

REASONS FOR OVERNIGHT STAY AFTER MID URETHRAL SLING (MUS) SURGERY

Hypothesis / aims of study

A retrospective audit of 48 patients conducted at our tertiary referral centre in 2012 revealed that the same day discharge rate for MUS procedure was only 29% (n=14/48) incurring a total financial loss of £6800/- for procedural costs alone. Hospital stay and other related costs meant that the financial loss to the trust per patient was much higher.

Objective: Determine reasons for overnight stay and consequent financial impact on our trust after a MUS procedure from January 2013 until December 2013.

Study design, materials and methods

Retrospective case note analysis of 57 patients who underwent a sole MUS procedure from January 2013 until December 2013 were identified using theatre records.

Data were collected on

1. Age in years,
2. Parity,
3. Preoperative urodynamic results: Diagnosis, Post void residual, average flow rate, associated detrusor overactivity and other conditions.
4. Associated medical conditions,
5. Social, mobility issues or personal requests to stay overnight preventing same day discharge,
6. Type of procedure (TVT,TOT, TVTO),
7. Mode of anaesthesia : (general or spinal)
8. Theatre session : am or pm,
9. Intraoperative complications,
10. Duration from surgery to first void in hours (Voiding interval was defined as the time in hours from completion of surgery to the patient's first spontaneous voiding)
11. Volume of 1st void in mls,
12. Post void residuals,
13. Necessity for intermittent self catheterisation /self retaining Foleys catheter.
14. Same day discharge or overnight stay.

Results

Since initiating a change of practice in January 2013, 67% (n=38/57) patients achieved same day discharge rates in 2013 compared to 29% (n=14/48) in the year 2012. (p=0.0001)

The trust earned £60,382/- instead of a possible £ 64,182/- in 2013 (loss of £3800/-) compared to £47,248/- earned in 2012 instead of a possible £54,048/- (loss of £6800/-). 80% (n=44/55) patients had their MUS procedure in the morning theatre session (0830-1230). Of these 68% (n=30/44) were discharged the same day compared to 32% who stayed overnight. 20% (n=11/55) had their MUS procedure in the afternoon theatre session. Of this group, 64% (n=7/11) were discharged the same day compared to 36% (n=4/11) who stayed overnight.

Reasons for overnight stay:

Delay in obtaining discharge drugs from pharmacy: 5% (n=1/19)

31% (n=6/19) patients had a delay in documentation of successful bladder protocol due to shortage of staff on the ward. This further contributed to the delay.

5% (n=1/19) needed overnight stay due to vaginal pack and catheter introduced in view of excess bleeding from MUS surgery.

47% (n=9/19) were recorded as having raised post void residuals.

10% (n=2/19) had transient leg pain.

The annual Best Practice Tariff achievement increased from 29 %to 67% (p=0.0001).

Interpretation of results

52% (n=10/19) of the group that stayed overnight in our study were post menopausal compared to 26% (n=10/38) in the same day discharge group. This difference was statistically significant (p=0.04) indicating that post menopausal patients are more likely to stay overnight post surgery. 60% (n=9/15) of the group that stayed overnight were recorded as having post first void residuals greater than 150ml compared to 32% (n=8/25) of the group that were discharged the same day. (p=0.08).

Concluding message

Introduction of changes to improve same day discharge rates in MUS surgery in 2013 led to a 67% (n=38/57) same day discharge rates in 2013 compared to 29% (n=14/48) in the year 2012. (p=0.0001).

MUS procedures were performed primarily in the morning theatre session and majority of the patients had a GA. Education of nursing team towards improved bladder care protocols and encouraging mobilisation of patients helped towards improving our same day discharge rates. Shortage of nursing staff is an important issue that is being addressed in our trust.

Post menopausal women were more likely to stay overnight post a MUS procedure.(p=0.04). Further studies to explore reasons for overnight stay will help improve same day discharge rates.

References

1. Chan, P.Y., et al., Unplanned admission after day-case haemorrhoidectomy: a retrospective study. Asian journal of surgery / Asian Surgical Association, 2010. 33(4): p. 203-7.

Disclosures

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