

GUIDELINES ON ANAESTHESIA FOR DAY SURGERY

1. GENERAL COMMENTS

Safety of anaesthesia must not be compromised by financial or other expediency, to the detriment of those who, by definition, are fitter than the majority of the population.

2. FACTORS AFFECTING CHOICE OF PATIENT

- 2.1 Patients should be ASA (American Society of Anaesthesiologists) grade I or II. Exceptionally ASA grade III may be accepted.
- 2.2 Children, (who should be over six months of age), must be accompanied by parents/guardians at all relevant times.
- 2.3 Patients should reside within easy access to the surgical facility.

3. PREANAESTHETIC ASSESSMENT

- 3.1 Every patient must have a preanaesthetic assessment by an anaesthesiologist, preferably by the one who will administer the anaesthetic.
- 3.2 This assessment may be made in a hospital, clinic or in the day case centre.
- 3.3 When appropriate, the results of investigations, eg. chest X-ray, electrocardiogram, serum electrolyte and urea concentrations, and urinalysis, must be available to the assessing anaesthesiologist.
- 3.4 Acceptance for day case anaesthesia should be refused if the patient is unfit, appropriate medical information is lacking or the likelihood of complications is high.

4. PREANAESTHETIC INSTRUCTIONS

- 4.1 Proforma should be prepared to advise the patient/guardian of details about fasting time, reporting time and admission procedures.
- 4.2 In the case of a minor, a parent/guardian must accompany the patient to elaborate, if necessary, on the medical history (vide 3.1), and provide assistance, if required during induction and/or recovery.
- 4.3 Signed consent for the proposed procedure must be obtained from the patient or guardian and a preoperative leaflet discussed and handed out.

5. STAFFING

- 5.1 The anaesthesiologist must be provided with a dedicated and appropriately trained assistant.
- 5.2 There must be adequate assistance for the transporting and positioning of patients.
- 5.3 A qualified anaesthesiologist should be immediately available when anaesthesia is given by a trainee.

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6. FACILITIES

6.1 The day surgery centre must have facilities which conform with the guidelines issued by the College, in particular :-

Recommended minimum facilities for safe anaesthetic practice in operating suites (T2).

Guidelines for monitoring in anaesthesia (P1).

Guidelines for postanaesthetic recovery care (P3).

6.2 Easy access to transport facilities is important.

7. SURGICAL CASE SELECTION

7.1 The scope and nature of surgery must be agreed by the surgeon and anaesthesiologist responsible for the day surgery in the centre.

7.2 Patients who might require blood transfusion, suffer excessive postoperative discomfort, or who are unlikely to be fit to be discharged home on the same day, are unsuitable for day surgery.

7.3 Patients living in single accommodation or who are unable to provide a responsible person to oversee their welfare for the first 24 hours cannot be accepted for day surgery.

8. POSTOPERATIVE RECOVERY

8.1 Patients must be observed and recovered by appropriately trained staff prior to discharge.

8.2 There should be a record of recovery to include conscious state, orientation, sensory and motor function (including locomotion), pulse rate, blood pressure, and any postoperative pain.

9. DISCHARGE

9.1 Verbal and written instructions must be given to the patient and/or guardian prior to discharge with particular reference to :-

9.1.1 Immediate action in the event of complications, and

9.1.2 Whom to contact (with telephone number).

9.2 The patient must be advised verbally and in writing, that, in the first 24 hours postoperatively, he/she must NOT :-

9.2.1 Drive or operate machinery.

9.2.2 Cook.

9.2.3 Work or make important decisions.

9.2.4 Drink alcohol.

9.2.5 Take any medication except that approved by the day case centre.

9.3 The patient must be escorted home by a responsible adult by private transport. In the case of a minor, the responsible person attending the child during transport should not be the driver

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- 9.4 If the discharge criteria are not met, the patient must be admitted.

- 9.5 The anaesthesiologist who gave the anaesthetic, in conjunction with the operator and the nursing officer in charge of the day case centre, is responsible for the discharge of the patient in accordance with agreed protocols.