Report from BRUGES International Association for Ambulatory Surgery (IAAS) Congress Meeting

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May 30th to June 1st 2022 were the dates for the 14th International Association for Ambulatory Surgery (IAAS) Congress in Bruges which was attended by delegates from all around the globe including myself, Kim Russon and David Bunting from BADS council.

The IAAS is an organisation dedicated to the global exchange of information and advancement of high quality ambulatory surgery across the world. It also acts as an advisory body for the development and maintenance of high standards of patient care in ambulatory surgery facilities.

It was founded in 1995 with the Uk as a founding member.

It is made up of representatives from day surgery organisations around the world and BADS has 2 representative members attending the yearly general assembly meetings. Every 2 years a Congress meeting is held and European membership makes up the greatest numbers so Congress meetings are usually European based but every 3 or 4 years there is a meeting outside of Europe. The next 15th Congress meeting is in Oslo 2024. As a BADS member you can attend for a discounted rate.

This year Mr Doug Mcwhinnie (previous BADS president) handed over the IAAS president role to Dr Carlos Magalhães from Portugal.

Many countries attended the congress in Bruges with participants from all over Europe and also the USA, UK and Pakistan, China, Thailand and South America too. Numbers from New Zealand and Australia were low due to covid 19 restrictions still in place. There was a large Belgian presence and the local speakers well represented.

This was a multidisciplinary meeting with Anaesthetists, Surgeons and Nursing Staff all with Day Surgery roles in their country of origin.

The conference was supported by industry partners including Anetic Aid and Urolift who were present at the BADS conference too.

We had a short history of the beginnings of IAAS and a history of anaesthesia before and after Nicoll, a Glaswegian surgeon who defined the first Day Surgery principles.

Then a summary of the impact of Covid-19 over the last few years and the important role Day Surgery will play in the elective recovery of the surgical backlog.

The extent of surgical backlogs differed in different countries with the USA having very little as separate Independent Ambulatory Surgery Clinics had maintained output during the pandemic for elective surgery.

One of the USA representatives gave a summary of the role and publications of SAMBA one of their day surgery organisations who produce consensus statements on many Day Surgery issues and raise the profile of Day Surgery across America.

They have a very differently funded system compared to the UK, which influences their practice and later presenters spoke of the severity of the opioid epidemic and their response with very strict restrictions on post-operative and take home opiate prescribing. Opioid .com is a site where guidelines are available. This linked to recent BADS work on our statement for peri-operative opioid use.

There were parallel sessions running and I attended co morbidities and day surgery talking about selection of patients, the importance of pre-operative assessment in its different forms from UK structured nurse and anaesthetic assessment to USA surgical consult screening tools leading to an anaesthetic consult for the more complex patients.

Other UK speakers talked of telemedicine to monitor patients at home and the concept of home alone with the Torbay and. Norfolk and Norwich approaches of volunteers as overnight carers or for select cases no overnight carer. Were discussed

Other presentations looked at the concept of pre-operative fasting and use of gastric ultrasound (USS) showed the water passing trough the

stomach rapidly but a milky drink staying for much longer. So no to a Latte but water sip until send made sense.

Brazil, China, Thailand and Pakistan presented their day surgery experience and meeting colleagues in the exposition helped gain an insight into practice across the globe. Dutch members talked of increasing day surgery rates in Holland. Belgium bariatric surgery is working towards gastric bypass and possibly sleeve gastrectomies as day cases and Croatian anorectal surgeons are leading the way in expanding and promoting day surgery there.

Presentations included gynaecological procedures and advancing the more complex surgery from inpatient to day surgery again with a heavy UK presence. The Urology session was Belgian dominated with presentations on benign Prostatic hyperplasia (BPH). There were Interesting opinions from their urologists about urinary retention related to Regional Anaesthesia being discouraged which is not the UK experience with our shorter acting local anaesthetic agents. Discussions later revealed that shorter acting spinal agents are not so available across Europe as in the UK.

I attended a practical session on serratous anterior blockade, paravertebral blocks, PECS 1 and II blocks for breast and spine surgery and fractured ribs. This was a useful USS guided hands on session with time to learn on a volunteer.

A lively debate on extended recovery including UK and US based practice ended the first day. The extended 23 hour stay is used in USA to allow more complex patients to have ambulatory surgery whereas in the Uk it is seen as detrimental to the number of actual day surgery cases sent home the same calendar day.

Our second day summarised advances in day surgery including sedation techniques and new drugs available with shorter durations of action eg. remimazolam and its role in procedural sedation including its safety aspect. A UK presentation by Professor Robert Sneyd discussed the implementation of guidelines for non anaesthetic sedation and the use of midazlolam and fentanyl as a safe combination

Also the use of PROMS screening for patient satisfaction and the danger of excessive questionnaires and patient fatigue reducing their value

A session on Knee and Shoulder Arthroplasty as Day Surgery procedures was interesting to compare to the UK where we are established with these already. Belgian practice to use high doses of steroid as part of analgesia for this surgery was noted.

Lung surgery, Lumbar Discectomy and a session on Mastectomy are being performed as Day Surgery which is different to UK practice.

I attended a lively session on Day Surgery Bariatrics looking at Sleeve Gastrectomy as a day case and the implications of raised body mass index (BMI) and obstructive sleep apnoea (OSA) on anaesthetic and Ambulatory Surgery management. There was discussion on opiate free intraoperative anaesthesia allowing fewer opiates to be needed in recovery as less hyperalgesia and tolerance. OSA in the USA is a contraindication to sending home the same day if any opiates need to be prescribed for post operative analgesia and their consensus statement reiterates this. There was interesting discussion about the evidence for CPAP in OSA which seems to show that it works if it is used but adherence to it peri-operatively may be low.

Final sessions looked at ENT practice and tonsillectomies in children and Day Surgery rates.

Overall it was an interesting benchmark for UK practice and a good chance to network and discuss Day Surgery with a group of similar minded professionals from around the World. David Bunting won the draw for a free ticket to the 2024 Oslo Congress so we would encourage you to join him there.