Day Care Surgery

It is believed in modern practice that early ambulation of patients in postoperative phase not only decreases the complication rate but is both feasible and cost effective as well; hence concept of day care surgery originated. Now question arises that what is day care surgery?

Day care surgery is the admission of selected patients to hospital for a planned surgical procedure after which they return home the same day. Day care surgery has been defined by the Royal College of Surgeons as when the surgical day case patient is admitted for investigation or operation on a planned non-resident basis and who nonetheless requires facilities for recovery. This definition excludes upper and lower GI endoscopies, outpatient procedures such as flexible cystoscopy, and minor superficial surgery under local anaesthetic, none of which require full day case facilities for recovery.

Day care surgery is not a new concept infect the earliest report is in 1909 by a Glasgow surgeon James Nichol but the concept did not become popular till 1960 when first hospital based ambulatory unit was developed.

In recent years, day surgery rates have risen in many countries in the world. In 1998–99, 65% of elective surgery was performed as day procedures in the UK and about 70% in the USA.

The cost effectiveness of daycare surgery has increased its demand. Especially in third world countries like Pakistan where the concept of health insurance is not much prevalent and health policies also fail to provide uniform care to all. Although many hospitals are performing daycare surgery but only few have dedicated units; but right now we have lack of standardization in current day case practice.

An ideal setting for day care surgery would be hospital based/supported with well equipped theatres, recovery rooms, postanaesthesia care rooms and specially trained staff. In addition, a strong social backup with satisfactory transport and telecommunications system and recuperating hotels near the hospitals, social worker’s visit/follow up and audit is desired.

We need to develop local guidelines and uniform policy in order to get maximum benefits of day care surgery and to avoid injudicious use of this procedure by proper patient selection. There should be availability of suitable wards for unplanned admissions if any complication occurs.

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References: