

Surgical Ambulatory Emergency Care **Anaesthetists Role**

Dr Ian Jackson

Past President, British Association of Day Surgery

Past President, International Association for Ambulatory Surgery

Top Tips

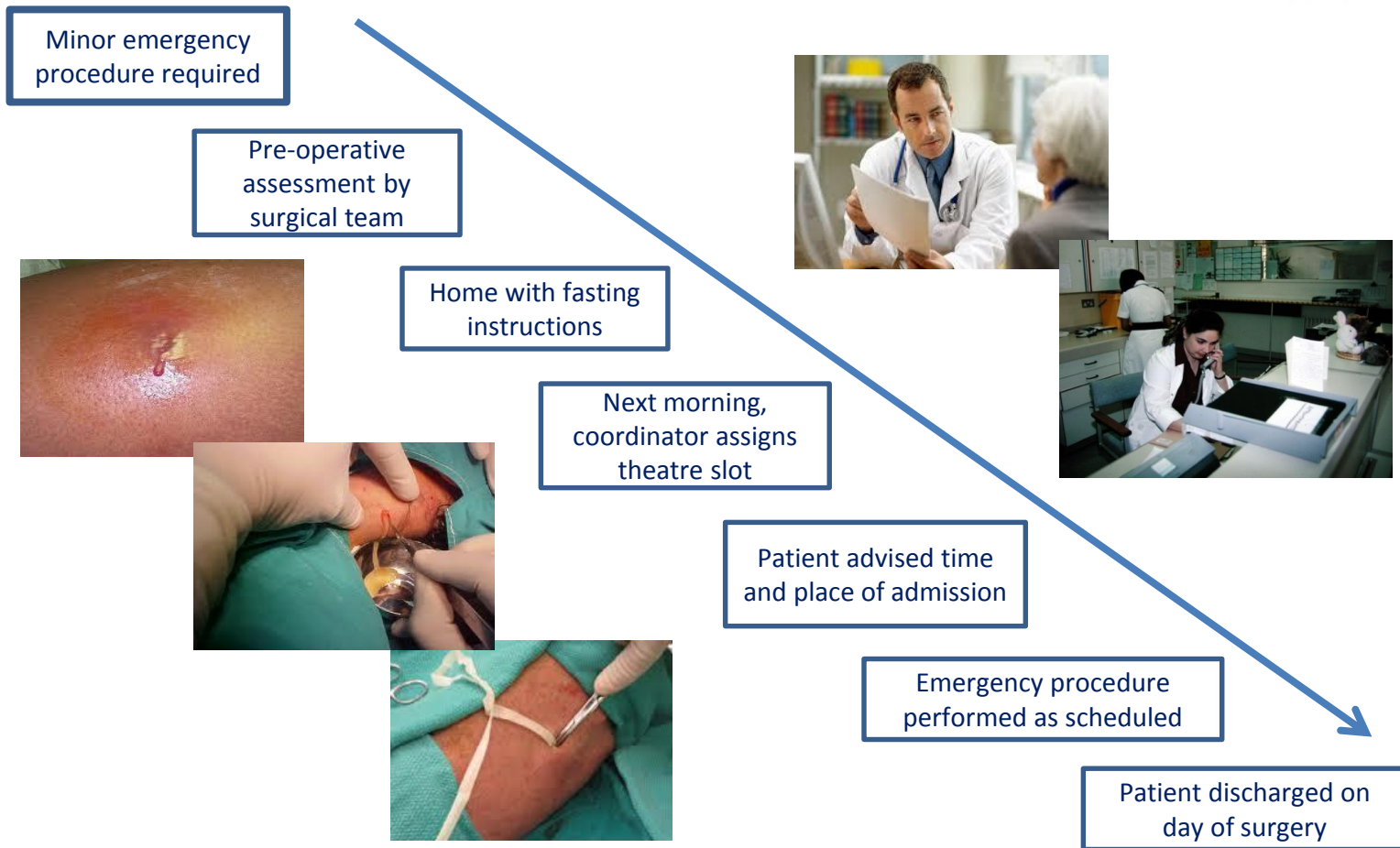


Ambulatory Emergency
Care Network

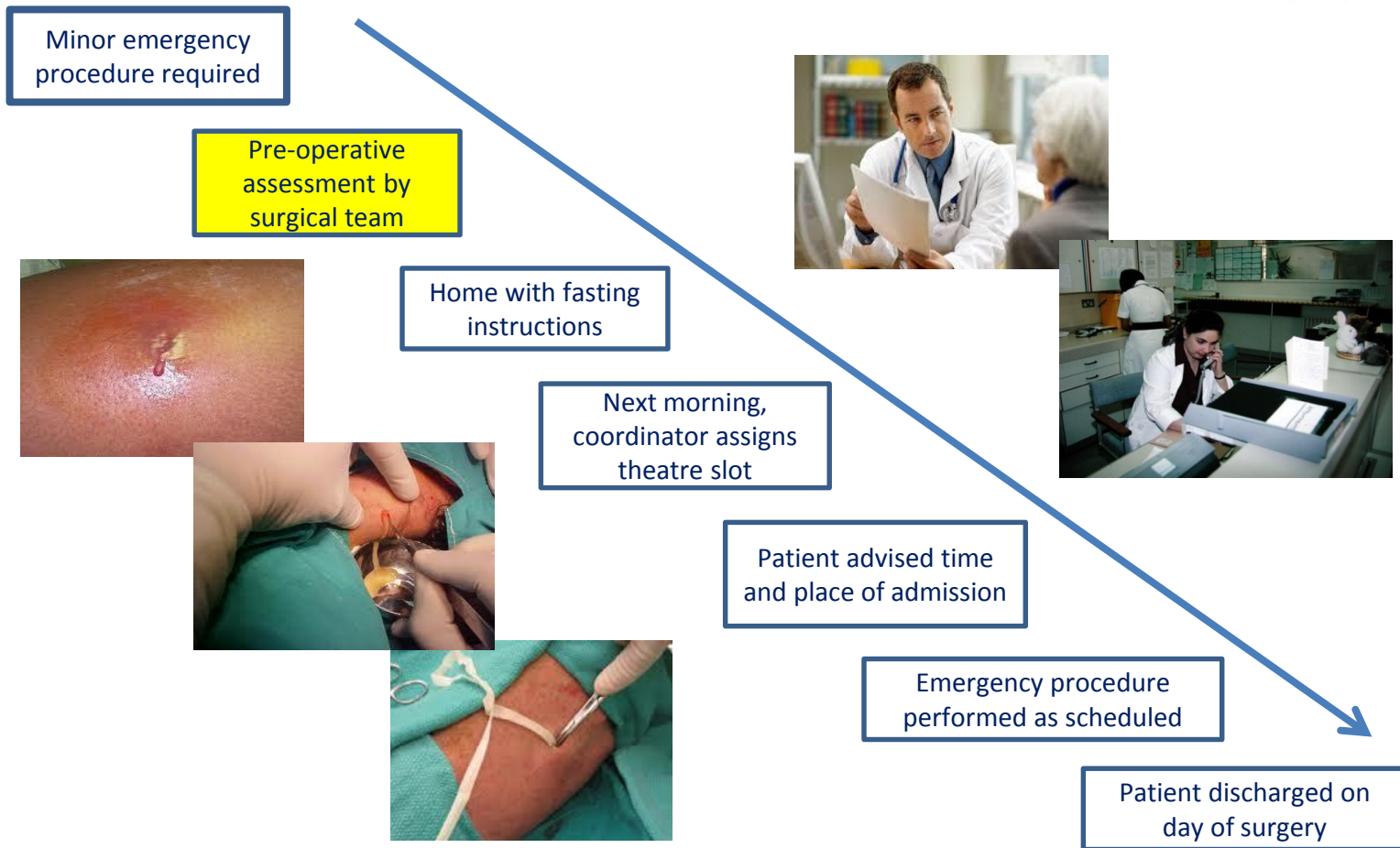
- Dedicated diagnostics
- **Senior delivered service**
- But get trainees involved- great training
- Establish appropriate tariff
- Protected area
- Use a “virtual ward” concept
- Dedicated theatre lists
- Supportive colleagues and hospital management!

- Dedicated diagnostics
- **Senior delivered service**
- Need senior anaesthetic involvement
 - Planning
 - Delivery of service
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Planned emergency surgery pathway



Planned emergency surgery pathway



Medical Criteria

- ASA Status
- ASA 1 Normal healthy
- ASA 2 Mild systemic disease
- ASA 3 Severe systemic disease
- ASA 4 Threat to life
- ASA 5 Moribund



ASA Status : Age : C

MANAGING PATIENTS WITH DIABETES FOR DAY AND SHORT STAY SURGERY



3rd Edition



$$\text{BMI} = \frac{\text{weight (lb)} * 703}{\text{height}^2 \text{ (in}^2\text{)}}$$

OR

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height}^2 \text{ (m}^2\text{)}} \quad (\text{metric})$$



lar : Respiratory : Diabetes

Admission criteria



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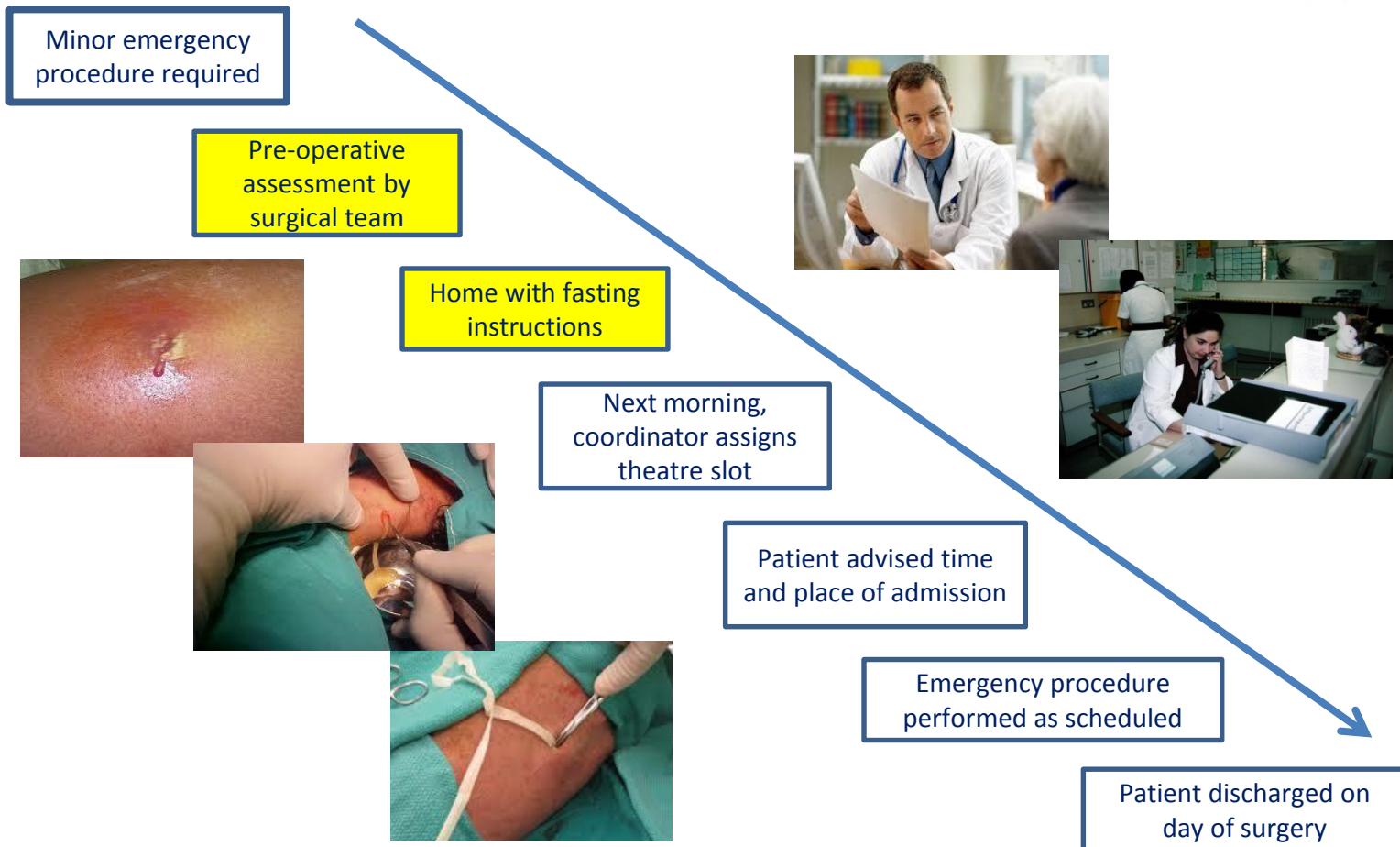
Experience important

- Relaxation of screening protocols

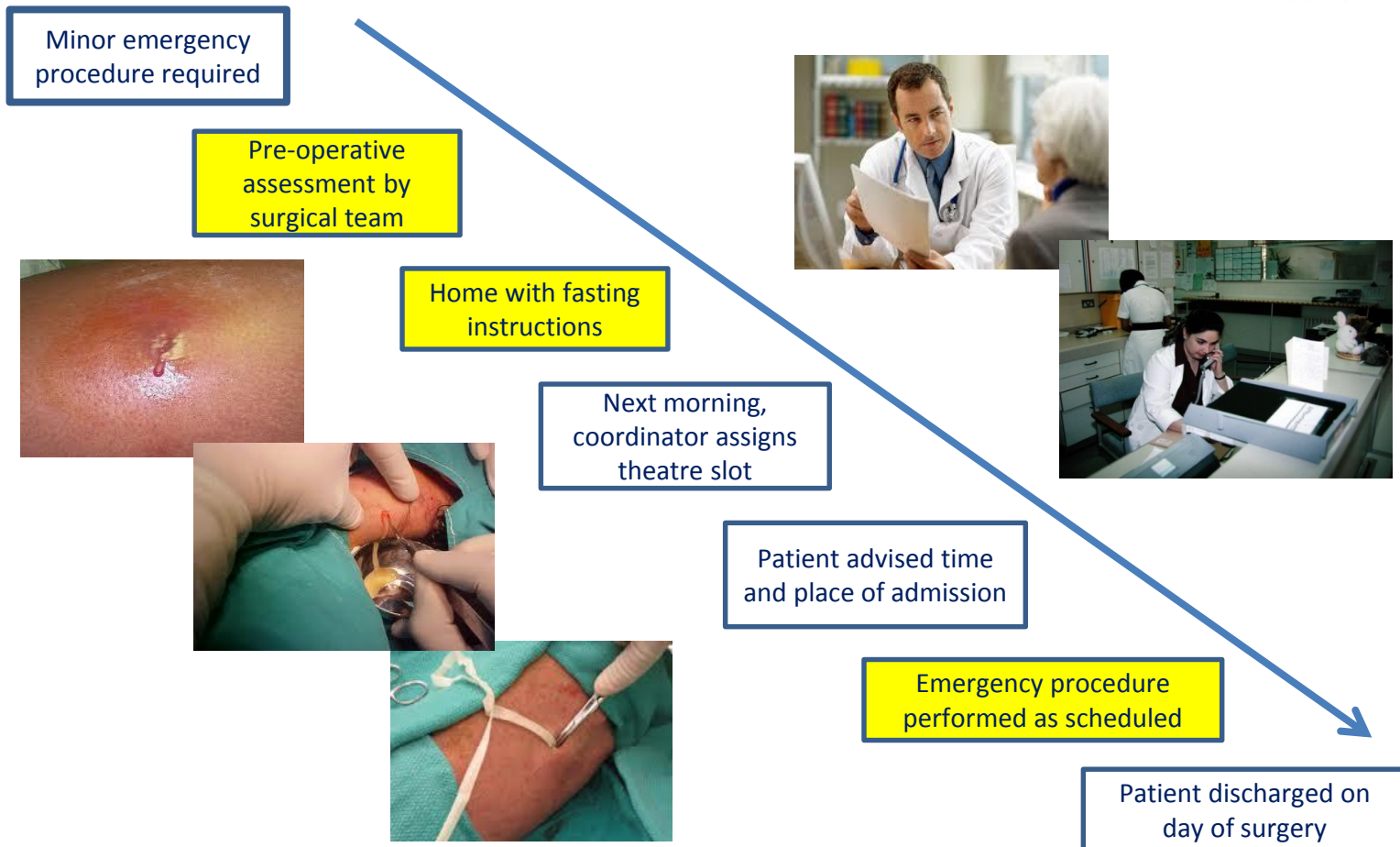
Move from screening to remove patients to the position

‘How do I make this patient suitable for day surgery’

Planned emergency surgery pathway



Planned emergency surgery pathway



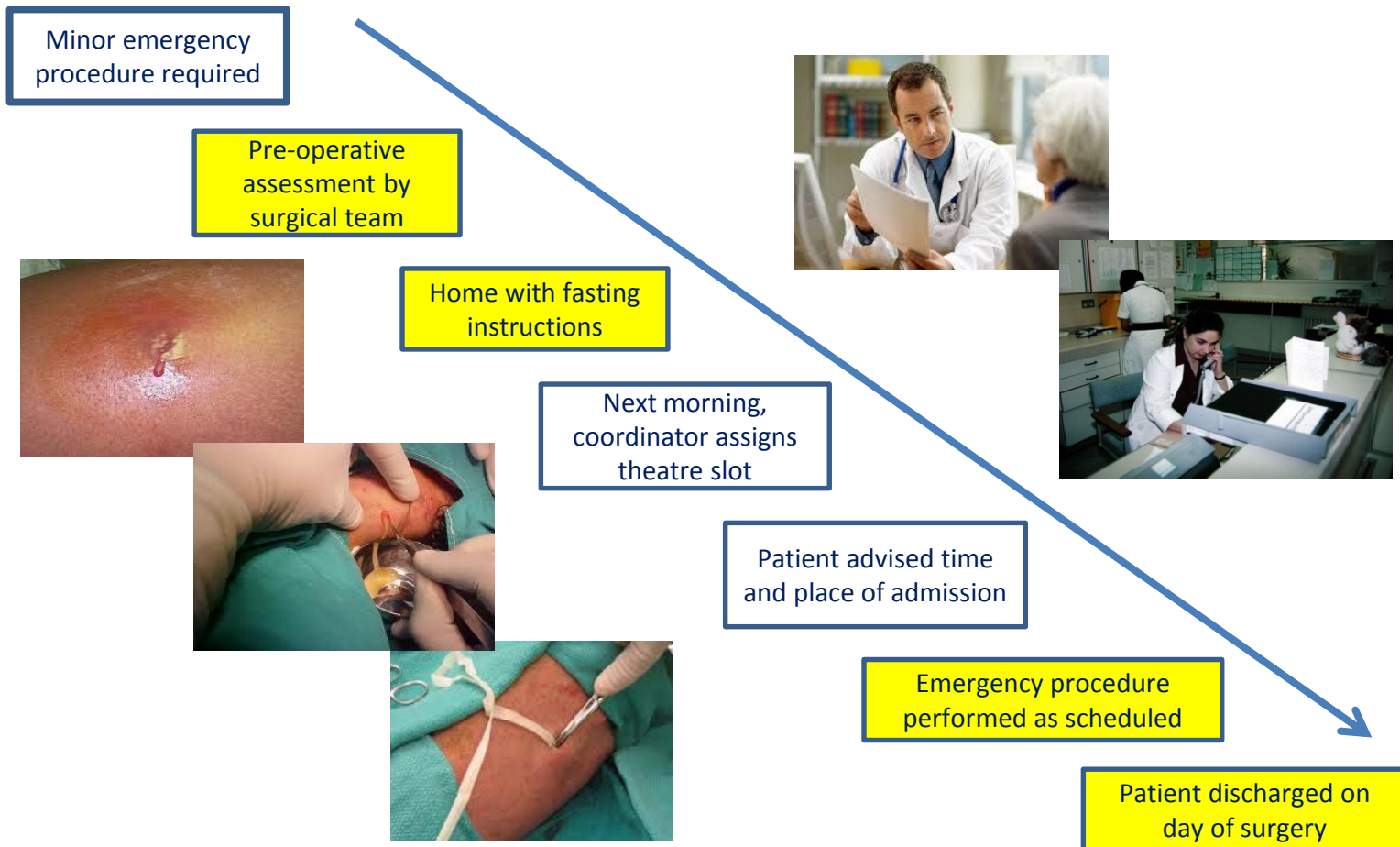
Performed as scheduled



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- Danger if don't have senior staff
- Issues such as
 - Delays
 - Cancellations
 - Excess turnover times
 - Inappropriate anaesthesia techniques

Planned emergency surgery pathway



Discharge

- This needs planning from outset
 - Agreed analgesia
 - who prescribes –usually anaesthetist?
 - analgesia packs
 - Agreed discharge criteria
 - Discharge information for patient carer
 - **Important for all laparoscopic procedures**
 - Telephone follow up

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