Reports from the BADS ASM 2012, Torquay

Report of the Debate: “This house believes pre-operative assessment should be carried out by the Day Surgery Team”

BILL HORTON

Proposing the motion: Dr Mary Stocker, Consultant Anaesthetist & Director of Day Surgery, South Devon Healthcare.

Challenging the motion: Dr Anna Lipp, President Elect of BADS, Consultant Anaesthetist, Norfolk & Norwich Hospital

Chair: Vicky Hampson & Bill Horton

Before battle commenced the referee polled the audience as to their views.

The forest of hands overwhelmingly supported the motion laying down a significant challenge for Dr Lipp.

Dr Stocker delivered a solid and polished summary of the accepted and conventional wisdom that supported her stance. She referenced it with a catalogue of publications from august Anaesthetist bodies and included works to which BADS and its officers had contributed. She enhanced her argument with illustrations from her own facility in Torbay.

Not to be phased by the size of the task presented, Dr Lipp retorted with an adroit demonstration that clearly one size could not possibly fit all and provided stalwart challenges against the aforementioned conventional wisdoms.

She also lavishly illustrated her stance with examples from her own organisation: highlighting resilience and flexibility as key issues as pressures increased on services to deliver more for less.

Following the speakers’ delivery, a lively banter emanated from the floor.

An opening comment questioned the paucity of surgeons at this debate – but we were in competition with the hot gall bladder debate to which the majority had seemingly been seduced.

Delegates shared the experiences and weight of argument with one speaker or the other.

However, a telling moment was the admission that a co-author of previous wisdoms had changed his mind. I believe it was John Maynard Keynes who famously said “when the facts change I change my mind.”

“Time up” unfortunately brought to a close a lively dialogue that could have continued for some while.

A final poll of delegates demonstrated a substantial swing to Dr Lipp's cause: but not enough to give her a majority victory. The motion was narrowly carried.

Both Speakers and delegates were thanked for their contribution.

Emergencies in the Day Case Unit

Report on presentations and round table discussion

IAN R. ARMSTRONG

The question of whether emergencies could or should be dealt with in the day case unit was one which was addressed by four of our speakers. Each approached it from the perspective of their own speciality. Jim Clark eloquently outlined the management of emergencies of early pregnancy and how he managed these within the context of the day surgery unit. Similarly, Claire Edwards, Anurag Golash and Celia Ingham-Clark described clinical scenarios within their own specialist areas of Orthopaedics, Urology and General Surgery respectively, which could be managed on a day case basis.

The first problem was distinguishing between ‘emergencies’, which need action there and then, and unplanned surgical procedures which require intervention sooner rather than later. Across the specialties there was a general consensus that operative procedures for conditions presenting for unplanned surgery could be identified which lent themselves to management along the principals of planned day case surgery.

However, there was also agreement that unlike planned day surgery, the default position may be in-patient. Indeed, in some instances there had to be rigorous patient selection before day case management. Celia Ingham-Clark outlined this issue very well in discussing the issues surrounding incision and drainage of an abscess: a simple straightforward surgical procedure which on the face of it lends itself to same day discharge from hospital. However this overlooks the important fact that this was an unplanned surgical procedure – the patient may be seriously systemically unwell before the procedure and had the potential to be seriously unwell after the procedure.

When it came do the thorny issue of actually organising theatre time and beds/trolleys, all our speakers were left adopting a ‘fit it on the end of a planned list’ philosophy which rather flew in the face of all we had heard on team working and patient safety, not to mention optimizing theatre utilization.

Our speakers laid out the challenge – can we encompass unplanned urgent surgical patient admissions within the day case unit and apply the day case philosophy to their management, yet not compromise all that has been achieved in planned short stay surgery?