“The Truth is Out There”*

Well, they have announced the hose pipe ban and the closing date for abstracts for BADS ASM will have passed by the time this edition of the Journal of One Day Surgery lands on your doormat. Therefore summer must be just around the corner and we are in full flow towards our annual celebration of innovation and care quality enhancement. I look forward to reading the abstracts submitted: I am always impressed by the enthusiasm and innovation embodied in them. It is a fundamental reflection of the cohesive thinking of the Day and Short Stay Surgery community.

The Riviera International Conference Centre [RICC] in Torquay is celebrating its 25th Anniversary. As return visitors, we are guaranteed a warm welcome and can help them celebrate this milestone.

In the last edition, we proudly launched the Oxford Specialist Handbook Day Surgery, I believe that sales are going very well and there has been considerable interest from overseas – especially the United States. I think it important to acknowledge the special discount for BADS members that has been negotiated by co-editor Mr Doug McWhinnie.

I believe that I am one of many day surgery clinicians who remain a might bemused by the NICE guidelines on perioperative hypothermia and their application to same day surgery practice. It was difficult to identify our successfully discharged clients with the co-morbidities that we are warned will complicate cold post operative patients.

When I was first developing an interest in ambulatory care, I remember a Day Surgery Grandee advising me that our patients are not sick, they are just having an operation. We should not inflict in patient care upon them.

Hinde and co-authors, in their paper “Out in the cold”, have risen to the challenge and sought data to either support or challenge the guidelines where little prior relevant quality evidence existed. I am mindful of the two fictional FBI agents Fox Mulder and Dana Scully of the TV series the X Files who battled with accepted opinion and sought to explain the inexplicable and supernatural.

They were driven by the motto “The truth is out there.”

Continuing our theme of “truth hunters,” Allan and co-authors, by redesigning their upper limb surgery service, robustly tackle the belief that regional anaesthesia reduces theatre utilisation and surgical productivity. With their commitment and enthusiasm have they proved to us that default to local anaesthesia can result in an improvement in both parameters and also deliver higher day surgery rates?

Similarly, Clancy and co-authors, over a four year period, have been evolving their breast cancer day surgery services. They demonstrate a progressive shift towards day surgery.

They also demonstrate the need to seek hard accurate information and evolve new safety infrastructures to overcome robustly held belief as to why patients for safety need to spend their first post operative night in a hospital bed.

Of the NHS, a frequent consideration is can we deliver greater value and quality for less money? I suppose it is a somewhat softer version of the question are we underfunded or wasteful?

MacLeod and co authors focus on the preoperative phase of the patient pathway.

Their paper challenges the value of pre operative chest radiography to the patient outcome and also the costs in pre operative staff hours invested. They also consider the emotional burden on the patient of this additional episode of uncertainty and any additional hospital appointments.

In this edition, although focusing on different sub specialties of ambulatory surgery, the authors have demonstrated a number of common themes.

Foremost in their endeavours remain patient safety and the quality of the care they are delivering to them.

Not only are they seeking to reduce length of stay for the patient but also to minimise the disruption both patho-physiological and to their lifestyle that is consequent to surgery.

Research is about seeking the fact of the matter. It is laudable to challenge the status quo and unvalidated custom and practice.

“The truth is out there”, so let us intensify the search for the best care and our shortest stay surgical pathways.

I hope to meet you in Torquay.

BILL HORTON

*Reference