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SACROSPINOUS FIXATION AS DAY CASE PROCEDURE- A PATIENT SATISFACTION SURVEY

Hypothesis / aims of study

To assess patient satisfaction and complication/readmission rate within 6 weeks of undergoing SSF as a day case procedure.

Study design, materials and methods

This was a prospective study of 20 patients undergoing SSF along with anterior/posterior repairs or TOT. SSF was done using Miya hook and placing PDS or Ethibond sutures.

Analgesia protocol (Table 1.) included intra-operative use of Levo-bupivacaine infiltration, paracetamol, diclofenac and morphine PRN and postoperatively paracetamol, diclofenac and codeine PRN. If a vaginal pack or Foleys catheter was used, they were removed 3 hours post-operatively.

Patients <80years age, living within 20 miles of the hospital and having access to return to hospital, with no intra-operative complications/blood transfusion and having normal observations during their 23 hour stay were considered suitable for 23 hour discharge. Patients were given open access to the gynaecology ward and a telephone contact number to call about any concerns.

A structured patient satisfaction questionnaire was given to patients at discharge and a 3 month post-operative follow-up arranged. The questionnaire asked patients about their overall experience, if the information given and their recovery was as expected, if they would recommend the procedure to a friend or close relative and if they preferred a 23 hour stay or a longer stay. Space was also provided for free text comments. Post-operative complications or readmission to hospital relating to the surgery within 6 post-operative weeks were noted.

Results

Of the twenty patients discharged within 23 hours, 14 patients stayed overnight. 17/20 patients were satisfied/very satisfied or fully satisfied with their overall experience. Two patients said that things were not quiet as they expected while 18 said they were well informed. All patients said that they would recommend the procedure to a friend/relative. 5/20 would have preferred a longer stay (2 patients were not happy about self administration of Enoxaparin thromboprophylaxis, 3 did not state any reason). There were no complications/readmissions within 6 post operative weeks.

Interpretation of results

SSF is a commonly performed in-patient surgery for apical compartment vaginal prolapse which requires a hospital stay of 2-5 days. Day case procedures are preferred by patients and they help free-up hospital beds. Adequate post-operative pain management, patient safety and good patient experience are pre-requisites for contemplating SSF as a day-case procedure. Our earlier audit of SSF analgesia protocol (20 patients) showed that all patients had stable observations and pain scores <4 throughout their hospital stay, thus confirming safety.

Most patients (85%) discharged within 23 hours were satisfied with their overall experience. Patient satisfaction could be further improved by arranging district nurses to give thromboprophylaxis if patients are not happy to self administer the injections. Safety of the procedure as a day case has been demonstrated as none of the 20 patients required readmission within 6 weeks for post-operative complications. Patient selection, managing patient expectations, giving detailed information and providing open access to the ward are vital for the success of this approach.

Concluding message

SSF can be safely offered to select patients as a day case/23 hour ward procedure. Most patients were satisfied with their experience and there were no post-operative complications requiring readmissions within 6 weeks. Further studies with greater patient numbers would help strengthen the argument for SSF as a day case procedure.

Table 1.

SSF ANALGESIA PROTOCOL

INTRA OPERATIVE	• Plain Levobupivacaine (Chirocaine 0.25%) – 7 mls along Sacrospinous ligament and 3 mls at suture site using a pudendal needle) • Dilute Levobupivacaine with adrenaline (1:1,00,000) for posterior vaginal wall infiltration • IV Paracetamol 1g • IV Diclofenac 50mg • IV Morphine PRN
POST OPERATIVE	• Paracetamol 1g, 6 hourly regular • Diclofenac 50mg 8 hourly regular • Codeine 30-60mg 6 hourly PRN

Specify source of funding or grant	**NONE**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require ethics committee approval because	**PATIENT SATISFACTION SURVEY AS A PART OF SERVICE EVALUATION**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**