

To assess the compliance and satisfaction of patients for day care surgery

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Abstract

Background: Day care surgery offers advantages for health care delivery system around the world and so rates have steadily increased in both developed and developing countries.

Methods: This study has been done in a single unit of the Department of General surgery at S K Hospital, Sikar on patients attending the OPD as well as admitted for surgery

Results: Out of 100 patient 90.00% patients were found be satisfied when judged with questionnaire asked postoperatively on day 7 by using Likert scale and 10.00% patients were found to be unsatisfied with day care surgery.

Conclusion: This study clearly shows that day care surgery is feasible and safe with a good postoperative satisfaction score.

Keywords: satisfaction score, day care surgery, Post-operative.

Introduction

The original concept as Day care surgery was the admission and discharge of a patient for a specific procedure with in the 12 hours. Where the patient required an overnight admission then 23 hours stay was used.¹ Day-care surgery is defined as planned procedures on patients who are admitted and discharged home on the day of their surgery but who requires home facilities and time for recovery.² However, the day surgery concept is ambiguous and a 23-hour stay has been regarded as a day surgery procedure in some countries (e.g. in US and UK).² Again there are cases that are not admitted but are operated under local anesthesia on OPD basis and sent home the same day.

The level of ambulatory surgery is classified as follows –

- a) Minor ambulatory surgery (under local anesthesia)
- b) Major ambulatory surgery (under general anesthesia, neuroaxial block with or without intravenous anesthesia)

c) Inpatient ambulatory surgery.

Materials And Methods

Patients were selected on OPD basis for different day care surgical procedures in Department of General Surgery at S K Hospital Sikar

Setting: Day care surgery offers advantages for health care delivery system around the world and so rates have steadily increased in both developed and developing countries.

Study Design: Observational study

Selection of Cases

Inclusion criteria: -for those operated in Major OT

- Patients were assessed as American Society of Anesthesiologists (ASA) classes I or II.
- For most procedures under GA and SA, availability of a responsible adult was ensured who escorted the patient home and provided support for the first 24 h.
- Patient stayed within 30 min of travelling distance from the hospital with adequate motivational level
- Patient who gave informed consent for the study.
- All the cases operated under Local anaesthesia were not admitted.

Exclusion criteria

Patient with the following criteria were excluded:

- Patients with extreme obesity and co-morbid conditions like poorly controlled diabetes, hypertension, and coronary artery disease or ischemic heart disease and with ASA III and IV.

Observations

Table1: Physical limitation due to pain on post-operative Day -1

Score level (N=155)	Frequency(n)	Frequency (%)
Severe(8-16)	0	0
Moderate(17-24)	2	2
Minimal(25-31)	8	8
No limitation(32-40)	90	90

Maximum Score=40, Minimum Score=8

Out of 100 patients 90.00% had no physical limitation due to pain, 8.00% had minimal limitation, 2.00% had moderate limitation and none had severe limitation.

Table 2: Physical limitation due to pain on post-operative Day -2

Score level (N=155)	Frequency(n)	Frequency (%)
Severe(8-16)	0	0
Moderate(17-24)	2	2.00
Minimal(25-31)	3	3.00
No limitation(32-40)	95	95.00

Maximum Score=40, Minimum Score=8

Out of 100 patients 95.00% had no physical limitation due to pain, 3.00% had minimal limitation, 2.00% had moderate limitation and none had severe limitation.

Table 3: Patient satisfaction

Variables	Options	Frequency(n)	Frequency (%)
Post operative satisfaction score	Not satisfied	10	10.00
	Satisfied	90	90.00

Out of 100 patient 90.00% patients were found be satisfied when judged with questionnaire asked postoperatively on day 7 by using Likert scale and

10.00% patients were found to be unsatisfied with day care surgery.

Discussion

At the turn of 20th century, the foundation for modern day surgery was laid by James Nicoll(1869-1921) with his work at Sick Children's Hospital and Dispensary in Glasgow, Scotland. He operated a large number of children for condition such as hernia, phimosis, mastoid disease, cleft palate, talipes equines and spina bifida on day basis.³

In 1909, Nicoll reported in the British Medical Journal, the overall success of day surgery treatment in 8988 pediatrics cases.⁴

Based on Nicoll's concept first hospital based Ambulatory surgery unit was developed at the University of Calofornia in Los Angles, USA.⁵

Out of 100 patient 90.00% patients were found be satisfied when judged with questionnaire asked postoperatively on day 7 by using Likert scale and 10.00% patients were found to be unsatisfied with day care surgery.

It is comparable to the study conducted by Basil J. Ammori where post-operative satisfaction was assessed with questionnaire and 94% were satisfied and 6% were unsatisfied mostly due to same day discharge, postoperative nausea, vomiting and pain.⁶

Conclusion

This study clearly shows that day care surgery is feasible and safe with a good postoperative satisfaction score.

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