**A Joint BADS & HCUK Conference** 



# Developing your Daycase General Surgery Service

# Thursday 9th May 2019 De Vere West One Conference Centre, London

Chaired by:

**Dr Kim Russon** *President Elect* BADS Miss Vanessa Cubas BADS Council Co-opted ASIT Member



Supporting Organisations







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# Developing your Daycase General Surgery Service

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Day surgery is now provided for an increasing range of procedures, in patients ranging from the very fit to the rather frail. It has become the standard of care for many elective surgery procedures, a increasing number of urgent/emergency procedures and should be the de-fault option for all 200 procedures within the British Association of Day Surgery (BADS) Directory of Procedures.

As the healthcare industry faces a cost predicament and constant pressures on in-patient beds, it is incumbent upon healthcare professionals and hospital managers to identify and reduce unnecessary practices without worsening patient outcomes. Enhanced recovery programmes are well established in many centres and aim to improve patients' experience of care and expedite recovery from elective surgical procedures in the shortest possible time, without compromising safety. New procedures/techniques or improved pathways that can create both a reduction in cost and improved patient outcomes are constantly being sought after. Hospital stay after surgery constitutes a large percentage of the entire procedure's cost. We shall hear from a number of centres who have reduced their length of stay for General Surgery procedures such as Laparoscopic Fundoplication and Right Hemicolectomy.

Currently, the average hospital length of stay (LOS) after a colectomy and fundoplication is 7 days to 10 days and 3 days respectively in the United Kingdom. However, a trend is emerging toward shorter LOS following colectomies and fundoplications by changing the perioperative procedures. The improvement of patient selection, pre-operative optimisation and surgical advances have all contributed to a shorter LOS and same day discharge in some centres.

We have invited expert speakers on establishing paediatric day case service; Day case emergency general surgery and ways to further expand your day case population through appropriate patient selection and prehabilitation.

There will be an opportunity for discussion with the speakers, experts from BADS and participants from across the UK which will be of interest to those with medical and nursing backgrounds.

Follow the conversation on twitter #BADSGeneralSurgery



### 10.00 **Chair's Introduction**

Dr Kim Russon President Elect BADS

Miss Vanessa Cubas BADS Council Co-opted ASIT Member

# 10.15 The day surgery pathway & patient selection

**Dr Mary Stocker** 

Consultant Anaesthetist Torbay President BADS

- Key elements of a day surgery pathway
- Patient suitability for day surgery
- Planning for successful day surgery

#### 10.45 Prehabilitation and widening the patient pool of Day case surgery

**Professor Gerard Danjoux** Consultant Anaesthetist

South Tees Hospitals NHS Foundation Trust Edward Kunonga Director of Public Health Middlesbrough Borough Council

- Principles of Prehabilitation
- Improving post-operative outcomes • An Multidisciplinary approach

11.30 Question and answers, followed by tea & coffee at 11.40

## 12.00 Children and day case surgery

# **Mr Doug Bowley**

Head of West Midlands Paediatric Surgery Network Consultant Colorectal and General Surgeon Heart of England Foundation

## 12.45 Emergency surgery day case pathways

**Professor Doug McWhinnie** 

Consultant Vascular and General Surgeon Milton Keynes Hospital NHS Foundation Trust

- Patient selection and list planning
- The role of Analgesics/Anaesthetics at optimising your day case service
- Beyond the realms of paediatric day surgery
- · How to establish new day emergency pathways successfully
  - The best pathway involves an MDT approach

### 13.15 Question and answers, followed by lunch at 13.25

## 14.30 Improving Day case Laparoscopic Cholecystectomy rates **Mr David Bunting** Patient selection and day case pathway Ambulatory emergency surgery: how to effectively establish a "Hot Gallbladder" Consultant Upper GI Surgeon service North Devon District Hospital

## 15.00 Fundoplication and anti-reflux surgery

# **Mr Paul Super**

Consultant Upper GI Surgeon Heart of England Foundation Trust

- How to successfully establish a Laparoscopic Fundoplication Day Case list
- Patient selection
- Practical tips and the Heart of England Foundation Trust experience

Question and answers, followed by tea & coffee at 15.40 15.30

#### 16.00 The 23 hour stay colorectal resection

# **Professor Timothy Rockall**

Consultant Colorectal and General Surgeon Royal Surrey County Hospital

- The Royal Surrey County Hospital experience
- Patient selection

Followed by discussion of other examples from the floor....

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