

EVALUATION OF SAFETY AND EFFICACY OF AMBULATORY UROGYNÆCOLOGICAL PROCEDURES IN A 24 HOUR SETTING.

Hypothesis / aims of study

In the current status of medical practice especially in settings such as National Health Service (NHS), the emphasis is on a prompt, highly effective, minimally invasive and an economical management of medical and surgical conditions. Urogynaecology cannot be an exception to this development and is evolving from a traditional in-patient service to a modern ambulatory service. For urogynaecological surgery, a patient will typically stay in hospital for two to five days, we attempt to get that wait down to no more than 24 hours, and the majority of them have their operation as a day procedure. Our aim is to assess the safety and efficacy of ambulatory urogynaecology in a 24-hour day case surgery setting.

Study design, materials and methods

In this prospective study, we evaluated 318 patients who underwent urogynaecological procedures in the two year period from April 2006 to March 2008 in an ambulatory care setting. Intra- and post-operative complications were noted. Proportion of patients being discharged within 24 hours was noted. We excluded the patients who underwent cystoscopy under local anaesthetic as they were too many and majority (91%) were done under local anaesthetic. Re-admission rate, prolonged in-patient stay and post-operative complications were analysed by using SPSS release 16.0.

Results

318 patients underwent urogynaecological procedures at our unit during the study period. Mean age was 58±13.8 [range: 19-92] and median parity was 3 [0-10]. Forty-one (28.3%) women had hysterectomy previously and 99 (68.3%) were post-menopausal. There were no intra-operative complications except bladder injury in one patient. 272 (85.5%) patients were discharged in 24-hour ambulatory protocol. Remaining 46 (14.4%) required inpatient admission. Mean stay was 24±3.2 hrs; Median stay was 12 hours with a range of 3-71 hours.

Table 1. Reason for prolonged In-patient stay

Reason	No.	Percentage
Pre-admission (co-morbidities)	4	8.6%
Post-operative pain/nausea	23	50.0%
Urinary retention/UTI	12	26%
Surgeon's advice (multiple procedures)	1	2%
Patient's choice	6	13%

Table 2. Number of urogynaecological procedures performed during the study period

Procedure	No.	Percentage
Prolapse repair +/- mesh plasty	99	31.1%
Botox Injection	67	21.0%
TOT	50	15.7%
TOT + prolapse repair	32	10.0%
Cystoscopy	30	9.4%
Miniarc	28	8.8%
Colpocleisis	18	5.6%
Sacrospinous fixation	7	2.2%

Interpretation of results

Majority of these patients (85.5%) were discharged in a 24 hour setting contrary to the traditional inpatient approach. 23 (50%) patients required inpatient admission only because of analgesia.

Concluding message

Our study concludes that a variety of urogynaecological procedures can be performed safely in a 24-hour ambulatory care setting. This practice appears to be as safe as traditional inpatient management, with a high rate of early discharge and a low rate of inpatient admission. This can reduce the risk of Hospital-acquired infection (eg. Norwalk virus, MRSA, C. Difficile etc.). The relatively shorter inpatient stay for the women means less disruption to their lives and higher satisfaction.

References

1. Patwardhan S, Arunkalaivanan AS. Urogynaecology: an ambulatory approach. Br J Hosp Med (Lond). 2007 Aug;68(8):414-7. Review
2. Penketh R, Griffiths A, Chawathe S. A prospective observational study of the safety and acceptability of vaginal hysterectomy performed in a 24-hour day case surgery setting. BJOG. 2007 Apr;114(4):430-6

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No

<i>This study did not require ethics committee approval because</i>	<i>This is an audit and service evaluation.</i>
<i>Was the Declaration of Helsinki followed?</i>	<i>Yes</i>
<i>Was informed consent obtained from the patients?</i>	<i>Yes</i>