



ELSEVIER

Ambulatory Surgery 5 (1997) 37-46

**Ambulatory
Surgery**

Brief reviews of selected nursing articles related to ambulatory surgery

D. Green *

Kingston, Surrey, UK

ALDERMAN, C. (1990)

Day Tripper

Nursing Standard Vol. 4 No. 40 pp. 22-23

Based on the 12 year history of the SDU at Barnet, UK. The criteria for patient selection is discussed as is the booking system.. Emphasis is placed on good written information to be given to patients and for this to be reinforced by the nurse. Another use for the unit besides surgery is for diagnostic treatments.

ALLEN, D. (1994)

Nursing Staff Contributions Aid Ambulatory Eye Surgery Efficiency

Journal of Ophthalmic Nursing and Technology Vol. 13 No. 1 pp. 11-13

In Sunderland, a multidisciplinary approach was taken when they established their new DSU for ophthalmics

- multidisciplinary notes
- nurse assessment and eye examination, exploration of day surgery and possible complications
- nurse stays with patient during surgery and writes in pre-printed operation notes
- nurse undertakes 1st day post-op visit to home if patient cannot get to hospital
- named nurse concept

AMERICAN SOCIETY OF OUTPATIENT SURGEONS (ASOS) MEETING (1987)

Ambulatory surgery meeting stresses quality of care
A.O.R.N. Journal Vol. 45 No. 5 pp. 1191-1198

A summary of the American Society of Outpatient Surgeons meeting which discussed an accreditation scheme. The scheme was used to improve the quality of care and contains 17 standards which are outlined. The final section includes some material on risk management.

AUGUSTIN, P. and HAINS, A. (1996)

Effect of Music on Ambulatory Surgery Patient's Pre-operative Anxiety

A.O.R.N. Journal Vol. 63 No. 4 pp. 750-758

This article commences with a good literature review of the research already performed in relation to music and anxiety. Drawing on the recommendations of these previous studies, the authors performed an experimental study on 42 patients. The experimental group had patient education and own choice of music. The control group just had patient education. Very interesting discussion at the end with recommendations for further studies.

AVIS, M. (1994)

Choice Cuts: An Exploratory Study of Patients' Views About Participation in Decision Making in a Day Surgery Unit

International Journal of Nursing Studies Vol. 31 No. 3 pp. 289-298

The subjects were 20 patients undergoing hernia repair in a DSU. 12 were studied by non-participant observation and 10 were interviewed at home post-operatively. Emergent themes make very interesting reading for all those involved in day surgery patient care.

BATES, J. (1994)

Reducing Fast Times in Paediatric Day Surgery

Nursing Times Vol. 90 No. 48 pp. 38-39

Useful pre-operative information for parents on morning and afternoon starving. Clinical nursing research which produced a reduction in fasting times with excellent results over a 1 year period from September 1992 to 1993 (for both minimum and maximum fast times).

BICKLER, B. (1994)

Putting Patient Focused Care into Practice

A.O.R.N. Journal Vol. 60 No. 2 pp. 242-245

* 17 Tadworth Avenue, New Malden, Surrey, KT3 6DJ, UK.

The use of a patient focused approach to operating department nursing — but could just as easily apply to the day surgery environment. The four elements of the model discussed are:

- staff member empowerment and cross-training
- decentralisation
- patient care teams
- computerisation

Bickler sees the outcomes as open communication, the manager as change agent and that the model is measurable.

BOURNE, A. (1992)

A Paediatric Day Service

British Journal of Theatre Nursing Vol. 2 No. 3 p. 17

A synopsis of changes made to accommodate children (including those for day surgery) in a new District General Hospital. The changes followed a visit to a dedicated children's hospital.

BRAY J., POWELL, J., LOVELOCK, R., PHILIP, I. (1995)

Using a Softer Approach. Techniques for Interviewing Older People

Professional Nurse Vol. 10 No. 6 pp. 350–353

Although not specifically to do with day surgery, there are parts of this article which may be of use —

1. it mentions interviewing skills with the elderly
2. issues surrounding the presence of carers who may support the elderly patient.

BRYKCYNSKA, G. (1995)

Ethics of Day Surgery for Children

Surgical Nurse Vol. 8 No. 1 pp. 11–13

Re-iterates the important points when caring for children in the day surgery environment. Most importantly

- staffing requirements
- honesty and keeping faith with older children and family
- consent for surgery
- fair distribution of paediatric resources

BURDEN, N. (1988)

National Conference: Ambulatory Track

Journal of Post Anaesthesia Nursing Vol. 111 No. 4 pp. 278–280

Main points of the American Society of Post-Anaesthetic Nurses (A.S.P.A.N.) when the ambulatory surgery arena was discussed —

- children
- anaesthetics
- management
- nurse as marketing agent
- quality assurance

BURNS-STEWART, S.M. (1987)

Who is Your Same Day Surgery Learner?

Perioperative Nursing Quarterly Vol. 3 No. 2 pp. 14–18

A rather confusing title — it actually relates to the patient and what they need to know about Day Surgery. It discusses the learning environment for the patient and the role of the nurse as educator. Another comparison of teaching methods — 1:1, group teaching and the production of booklets.

CALDWELL, L.M. (1991)

Surgical Outpatient Concerns

A.O.R.N. Journal Vol. 53 No. 3 pp. 761–763, 766–767

The patients having day surgery for the first time involved in a research study. The qualitative part involved interviews and questionnaires asking patients their preferences for information and self-care and how these may influence pre-operative stress and coping. Six broad areas of concern were identified from their responses — professional care, information, the process of surgery, health outcome, recovery process, personal vulnerability. Discussion of the nurses role.

CARRINGTON, S. (1990)

Day Care: The Changing Face of Day Surgery

British Journal of Theatre Nursing Vol. 27 No. 1 p. 19

The pitfalls of a relatively new unit. How they set up a Quality Control Team to analyse their difficulties and see how they could be improved. These included re-decorating the unit, adopting a standard care plan and updating written and verbal instructions.

CARRINGTON, S. (1993)

Day Surgery in Bristol

British Journal of Theatre Nursing Vol. 2 No. 11 pp. 12–15

An overall summary of nursing care specifically in Bristol. It is divided into the following sections:

- patient selection
- appointment booking system
- organisation of lists
- staff involvement in the DSU
- discharge of patient from DSU
- monitoring the care given

CHAPMAN, A. (1996)

Current Theory and Practice: a Study of Pre-operative Fasting

Nursing Standard Vol. 10 No. 18 pp. 33–36

An excellent article summarising the literature on pre-operative fasting. Overall, patients are still being fasted for too long a period. Towards the end of the article day surgery is mentioned and the inter-relationship with information-giving.

COLLISS, V. (1990)
Pre- and Post-operative Management
Paediatric Nursing Vol. 2 No. 5 (?) June pp. 16–17

This does not deal specifically with day surgery but it does highlight the importance of good communication (written and oral) to avoid confusion for the parents of children undergoing surgery.

CONNOLLY, M.L. (1991)
Ambulatory Surgery and Prepared Discharges — Effects on Orthopaedic Patients and Nursing Practice
Nursing Clinics of North America Vol. 26 No. 1 pp. 105–112

Influences on a changing health care system — cost, technology and consumerism. The need for staff preparation to ensure a successful ambulatory surgery programme is mentioned. Connolly explains the use of the nursing process, including the need for assessment and discharge to go together.

CRAMER, C. (1988)
Ambulatory Surgery: Nursing Considerations
Current Reviews for Post Anaesthesia Care Nurses Vol. 9 Lesson 22 pp. 174–180

An article from an American Recovery nurses journal. The lesson objectives at the start of the article related to the post-study questions at the end. It covers types of facilities, scope of services, anaesthetic techniques, discharge planning. Good tables × 5.

DEARMUN, A. (1994)
Defining Differences: Children's Day Surgery
Surgical Nurse Vol. 7 No. 6 pp. 7–11

Highlights a useful mnemonic — children's needs DIFFER

D = Development differences

I = Information

F = Family-centred care

F = Facilities

E = Environment

R = Referral

and each of these points is expanded upon.

DOBSON, F. and DOBSON, M. (1993)
Eye Contact
Nursing Times Vol. 89 No. 39 pp. 26–29

This highlights the specific care necessary for this speciality group — particularly psychological care and practical hints to give quality care.

DOROSHAW, M.L. and LONDON D.L. (1988)
Surgery and Children
A.O.R.N. Journal Vol. 47 No. 3 pp. 696–697, 700

Article based on the production of a pre-operative colouring book for children being admitted for day surgery. The emphasis being on the preparation of the family in their own environment.

DOUGHERTY, L. and STUTTAFORD, J. (1993)
Turning Over a New Leaflet
Nursing Times Vol. 89 No. 45 pp. 46–48

An article about patient information for cancer sufferers but it has some interesting points day surgery nurses may wish to take 'on board'.

1. Patients are more interested in learning about self-care than disease/condition.
2. Space allowed for individual comments and questions (organise life for admission, e.g. child care).
3. Space to individualise it to the patient, i.e. name and admission date.
4. Knock-on communication advantages for the primary health care team.

DUTTON, K. (1995/96)
Multiskilled Nurse at Centre of Day Surgery Success
Nursing and Health Care (4) p. ix

The role of the day surgery nurse (at Addenbrooke's Hospital, Cambridge) is examined. The multiskilling aspect is considered from the nurses viewpoint —

- pre-assessment
- ward nursing
- theatre nursing
- recovery nursing

EDDY, M. and COSLOW, B. (1991)
Preparation for Ambulatory Surgery: A Patient Education Programme
Journal of Post Anaesthesia Nursing Vol 6. No. 1. pp. 5–12

Use of the Systems Evaluation of Patient Education Model.

INPUT = preparation of all staff and the patient.

THROUGHPUT = Assessment of Needs

OUTPUT = Patient Education Programme

OUTCOME/FEEDBACK = Staff attitudes and patient behaviours

EDMONDSON, M. and BILLINGS, J. (1995)
G.P. Fundholders: Marketing Day Surgery — A Personal View
Surgical Nurse Vol. 8 No. 2. pp. 29–31

Article looks at the links between marketing and selling. It considers who 'major' and 'minor' purchasers are and gives a framework for promoting day surgery. The main points of this framework are — quality assurance, targeting General Practitioners and targeting patients and the general public.

FRITH, F. (1991)
Pain after Day Surgery
Nursing Times Vol. 87 No. 40 pp. 72/74/76

A very unobtrusive article with very far-reaching consequences for those in the day surgery speciality. A questionnaire was drafted and given to 1000 patients

regarding their pain following day surgery. The Q is included in the article (with the authors results). Only adults were subjects. As a result of the survey, practice was changed. Staff ensured adequate pain relief at home and patients were advised to consult their General Practitioners should pain persist.

GAMOTIS, P.B., DEARMAN, V.C., DOOLITTLE, N.O. and PRICE, S.C. (1988)

In-patient Versus Out-patient Satisfaction
A.O.R.N. Journal Vol. 47 No. 6 pp. 1421–1422, 1424–1425

Subjects were 99 inpatients and 84 outpatients between the ages of 18 and 65 who had elective surgery with no surgical complications. Data collection instrument was the Patient Satisfaction Instrument originally devised by Riser in 1975 as a questionnaire. In the discussion at the end it states “the comparison between outpatients and inpatients revealed that outpatients were significantly more satisfied with their nursing care”. This is followed by possible reasons for this situation.

GREEN, D. (1994)

Responding to Local Needs
Nursing Standard Vol. 8 No. 4 p. 21

Creation of the day surgery modules in the South Bank University INSET framework.

GREEN, D. (1995)

Patient Assessment for Day Surgery
British Journal of Theatre Nursing Vol. 5 No. 1 pp. 10–12

An overview of pre-assessment in Day Surgery giving consideration to

- (a) a nursing perspective
- (b) role of the theatre nurse

HAMBIDGE, M.C. (1987)

Laparoscopy: A Revolution in Gynaecological Surgery
Today's O.R. Nurse Vol. 9 No. 4 pp. 30–37

A very good article on gynaecological laparoscopy (generally not specific to day surgery). Covers history, indications, contraindications, pre-operative preparation, operative phase including procedure, recovery care, complications and the future.

HAWKSHAW, D. (1994)

A Day Surgery Patient Telephone Follow-up Survey
British Journal of Nursing Vol. 3 No. 7 pp. 348–350

A telephone survey undertaken for 1 year to ascertain patient satisfaction on a number of issues surrounding day surgery care.

HICKS, F. (1992)

The Power of Music
Nursing Times Vol. 88 No. 41 pp. 72–74

An article outlining the effects of music on patients coming to the operating theatre. It has implications for a main theatre and a day surgery theatre environment.

HODGE, D. (1994)

Introduction to Day Surgery
Surgical Nurse Vol. 7 No. 2 pp. 12–16

An article overviewing current day surgery practice. It gives consideration to the nurse's role and nurse education. Tables include routine day surgery procedures and A.S.A. classifications.

HODGE, D. (1994)

Hernias
Surgical Nurse Vol. 7 No. 4 pp. 5–8

A definition of a hernia, types of hernia, day surgery routine, and discharge at follow-up are all covered in this article.

HUDDLESTON, K.R. (1994)

Strabismus Repair in the Paediatric Patient
A.O.R.N. Journal Vol. 60 No. 5 pp. 754–760

This article covers the pathology of squint, the surgical procedures, pre-operative teaching and patient care. It concludes with post-operative care and discharge instructions. Good overview for anyone new to ophthalmics.

HUNG, P. (1992)

Pre-operative Fasting
Nursing Times Vol. 88 No. 48 pp. 57–60

A replication study of Stephanie Hamilton-Smith's research 'Nil by mouth' in 1972. A good section on related research. Findings related mainly to traditional routine and there was no uniformity with this practice. Seven out of 39 qualified nurses did try to individualise fasting regimes for patients. The fear of ever-changing operating lists was a significant factor which contributed to the patients' prolonged fasting (not an issue in DSU). However, it does go on to say that patients know they had to fast but that none had the reasons for the dietary restriction explained to them.

Conclusion — very little has changed in 20 years!

Recommendations — multidisciplinary negotiation — establishment of hospital policy

HUTCHINGS, P. (1995)

Advances in Anaesthesia, Some Recent Developments in Techniques for Short Stay Surgery
British Journal of Theatre Nursing Vol. 5 No. 1 pp. 13–15

An English article which covers much the same material as Galletly (1990) a New Zealand article

- Includes
- i.v. anaesthesia

inhalational agents
analgesia
the future (the search for drugs which reduce 'hang-over', better analgesics and longer acting L.A).

JAMES, J. (1995)

Day Care Admissions

Paediatric Nursing Vol. 7 No. 1 pp. 25–31

An article related to paediatrics. Covers four main areas —

- * The need for paediatrics day care facilities
- * the benefits to the child and family
- * suitable operations/treatments
- * principles of successful organisation for paediatric day care

JOSEPH, A.C. (1990)

Ambulatory Care: An Objective Assessment

Journal of Nursing Administration Vol. 20 No. 2 pp. 27–33

A review of existing literature led the author to realise that she had to create a new tool for categorising and qualifying nursing activities in ambulatory care. She discusses the history of the tool and how the 47 activities (originally identified by Verran and modified by Tighe) were sorted into the G.R.A.S.P. workload management categories of direct care, indirect care, unit related activities, personal time and 'other'. Its use was to develop staffing standards by identifying nursing tasks.

KEMPE, A.R. (1987)

Patient Education for the Ambulatory Surgery Patient
A.O.R.N. Journal Vol. 45 No. 2 pp. 501–504, 506–507

Patient assessment and the creation of a teaching plan for ambulatory surgery patients. The importance of interpersonal skills. The difference between teaching adults and children. A table showing advantages and disadvantages of different teaching strategies. The importance of nursing documentation.

KHADIM, N., PENNY, L., WRIGHT, S. and MATIN, M. (1991)

Setting up a Local Endoscopy Service

Nursing Standard Vol. 6 No. 10 pp. 24–26

This article discusses the advantages and disadvantages of setting up endoscopy provision for elderly care patients in the North of England. Not an SDU article but the layout could be beneficial for those setting up such a facility.

KLEINBECK, S. and HOFFART, N. (1994)

Outpatient Recovery after Laparoscopic Cholecystectomy

A.O.R.N. Journal Vol. 60 No. 3 pp. 394–402

A qualitative study of 19 patients who underwent day surgery laparoscopic cholecystectomy. They used semi-structured post-operative telephone interviews. They particularly looked at the patients return to usual self either by progressive activity or self-care management. It reveals patients views on their recovery and additionally discusses the implications for nurses when discharging these patients.

KUPFERER, S.S., UEBELE, J.A. and LEVIN, D.F. (1988)

Geriatric Ambulatory Surgery Patients — Assessing Cognitive Functions

A.O.R.N. Journal Vol. 47 No. 3 pp. 752–755, 758–762, 764–766

The authors discuss care of the elderly patient coming to SDU through assessing cognitive functions namely, memory, intelligence, thinking, learning and problem solving. It provides a simple outline care plan which could be used as a framework within units —

- pre-operative
- day of surgery
- intra-operative
- post-operative
- day after surgery

LAURENT, C. (1991)

Time to go Home?

Nursing Times Vol. 87 No. 11 pp. 30–31

Looks at the common complaints made by parents in relation to paediatric day surgery. A brief summary of the Report 'Just for the Day'. The shortcomings of the present system for children and the need for growth and improvement in the future.

LEIGH, B. (1995)

Day Case Surgery — The Paradoxical Revolution

British Journal of Health Care Management Vol. 1 No. 5 pp. 409–410

An article from a new management journal. It considers some of the problems of day surgery and the implications of these problems — for instance — poor delegation, failure of communication, the vital element of assessment, medical negligence. Bolam standard (as a point of law) is mentioned a couple of times.

LEWIN, J. and RAZIS, P. (1995)

Prescribing Practice of Take-Home Analgesia for Day Case Surgery

British Journal of Nursing Vol. 4 No. 18 pp. 1047–1051

An article regarding two 6-week audits looking at pain following day surgery and the drugs prescribed. The results and discussion concentrated on six points — level of pain, activities of living, information-giving, effectiveness, doctor contact and the perception of day surgery.

MACKINTOSH, C. (1994)

Do Nurses Provide Adequate Post-operative Relief?
British Journal of Nursing Vol. 3 No. 7 pp. 342–347

Although this study was based on inpatients, the surgical areas of treatment all correspond to those commonly performed in the DSU. Nurses still appear to lack basic drug knowledge and these problems have existed for 20 years +!

MARKANDAY, L. and PLATZER, H. (1994)

Brief Encounters

Nursing Times Vol. 90 No. 7 pp. 38–42

An in-depth look at pre-assessment for day surgery patients including the criteria, the use of a nursing model and pain control.

MILLAR, J.M. (1988)

Day Case Surgery — An Anaesthetic Perspective

NATNews Vol. 25 No. 2 pp. 17–18

Introduction outlining the development of Day Surgery from beginning of the century. Discussion of anaesthetic day surgery problems

- patient selection
- selection of operations
- pre-operative preparation
- organisation of the unit (including monitoring equipment)
- choice of drugs for G.A.
- criteria for discharge from recovery

MUDIE, S. (1992)

Evaluating Day Care

Nursing Vol. 5 No. 7 pp. 22–23

This article follows an eye unit which set up day case facilities alongside its normal 3-day inpatient service. Initially the first 100 patients were audited with a highly successful satisfaction rate. They then went on to develop a second audit tool which was used during the discharge interview. From the second tool, action was taken in the form of standard statements.

MURPHY, S. (1994)

Pre-operative Assessment for Day Surgery

Surgical Nurse Vol. 7 No. 3 pp. 6–9

Describes the creation of a pre-assessment clinic with the functions of such a clinic, recommendations/guidelines for utilisation of the clinic, how patient suitability is assessed and the benefits of such a clinic.

NATIONAL ASSOCIATION of THEATRE NURSES (1992)

Principles of Safe Practice in the Operating Theatre

Care of the Patient undergoing Day Surgery Harrogate: N.A.T.N.

These six pages comprise a new section of the NATN folder entitled 'Principles of Safe Practice in the Operat-

ing Theatre' which was published in 1992. It discusses seven specific areas for consideration including assessment, admission, peri-operative care, recovery and evaluation. It would have been helpful if it had cross-referenced with other articles in the same folder, e.g. electro-cautery precautions.

NEILL, S. (1995)

Fasting for Day Surgery: The Parental Role

Paediatric Nursing Vol. 7 No. 2 pp. 20–23

An excellent critical analysis of fasting for children undergoing day surgery. The following headings are pursued —

- * current fasting guidelines
 - * rationale for fasting
 - * shortening the fast with implications for practice
- The conclusion raises a number of issues worthy of further research.

NEWS (1993)

Treasury 'will not bail out NHS Trusts'

Nursing Standards Vol. 8 No. 10 p. 14

A prediction by a junior health minister about the future of day surgery: —

- ↑ minimal invasive techniques
- ↑ control by G.P.s
- ↓ beds
- ↓ length of stays

NEWS (1994)

Contributions (Various) from 2 day conference on Day

Surgery at Café Royal London on 22/23 February 1994

Nursing Times Vol. 90 No. 9 pp. 8–9

Contributions by:—

Moira Edmundson

Bernadette Friend Nick Black/Tom Sackville

Erica Lowry

Lynne Berry

Elizabeth Sutherland

OBERLE, K., ALLEN, M. and LYNKOWSKI, P. (1994)

Follow-up of Same Day Surgery Patients

A.O.R.N. Journal Vol. 59 No. 5 pp. 1016–1025

Concerns a telephone follow-up questionnaire in two sections (1st gathered personal data, 2nd about patients post-operative course on the 4th post-op day. A Likert type rating scale was used. Sample was 294 patients. Their conclusion was that patients require guidelines against which they can gauge their progress.

OMEROD, B. (1987)

Peri-operative Nursing Care of the Elderly Outpatient

Perioperative Nursing Quarterly Vol. 3 No. 2 pp. 22–

26

An article considering the elderly day surgical patient. Covers the sociological aspects of an elderly population generally

- preoperative assessment
- intra-operative care
- post-operative care

PENN, S. (1990)

Day Surgery,
British Journal of Theatre Nursing Vol. 27 No. 10 pp. 3–4

A very good overview of the work of a day surgery unit — staffing, environment, patient selection, information and communication, recovery and discharge. Also briefly mentions the role of the nurse.

PETERSEN, C. (1992)

Post-operative Follow-up: Tracking Compliance and Complications
Seminars in Perioperative Nursing Vol. 1 No. 4 pp. 255–260

An American article on the importance of post-operative follow-up after discharge from ambulatory surgery. The article discusses the benefits of post-operative telephone calls and gives examples of guidelines to be followed and the relevant documentation.

PETTERSON, T. (1994)

How Readable are the Hospital Information Leaflets Available to Elderly Patients?
Age and Ageing 23 pp. 14–16

Excellent article explaining the use of the Gunning Fog Test of readability on hospital information leaflets (70). Of particular use are the tables on the second page — notably the one giving guidelines for good writing practice.

PIDCOCK, M. (1994)

It's a Family Affair
Nursing Standard Vol. 8 No. 34 pp. 20–22

The creation of a cardiology day care unit (8 bedded). Treatments are principally cardiac catheterisation and electrophysical studies. On admission a self-assessment is given to patients based on Orem's model. The nurses are multi-skilled to perform ECG, take blood and cannulate. Free rein for relatives. Creation of a health education nurse and patient satisfaction surveying.

POWNALL, M. (1995)

Pioneer Day Surgery Scheme Slims Down Procedures
British Journal of Health Care Management Vol. 1 No. 11 pp. 540–541

An overview of the South Staffordshire FASTRAK system of Day Surgery where patients can go in to the G.P. and come out with a date for day case surgery.

Tends to cover the advantages and not many of the disadvantages, e.g. patients could be coming to unfamiliar surroundings and staff.

RADFORD, P. (1990)

Physical and Emotional Care
Paediatric Nursing Vol. 2 No. 5 (?) June pp. 12–13

An article not specifically related to day surgery however it does address such paediatric issues as starving and pain relief.

RALPHS, D. (1994)

Is Day Surgery for You?
British Journal of Theatre Nursing Vol. 4 No. 1 pp. 4–8

An overview of day surgery from a patient perspective and includes the role of the nurse, pre-assessment and the link with discharge.

RAPER, J. (1992)

Practical Advice
Nursing Times Vol. 88 No. 36 pp. 26–27

Three day surgery case studies of patients who had returned to work and then found they were unable to cope. This occupation health nurse looked at common denominators of the patients referred to her in the previous 2 years. The one problematic area appeared to be upon discharge — the assumption being that a short stay in hospital necessitates only a short recuperation afterwards even when patients have undergone GA.

REID, S. (1992)

After the Big Sleep
Nursing Times Vol. 88 No. 36 p. 28

A discussion of numerous possible reasons why patients suffer post-operative fatigue

- the cocktail of drugs used for GA
- the length of starvation time
- anxiety
- blood loss = > anaemia
- diarrhoea following endoscopy

The particular issues surrounding day case patients who may assume they can resume their pre-operative lifestyle very quickly after surgery.

REYNOLDS, A. and MORGAN, M. (1991)

Day-to-day Image Problem
Health Service Journal Vol. 101 No. 5265 pp. 18–19

An examination of nurse's satisfaction with various aspects of day surgery work

- attractiveness of the hours
- job satisfaction (team work, relaxed atmosphere, provision of variety)

Two common attitudes held by nurses are that Day Surgery is (1) an easy option (light workload) (2) only lumps 'n' bumps. To conclude, it states that Day Surgery did not enhance career prospects.

ROBINSON, H. (1994)

An Unorchestrated Encounter — A User's Account of Day Surgery

Surgical Nurse Vol. 7 No. 4 pp. 28–30

A patient's account of day surgery. He highlights his views, feelings and perceptions from when he first receives his letter of admission for arthroscopy through to his first post-operative night. A 'must' for all day surgery staff.

SHARKAR, S. (1995)

Hand Surgery

Surgical Nurse Vol. 8 No. 3 pp. 15–18

Most elective hand surgery can be performed on a day basis. It starts with definitions of four common procedures and the use of L.A. blocks. The surgical procedure for carpal tunnel decompression is given and follows on with post-operative recovery, follow-up and information.

SHAW, D. (1989)

Insight into Short Stays

New Zealand Nursing Journal

Concerns the setting up in New Zealand of a short stay ward. How nearly two-thirds of patients were for day surgery. The role of the pre-assessment clinic. Excellent second to last paragraph commenting on some good psychological reasons for day surgery.

SMITH, H. (1993)

Day Release Cataracts

Nursing Times Vol. 89 No. 39 pp. 29–32

Results of a study of 100 patients undergoing cataract surgery under L.A. It looks particularly at pain during the administration of the L.A. and during the peri-operative phase.

SMITH, J.P. Editorial (1991)

Children Could Benefit From an Expansion in Day Care Services in British Hospitals.

Journal of Advanced Nursing Vol. 16 pp. 767–768

Essentially this is an overview of the Rosemary Thornes report from the CCHS called 'Just for the Day: Children admitted to hospital for Day Treatment'. Of particular interest are the 12 standards recommended by the report for any planned package for children.

SMITH, S. (1992)

Tiresome Healing

Nursing Times Vol. 88 No. 36 pp. 24–26

This article poses some interesting thoughts about planned discharge from hospital especially for the so-called 'routine' surgery. It isolates the gulf between being well enough to be discharged from hospital and well enough to return to normal life. Information giving tends to be very broad rather than very specific so

patients tend to complain. Patients should be looked at as individuals, especially their normal life.

SMITHSON, B. (1993)

Setting up a Day Unit in Ophthalmology

Nursing Standard Vol. 7 No. 51 pp. 25–29

A good overview of what is required in creating day case surgery for this special group of patients.

SNELL, J. (1993)

Room Service

Nursing Times Vol. 89 No. 5 pp. 16–17

Highlights the patient hotel ward at Kingston Hospital. It looks at the cost-effectiveness in terms of savings on nursing staff, the freeing of acute beds and no rigid systems for the patient to follow. It concludes with names of other hospitals following suit — St. Mary's Paddington, Guys and Liverpool.

STANFIELD, V. (1987)

Peri-operative Education: Changing to Meet Short-stay Needs.

Journal of Post Anaesthesia Nursing Vol. 2 No. 2 pp. 74–77

The change which occurred in one USA hospital in a 10 year period from in-patient admissions to out-patient admissions. She refers to the time constraints upon patient education and the need for quality information to be given. Her trials of various programmes — pre-surgical group education; video presentation; C.C.T.V. Eventually they combined a booklet with the C.C.T.V. video.

STEELMAN, V. (1990)

Intra-operative Therapy: Effects on Anxiety and BP. *A.O.R.N. Journal* Vol. 52 No. 5 pp. 1026–1034

A study of 43 day patients, one group had intra-operative music and the other did not. Tranquil music was delivered by headphones. Results were that music was as effective as verbal distraction to lower anxiety AND decreased both systolic and diastolic BP which distraction did not.

STEPHENSON, M. (1988)

The Case for Day Care Surgery

Nursing Times Vol. 84 No. 4 pp. 37–38

An article outlining initially the importance of post-operative observations in the recovery of day surgery patients. However, these are seen as not being performed for their own sake but for ascertaining a patient's readiness for discharge. This is followed by an examination of the nurse's role in day surgery, notably patient information-giving.

STEPHENSON, M.E. (1990)

Discharge Criteria in Day Surgery

Journal of Advanced Nursing Vol. 15 pp. 601–613

Seven categories are proposed to guide nurse's decision making. These are:

1. Mental state
2. Mobility
3. Pain
4. Eating and drinking
5. Elimination
6. Information/Education
7. Social factors

SUTHERLAND, E. (1991)

All in a Day's Work

Nursing Times Vol. 87 No. 11 pp. 26–30

Based on provision of SDU at Addenbrooke's, Hospital, Cambridge. Mentions individualised care based on the orem self-care model of nursing. She discusses the expectations which patients have — some of which are unrealistic. Nurse–patient communication with use of care plan highlights relationships between anxiety and pre-op information. Involves a discussion of skill mix in the unit — both nursing and medical (also clerical staff).

SUTHERLAND, R. (1994)

Is This the Way Forward?

British Journal of Theatre Nursing Vol. 4 No. 1 pp. 12–13

A different perspective on the role of the nurse in day surgery. Also discusses an induction programme for new members of staff.

SWISHER, M.L. (1991)

A System Analysis of Ambulatory Surgery Healthcare Nursing Management Vol. 22 No. 5 pp. 96Y, 96BB, 96FF

Starts with a brief history of Day Surgery. Growth of Day Surgery in USA and main reasons why it has occurred — insurance companies, other controlling agencies, patient satisfaction. The core role played by nurses in Day Surgery.

TASKER, M. (1993)

Day Case Adenoidectomy for Children

Paediatric Nursing Vol. 5 No. 2 pp. 18–19

A description of the role of a paediatric specialist nurse who visits children and their parents prior to day case adenoidectomy in their own homes. It demonstrates the pre-operative information given — as in post-operative instruction. Evaluation is given by the specialist nurse and also the parents of the children.

TATTAM, A. (1992)

Rise in Day Surgery Triggers Health Problems among Staff

Nursing Times Vol. 88 No. 45 p. 8

Brief article highlighting the problems of using Glutaraldehyde. In my personal opinion (DHG) this highlights not the problems of the disinfectant but the lack of education and training to Day Surgery staff. The R.C.N. identification of increased patient throughput and therefore a greater risk on staff is correct, thus the need for education and supervision has great implications.

THORNES, R. (1991)

All in a Days Work

Paediatric Nursing Vol. 3 No. 1 pp. 7–8

This covers the care of paediatric day patients in in-patient paediatric wards (where they were described by one sister as 'lodgers'). Emphasis is placed on parents need for more detailed pre-operation preparation information. It suggests a planned package of care for day case admissions with 12 Quality Standards.

VASQUEZ, M.A. (1992)

From Theory to Practice: Orem's Self-Care Nursing Model and Ambulatory Care

Journal of Post Anaesthesia Vol. 7 No. 4 pp. 251–255

A description of Orem's Theory and related Model of Nursing. Nursing practice using Orem's model with examples of its use in the Ambulatory Care Setting.

WHILE, A.E. and CRAWFORD, J. (1992)

Paediatric Day Surgery

Nursing Times Vol. 88 No. 39 pp. 43–45

A study of 10 children undergoing general day surgery operations. Very clear tabulated data on —

- Information given to patients on admission procedure
- Length of instructed and actual fasting times
- Features of the post-operative period
- Discharge advice received by parents

WHILE, A. and WILCOX, V. (1994)

Paediatric Day Surgery: Day Case Unit Admission Compared With General Paediatric Ward Admission

Journal of Advanced Nursing Vol. 19 pp. 52–57

This small study looks at the principle areas of information-giving and the role of the paediatric trained nurse in both DSU and on in-patient wards.

WHITEHEAD, C. (1989)

How Fit is Fit?

British Journal of Theatre Nursing Vol. 26 No. 8 p. 13

A discussion regarding the fitness of patients to be discharged from the recovery area of DSU. The need for definitions of terms like street-fit. The differences between physiologically fit and socially fit. The author says "who is making the final decision and by what criteria" to discharge patients. The ethico-legal aspects are also touched upon.

WILLIAMS, M. and BRETT, S.P. (1989)

Discharge Surveys

A.O.R.N. Journal Vol. 49 No. 5 pp. 1371–1373; 1376–1378; 1380

The authors from a North Carolina Hospital state that patient satisfaction surveys should not just be used for quality assurance monitoring. They developed a discharge survey which was completed by patients 1 week after discharge. All information was collected and recorded along with any required nursing follow-up,

using a tracking calendar. This material was analysed quarterly.

WISEMAN, S.J. (1990)

Patient Advocacy: The Essence of Perioperative Nursing in Ambulatory Surgery

A.O.R.N. Journal Vol. 51 No. 3 pp. 754–762

A very good article reviewing the patient advocacy role from history → role perception → characteristics → role conflict → role accomplishment → goals.