambulatoria 2001;6(3):156–161

Introduction: When creating the OSU, the objectives were: to reduce waiting lists, to make the most of human and material resources, to develop and implement innovative surgical techniques, and above all, to solve patient's pathologies with health care quality equal to or better than inpatient surgery, as well as providing an experience as satisfactory as possible. The unit has greatly helped to solve the problems of non-critical pathologies in patients who used to be admitted.

Patients and methods: The 'combined use' unit opened on 4th October, 1999. It has six beds, six reclining chairs, and monitoring and resuscitation equipment. It is open Monday to Friday from 07:30 to 21:30 h, and is staffed with two nursing shifts. Care was provided for INSALUD tracked DRG pathologies. All the surgical departments participated, with clinical, nursing care and anaesthesia protocols.

Results: As of 4th April, 2000, care has been provided for 814 patients: 457 male, 357 female; average age: 54.1 years; workload: General surgery, 190 patients, Gynaecology, 158, Orthopaedics, 153 and Ophthalmology, 109. Outpatient rate: Surgery 61%, Ophthalmology 95% cataracts; types of anaesthesia: local 45.5%, local plus sedation 29%, general 16% and spinal 6.5%. Average stay: 3 h 7 min; admissions 2%, re-admissions 0.2%, ER 0.3%. In all, 98% of the OSU patients rated their satisfaction as 'Excellent'.

Conclusion: Outpatient surgery provides an optimal solution for selected surgical pathologies, liberates hospital resources, and reduces delays on surgical waiting lists. Acceptance by the general public will be good as long as the caregivers provide enough information and reassurance. Perceived image of the hospital, and public healthcare in general, improves with its implementation, with excellent satisfaction rates highlighting the quality and personalised care provided.

Psychological disorders in paediatric patients undergoing surgery. A comparative study: ambulatory versus inpatient surgery

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Cirugia Mayor Ambulatoria 2001;6(3):162–165

Surgical procedures in childhood produce psychological effects on patients. Hospital admission is one of the most important factors to bear in mind. In this retrospective study, we analyse the incidence of psychological disorders in 240 paediatric patients aged 1–16 years undergoing surgery between 1.1.98 and 1.12.98 in the Paediatric Surgical Department of the 'Marqués de Valdecilla' Hospital. In 101 cases, the procedure was undertaken as Ambulatory Surgery (AS), and in 139 cases as Inpatient Surgery (IS).

The most frequent disorders were those related to feeding habits, in 41 cases (19.5% MAS/80.5% IS). Increased appetite was the most common. Behavioural disorders were referred in 39 patients (36% MAS/44% IS). Sleeping disorders were present in 37 cases, especially in those patients staying at the hospital (27% MAS/73% IS). Regarding family satisfaction, it was high in both procedures, being higher for admitted patients. We believe it was due to inadequate information to parents who sometimes identify hospital admission with a high degree of security.

Our results show additional advantages for Ambulatory Surgery, specially regarding the psychological aspects, so important in paediatric patients.

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