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10. Day Case Trans-Urethral Resection of Bladder Tumour (TURBT) Without a Day Surgery Unit. Making Most of the Available Resources.

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Abstract

Aim: Transurethral resection of bladder tumour (TURBT) is one of the commonest urological procedures. Day case TURBT within a day case unit has been shown to be efficient, safe and plausible. In Southmead Hospital, Bristol, there is no such day case unit. All operative procedures are performed in the main theatres, and we have a combined admission and recovery area, called Medirooms. The aim of this retrospective review of our current practice is to show that high day case rates are achievable within a non day case setting within the context of a standardised day case pathway.

Method: Retrospective data collection was performed to identify patients who underwent TURBT over a 3-month period. Basic demographics were collected, and we ascertained tumour characteristics, re-admission rates within 30 days.

Results: A total of 100 patients were included in this study. Of these, 66% were males and 34% females. TURBT was performed as a day case for 75% patients and 25% patients stayed overnight. Non-muscle invasive bladder cancer was found in 87% of the patients. Of these, 78% had muscle present and 40% received peri-operative Mitomycin in theatre. We discharged 44% patients home with a catheter after their TURBT. This was mainly due to deep resection and precaution from the operating surgeons. The rate of re-admission within 30-days was 9%, of which 6% were due to urological reasons and 3% were due to non urological reasons.

Conclusions: This study shows that day case TURBT is possible without a dedicated day case unit.

14. Laparoscopic Cholecystectomy is Suitable for Day-Case Surgery in Paediatric Population

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Abstract

Introduction: The aim of the study is to assess the feasibility and safety of day-case laparoscopic cholecystectomy (DCLC) in paediatric population. We focused on post-operative outcomes as a measure of success and used a protocolised postoperative and post-discharge pain management approach.

Methods: Data was collected from the hospital database from 2016 - 2022. Data collection included demographics, surgeon level, length of stay, complications and postoperative pain management as per hospital protocol which included opioid and/or non-opioid analgesia. A follow-up telephone survey investigated type of analgesia administered at home and length of analgesia administration in days.

Results: Thirty-one patients underwent LC with a day case rate of 77%. Mean age was 11 (range 3-16 years), 63% female. Most cases were idiopathic while 8% secondary to haemolytic disorders. Twenty percent of patients had ASA I, 48% ASA II and 32% had ASA III. Seventy-one percent of DCLC was performed by trainees. Postoperative analgesia for 96% of patients was based on opioids with paracetamol/ibuprofen and prescribed as post-discharge analgesia in 80%. After discharge, patients received oral opioids with paracetamol/ibuprofen from 1 to 7 days; 28% of patients used opioid analgesia at home up to 3 days. No patients required readmission at 30-day. There were no major postoperative complications. After a 3 month follow up, all the patients were discharged.

Conclusion: DCLC can be performed safely with excellent outcomes using a standardised postoperative and post discharge pain management protocol.

18. Greenlight Laser Prostatectomy: A safe and effective day case option for bladder outlet obstruction in the elderly population

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Abstract

Aim: Greenlight-laser prostatectomy (GLLP) is becoming a popular treatment option for bladder outlet obstruction and lower urinary tract symptoms (LUTS). In this retrospective study, we aim to explore the patient and perioperative factors associated with successful day-case outcome following GLLP.

Methods: Patients who underwent GLLP at a UK tertiary centre between June 2018 and November 2021 were included in this study. Retrospective data covering patient demographics, perioperative parameters and postoperative outcomes were collected using the electronic records systems.

Results: 305 patients were included in this study with a median age of 74. The most common

indication (62.6%) for the procedure was patient's wish to be free from long-term or intermittent catheters, followed by failed medical therapy (36.4%). 84.6% of patients had an ASA ≥2, and 32.1% took anticoagulant or antiplatelet therapy.

64.2% of patients were performed as day case, and only 10.5% of patients requiring more than a single night admission. Day case surgery was feasible in all patient groups, but patient comorbidity had a significant impact on day-case rate (ASA 1 = 83.3%, ASA 2 = 67.7%, ASA 3 = 43.6%, p=0.0003).

The 3-month readmission rate was 10.8%. 91.2% of patients were catheter-free at follow up.

Conclusions: Our study shows that GLLP should be performed as a day-case procedure for all patients unless specific patient factors mandate otherwise. Patient comorbidity has a significant impact on day-case success for GLLP. It is suitable for elderly and comorbid patients with appropriate patient optimisation and robust pre & peri-operative pathways.

44. Awake brachial plexus block for day case upper limb surgery

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Abstract

Introduction: University Hospital Wishaw (UHW) began performing awake brachial plexus blocks (ABPB) for day-case upper limb procedures in December 2022.

Methods: We performed a retrospective analysis on a subset of upper limb procedures carried out from July-November 2022 using data extracted from Opera. Prospective data was recorded from December 2022-March 2023. GA related costs were based on information from theatre procurement and the BNF. Cost of time in recovery and day surgery (DSU) was based on the hourly rate of a band 5 nurse, obtained from the finance department. Statistical analysis was by an unpaired t-test.

Results: 49 retrospective cases were included; 55% GA and 45% surgical local anaesthetic (LA). After a GA patients spent on average 49 minutes in recovery. Those discharged spent 129 minutes in DSU. Of the 35 prospective cases, there were 11% GA, 14% surgical LA and 75% ABPB. 85% avoided recovery and time in DSU reduced to an average of 96 minutes (34%, p = 0.004). Theatre utilisation increased from 3.5 to 4.4 cases per list (32%, p = 0.162). Approximately £3065 was saved in GA costs, recovery and DSU time.

Conclusions: Results suggest enhanced theatre utilisation, reduced time to discharge and overall improved cost efficiency for day-case upper limb surgery under ABPB.

62. Group and Saves in Laparascopic Cholecystectomies; A Test Too Far?

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Abstract

Introduction: Group and save testing for blood type is commonly performed as part of pre-operative work-up for day-case laparoscopic cholecystectomies. Despite little evidence that this is necessary and scant well-defined national guidelines, Bradford Royal Infirmary (BRI) requires two separate and valid samples prior to commencing anaesthesia for a laparoscopic cholecystectomy. This causes unnecessary work for a busy transfusion department and also inefficiencies and delays to patient care. The aim of this project is to determine whether any of these patients required transfusions and therefore whether a group and save sample is needed prior to laparoscopic cholecystectomies.

Methods: All patients who had undergone a laparoscopic cholecystectomy in BRI during 2022 were identified. This was cross-referenced with patients who had received blood products during 2022. The notes of these patients who received blood products were analysed to determine whether this was related to surgery with regards to reason for transfusion and timing.

Results: 266 laparoscopic cholecystectomies were undertaken in 2022 and four of these patients received blood products in the same year. Of these, three had blood products during separate and unrelated admissions to their surgery and the remaining one was 19 days after surgery having undergone a further laparotomy.

Conclusion: No patients who underwent a laparascopic cholecystectomy in 2022 at BRI required blood products in relation to their operation, suggesting that a group and save sample should not be required prior to starting surgery. This would reduce transfusion workload and associated costs and increase efficiency of theatres and patient care.

64. Adrenalectomy in day surgery - our experience in a single centre.

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Abstract

Introduction: Same-day discharge is becoming increasingly popular across a number of surgical specialities, however, less than 1% of adrenal surgeries are performed as day cases. Our study aimed to investigate whether same day adrenalectomy (SDA) was safe, feasible and economical.

Methods: 30 patients with primary hyperaldosteronism (PHA) or Cushing’s syndrome (CS) were prospectively matched at our centre between 01 September 2021 and 28 February 2023. We assessed the effect of a same day discharge pathway (SDA cohort; n=10) and inpatient adrenalectomy pathway (PIPA cohort; n=20) on predefined composite outcomes. Results were validated by matching the cohorts with our retrospective in-patient adrenalectomy registry (RIPA cohort; n=40). All inpatients were merged to create an IPA cohort (RIPA + PIPA).

Results: The study cohort was aged 51.3±8.5 years, with 43% of the cohort being female and 96.7% ASA II. Lesion size was 17±9mm (range 5-40mm), 56.7% on the left side and 80% of the patients had PHA. No differences for outcome predictors or modifiers were identified between cohorts. Patients discharged on the same day with no complications or readmission was achieved in 100% of SDA. 90% of PIPA, 33% of RIPA and 51.5% of IPA were discharged within 23 hours with no complications or readmission. Costs were significantly lower for the SDA cohort and patient satisfaction was 100%.

Conclusion: Our study provides novel evidence that same day discharge after adrenalectomy in patients with PHA and CS is not only feasible and safe, but is also economical and well-received.

15 . Sip Til Send: Patient Satisfaction

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Abstract

Introduction: Previous guidance has recommended a fluid fasting period of two hours or more for all patients undergoing surgery. This has been standard practice for a number of years, however controlling individual fasting times is extremely difficult, often well in excess of two hours. Prolonged fluid fasting is known to cause increased rates of post operative nausea and vomiting (PONV) and delirium, in addition to thirst and dehydration, with little evidence of benefit. A number of NHS trusts have moved towards a policy of allowing patients to sip from a cup of water until sent for by theatre, without a significant increase in pulmonary aspiration events or other complications.

Methods: Around the time of introduction of a “sip til send” protocol in Dumfries & Galloway Royal Infirmary, staff education sessions were organised to raise awareness, alongside posters and updated patient information leaflets. A snapshot patient satisfaction survey was undertaken before and after implementation to assess subjective experience of the different fasting approaches

Results: Following implementation, 76% of patients were sipping on water in the waiting area. Of those not actively sipping, average fasting time fell from 6 hours (range 1-14) to 2 (range 1-3). Subjective feelings of dehydration fell from 60% to 15%, with similar reductions in the rates of dry lips or mouths as well as reduced rates of patient anxiety about fasting. There were no reported aspiration events.

Conclusions: This new policy was universally liked by patients and resulted in great improvements in all subjective markers of dehydration.

16. Can we improve the day case rate for Total Shoulder Arthroplasty in Northumbria NHS Foundation Trust?

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Abstract

Introduction: The Department of Health has proposed a target of 75% of elective surgery to be day case [1]. Day case shoulder arthroplasty is still relatively novel procedure, with large studies

quoting outpatient rates between 0.003-6% in the United States [2,3,4]. Northumbria Trust's have been consistently 9-10% since 2017. We believe many of the patients going home on day one could go home the same day, therefore we looked at Northumbria's upper limb arthroplasty's (ULA) in order to propose a protocol for same-day ULA.

Methods: We looked at all ULAs performed in the Trust between between January 2020 and March 2021. Scrutinising a huge number of patient, social and surgical factors influencing their length of stay.

Results: 96 procedures in 93 patients were analysed. 17 trauma and 6 revision cases were excluded. All patients received general and regional anaesthetic. 9% went home the same day, 58% home on day one, and 33% discharged on day two or later. No readmissions. Notable favourable factors for same day discharge were:

- Regional anaesthesia essential
- Primary anatomical shoulder replacement
- Morning surgery
- ASA 1-2
- Any pre-operative anaemia optimised
- Distance from home to hospital site <30 miles
- Pre-operative patient education
- Occupational health requirements identified and addressed before surgery

Conclusions: Based on the factors found above, we are writing a protocol for Day Case Elective Shoulder Arthroplasty, with a target of 25% of ULAs to be day case.

17. Colorectal surgery virtual ward a technology based solution for increasing use of day case surgery

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Abstract

Introduction: Day surgery allows for a quicker recovery with less disruption to home life and cuts the risk of hospital-acquired infections. A digital way of achieving this will be via Virtual Wards to convert Inpatient procedures to Day cases for Example Ileostomy Reversal, Right Hemicolectomy,

Surgical Virtual Wards offer wearable technology for monitoring symptoms and signs in the comfort of home resulting in early discharge in line with Enhanced Recovery After Surgery protocols (ERAS). We offer a software based dedicated scoring system i.e "Colorectal virtual ward model" to virtually monitor Post-op patients at home thus converting inpatient procedures to Day Cases and reduce 30 Day readmissions.

Method: A novel Evidence based "Colorectal Virtual ward model" was developed. Pre-tested scoring systems to categorise the typical 1st 30 days post operative complications were merged with modified Early warning score. The software was designed to utilise a warning system to address red flags or a combination of different green, red and amber scenarios. Patients will be trained preoperatively and sent home with gadgets and app-based questionnaires for daily virtual

monitoring by a dedicated team.

Results: In the initial phase, the virtual ward is being used to reduce readmission rates without accelerated discharge. In the second phase, Day case ileostomy closure patients will be monitored virtually at home. In the 3rd phase Virtual wards will be offered to Right Hemicolectomy day case patients

Conclusion: Virtual wards will be a technology-based solution to increase the use of Day Case Surgery in line with ERAS

19 . 30-day readmission rate following laparoscopic cholecystectomy in North Devon District Hospital over a three-year period – a closed loop audit.

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Abstract

Introduction: Laparoscopic cholecystectomy is the most performed hepatobiliary procedure in the United Kingdom and worldwide. Readmission rate following surgery is considered a problem as such, reducing this will allow for effective cost savings in the National Health Service. The aim was to determine 30-day readmission rate post-laparoscopic cholecystectomy, identify the indications for readmission and aim to reduce this rate.

Methods: We carried out a retrospective analysis of data of patients that had cholecystectomies over a 3-year period; 2019-2021 in our facility. Demographic data, comorbidity, and 30-day readmission rate over three-year and three-time periods were evaluated. Findings were presented at the Upper Gastrointestinal meeting and subsequently, we implemented that all our patients get standard analgesic post-laparoscopic cholecystectomy and subsequently a reaudit was conducted.

Results: A total of 883 patients had laparoscopic cholecystectomy: 69% females and 31% males. 70% were performed as day case. Readmission rate was 6% (5%; day case and 6%; overnight-cases), also, 4%, 6% and 6% for years 2019, 2020 and 2021 respectively. Indication for readmission was 22% and 78% for biliary and non-biliary causes. Common indications for readmission were abdominal pain, postoperative infection, retained stone, pancreatitis and bile leak with non-specific abdominal pain being the commonest. Following adjustment for comorbidity, increasing age, and male gender were associated with an increased rate for admission.

Conclusion: Readmission rates following laparoscopic cholecystectomy in North Devon District Hospital over a three-year period was less than 10% in accordance with Association of Upper Gastrointestinal Surgeons standards. Standards have been maintained following a reaudit.

21 . Day Case Shoulder Arthroplasty - How To Develop A Pathway

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Abstract

Introduction: Although currently total shoulder arthroplasty (TSA) is not included in the British Association of Day Surgery (BADS) Directory of Procedures, the procedure fulfils the surgical criteria for same day discharge. In line with national guidance, and given the current pressure on arthroplasty waiting lists, our centre has set out to establish a pathway to safely perform day-case

TSA.

Methods: We reviewed the literature, local audit and BADS guidance to determine the feasibility of undertaking TSA as a day-case. Using established quality improvement methodologies, and with reference to existing protocols from other centres, we developed and piloted a local pathway.

Results: After review of the literature and BADS benchmarks for hip and knee arthroplasty, we set the aim of 30% of all TSA in our centre being performed as day-case by January 2024. Process mapping has allowed us to identify and collaborate with stakeholders in each step of the patient's perioperative journey, and by utilising the Model for Improvement Framework and iterative PDSA cycles we have developed enablers for each stage. These include robust patient exclusion criteria, early electronic pre-assessment, patient education and risk management interventions, surgical/anaesthetic guidelines and appropriate follow-up protocols. To date 4 patients have undergone TSA as a day-case in our centre with good early outcomes.

Conclusion: We have designed a local pathway for day-case TSA based on exclusion criteria rather than default inpatient TSA. We have successfully piloted this pathway and would propose the inclusion of TSA in the BADS Directory of Procedures.

32. Are Post-Operative Instructions Clearly Explained in Operation Notes? - Developing the Abscess Pathway as Day Case Standardized Pathway

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Abstract

Introduction: "Good Surgical Practice" guidance states that operation notes must include "detailed postoperative care instructions" to facilitate continuity of care by clinicians, alongside the patient themselves. This is especially important for abscess incision and drainage (I&D); most common day-case procedure where patients are left with complex, inaccessible wounds requiring frequent dressings. This study aimed to investigate and improve the compliance of post-operative documentation for I&D procedures as standardized day case pathway.

Methods: Retrospective analysis of 100 consecutive abscess I&D procedures performed at a district general hospital between August–November 2022. The operation note for each procedure was screened for post-operative guidance on antibiotic use, analgesia, dressing management, showering, returning to daily activates and follow up.

Results: On average, 55-62 I&Ds were documented each month. 38 operation-notes did not clarify antibiotic choice/duration. Guidance on analgesia was missing from 27 operation-notes; 12 patients reported analgesia-related constipation without laxatives prescribed. Showering and dressing management was excluded from 53% and 19% of notes respectively. 62% failed to provide advice on the first dressing change,Aquacell was not prescribed in 68%.Information on returning to daily activities was only included in 6 notes. Follow-up was not mentioned in 67% of cases.

Conclusions: Documentation of post-operative instruction for abscess I&D is inconsistent, increasing risks of patient anxiety, pain, infection, and re-presentation to hospital. Data collected

was used to design the ‘Abscess Pathway’ to standardise information provided to patients in the pre-/post-operative period in the form of leaflets and personalised proformas.

36 . Exploring failed day-cases and missed opportunities

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Abstract

Introduction: Improving day-case surgery performance is key to tackling waiting lists, allowing surgery to be performed efficiently despite increasing inpatient bed pressures.

Methods: We performed a service evaluation to identify failed day-cases (patients booked as day-case who were admitted overnight) and missed opportunities (inpatients with a zero length-of-stay) by speciality, explored reasons for this, and identified areas for improvement. The British Association of Day Surgery (BADS) Directory of Procedures was used to define surgeries that should be performed as day-cases in our quarter 3, 2022 data. Notes were reviewed for failed day-cases and missed opportunities, assessing documented reasons, and inpatient interventions that occurred.

Results: There were 2324 BADS day-case procedures with74 failed day-cases and 75 missed opportunities identified. By speciality, failed discharges as proportion of potential day-cases were: Breast (14.2%), ENT (6.3%), General Surgery (26.3%), Head & Neck (3.8%). Orthopaedics (7.8%) and Urology (14.3%). Reasons for failed day cases were pre-operative/booking errors (26%), perioperative complications (35%) and discharge issues (23%). 16% lacked any explanatory documentation. 53% of failed day cases had no inpatient interventions. 96% of missed opportunities had no documented reasoning.

Discussion: This work forms part of a larger project to establish changes that could be made to improve day surgery provision. Booking errors resulted in significant failed day cases and missed opportunities. Overnight stays did not equate to further interventions. Documentation surrounding deviation from day-case pathways was poor. Clinician education and a change in booking forms are potential future intervention targets.

37. Achieving a fourfold improvement in oral analgesia premedication as per National Institute for Clinical Excellence guidelines in day surgery patients.

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Abstract

Introduction: The National Institute for Clinical Excellence (NICE) recommend multimodal analgesia for post-operative pain. Oral paracetamol and non-steroidal anti-inflammatory drugs

(NSAIDs) (if clinically appropriate) should be offered before surgery for all adult patients. No difference in efficacy between oral and intravenous (IV) paracetamol and NSAIDs. Oral medications are cheaper and produce less single use plastic compared to IV medications.

Methods: Retrospective analysis of 100 adult patients who had undergone day surgery procedures. Education sessions for anaesthetists and nurses in admissions were undertaken. Posters to re-enforce these sessions were displayed in admissions and anaesthetic rooms. Post intervention, another 100 patients were analysed. A survey was conducted over what influenced change in practice.

Results: Pre-intervention: 17 were prescribed oral paracetamol and 7 oral NSAID. All received this pre-op. 45 received IV paracetamol and 22 received IV NSAID intra-operatively. Post-intervention: 70 were prescribed oral paracetamol and 43 oral NSAID. All received this pre-op. 15 received IV paracetamol and 16 IV NSAIDs. Survey results: 74% of anaesthetists had changed their practice. Departmental teaching on green theatre project to decrease environmental impact of anaesthesia and prompting by nursing staff in admissions were cited as the most impactful factors towards change.

Conclusion: There is scope to dramatically improve adherence to NICE guidelines, saving money and decreasing environmental impact. Both departmental teaching and empowering admission nurses to encourage a change in culture were found to effective at improving prescribing practices.

43. Cervical cerclage via day surgery unit: The experience of The Rotherham NHS Foundation Trust

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Abstract

Introduction: Cervical cerclage remains one of the standard interventions prophylactically performed in the care of women at risk of preterm birth and second trimester foetal loss. While hospital guidelines available online suggest that day case cerclage is possible, we are not aware of any formal national guidelines/recommendations. We report an evaluation following introduction of our day case cervical cerclage pathway via our day surgery unit (DSU), using elective gynaecology lists rather than obstetric theatres, therefore reducing the burden placed on labour ward and obstetric theatres.

Methods: A guideline for day case cervical cerclage was developed, covering the pathway from obstetric surgeon decision to proceed, pre-operative assessment via the elective pre-operative assessment team, perioperative care, and anaesthesia. Data were collected prospectively, including duration of surgery and hospital stay, anaesthetic technique, analgesia requirements and any complications.

Results: Between 15.9.22 and 4.4.23 we have successfully performed 5 day case cervical cerclage procedures via DSU. All patients underwent spinal anaesthesia with 2% Hyperbaric Prilocaine (average dose 2.2ml). Surgical procedure time was between 8 and 20 minutes. All patients were discharged home by 16:30pm. No patients required intra-operative analgesia or conversion to general anaesthesia. One patient had mild pain post-operatively. Urinary retention was an issue for the first two patients, but no further patients since the guideline was subsequently amended to limit intra-operative IV fluid to 500mls.

Conclusions: Our pathway has demonstrated that day case cervical cerclage can be safely performed via DSU using elective gynaecology lists, offering benefits to patients and the hospital.

46. Review of the factors leading to an unplanned inpatient stay following a day case Laparoscopic Cholecystectomy in a Tertiary centre

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Abstract

Introduction: Unplanned inpatient stay (IPS) following day case Laparoscopic Cholecystectomy (LC) has major implications for patients and healthcare systems. Aims: To review factors responsible for unplanned IPS, and develop strategies to prevent such unnecessary stays.

Methods: We retrospectively collected data on all LC performed in a Tertiary Centre over January – March 2022.

Results: 162 patients underwent LC during this period; 132 (81.5%) patients were planned day cases out of whom 65/132 (49.2%) were reported IPS and 67/132 (50.8%) were documented same-day discharges (SDD). Reasons identified in clinical notes for unplanned IPS: surgical team requests (e.g. operation note, criteria-led discharge; n=36), late patient recovery (n=23), drain insertion (n=9), social issues (n=5). n=14 had no documented IP causes identified. n=5 erroneously reported as IPS despite having SDD. Furthermore, n=34 IPS were performed in the afternoon compared to n=11 among SDD [p<0.0001]; n=3 afternoon cases found in which limited communication between nursing and surgical teams may have delayed discharge. Mean operation time was 92 min IPS vs 82 min SDD [adjusted OR 0.989]. Average ASA score was 2.2 for IPS compared to 1.9 for SDD [p=0.001].

Conclusions: The rate of unplanned overnight stay was significantly high (45.5%, 60/132). Several human factors such as errors in the booking list, late-afternoon cases, and no clear discharge planning in the post-op notes were among the few factors which could easily be improved. A review of these factors is deemed necessary not only for improving patient outcomes & quality of care but equally for reducing healthcare costs.

55. A Truly Virtual Anaesthetic Pre-operative Assessment Clinic

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Abstract

Introduction: Setting up a Virtual Anaesthetic Review (VAR) clinic at the Royal Derby Hospital was aimed at improving efficiency of pre-operative assessment (POA) for complex patients (ASA 3 /4) by allowing increased numbers to be reviewed per clinic compared with face-to-face clinics, and more patients to be offered Day Surgery by default. The team of clinical nurse practitioner and

Consultant Anaesthetist provided a truly virtual clinic when the Consultant Anaesthetist was at home with Covid-19.

Methods: We looked at the number of patients reviewed in the VAR Clinic in Derby since its inception and compared this to potential numbers achieved by face-to-face assessment. The complexity and ASA grade of patients are documented and the flexibility of the clinic to continue even if not based in the hospital, via secure computer links to hospital servers examined.

Results: The VAR has reviewed 177 pre-operative patients for Day Surgery in 16 weekly clinics since December 2022. For face-to-face clinics for the same duration only 72 patients would have been seen. 8/177 (4.5%) were ASA 2 and thus 169/177 (95.5%) were ASA 3 or 4. 12 patients were reviewed when the Consultant Anaesthetist was off-site using communication via phone and computer.

Conclusions: Our VAR clinic has highlighted a 140% increase in patient numbers reviewed pre-operatively. These were mainly ASA 3 or 4 so increases the accessibility to Day Surgery for these complex patients and, also allows flexibility to easily change clinic times or work remotely without inconveniencing patients and allowing reviews to go ahead.

Peri-operative Glucocorticoid Supplementation in – A Scottish Perspective

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Abstract

Introduction: We endeavoured to look at the impact on practice amongst anaesthetists in Scotland of the 2020 joint guideline on the management of glucocorticoids during the peri-operative period. A major change in this guideline was the recommendation of a continuous infusion of hydrocortisone at 200 mg.24 h−1, following a 100mg bolus, at induction of anaesthesia in adult patients with adrenal insufficiency from any cause.

Methods: We conducted an electronic survey, using SurveyMonkey, on the current practice in Scotland between 01/07/2021- 30/07/2021. We emailed the survey to the anaesthetic department secretary of every hospital in NHS Scotland.

Results**:** We received 28 completed surveys. 20 consultants and 8 trainees. 71.4% (n=20) stated they wound not consider commencing a hydrocortisone infusion in day surgery/ 23 hour stay patients, due to possible impact on early mobilisation/ discharge. Of these respondents, 80% (n=16), stated they would give a bolus dose of IV steroid at induction of anaesthesia but would not prescribe further IV steroids. 67.9% (n=19), stated they would not consider commencing a hydrocortisone infusion patients on enhanced recovery after surgery (ERAS) pathways. Of these respondents, 37% (n=7) stated they would prescribe a bolus regimen of hydrocortisone 50mg QID.

Conclusions: We are interested in the impact of commencing a hydrocortisone infusion on the suitability of patients with potential adrenal suppression for day case surgery and ERAS. Previous evidence has not support supplemental steroids for less invasive procedures. Our survey suggests there is heterogeneity in peri- operative corticosteroid supplementation amongst anaesthetists in

Scotland.

3 . Anaesthetic machine emergency equipment: an audit and completing the loop

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Abstract

Introduction: Anaesthetists have a responsibility to check anaesthetic machines to ensure that all necessary and emergency equipment is available and functioning. The Association of Anaesthetists provide guidance on checking the anaesthetic machine prior to each operating list and before each case.

Methods: An initial audit of anaesthetic machines in anaesthetic rooms (AR) and operating theatres (OT) was completed in February 2022. The availability of equipment was recorded: oxygen and nitrous oxide cylinders; a spanner to open the oxygen cylinder; a self-inflating bag; equipment for front of neck access; a stethoscope; and a peripheral nerve stimulator (PNS). Following this, the interventions included ordering new equipment, as well as redistributing and labelling existing equipment. A repeat audit was performed in January 2023.

Results: The initial audit demonstrated that 100% of oxygen cylinders were within expiration date; however, only 75% of nitrous oxide cylinders were in date. Furthermore, merely 67% of anaesthetic machines included a spanner to open the oxygen cylinder in an emergency. 83% of theatres contained a self-inflating bag, stethoscope and PNS in either the OT or AR. Following the interventions described, the re-audit demonstrated 100% availability of in date oxygen and nitrous oxide cylinders, spanners, self-inflating bags and stethoscopes.

Conclusions: The initial audit demonstrated that all anaesthetic machines did not have the essential equipment for emergencies and suggested that anaesthetic machine checks were not being adequately performed or actioned. A number of interventions lead to improvement in results, however, to maintain standards, anaesthetists must continue to monitor availability of equipment.

4. Digitalising day surgery: the development of a perioperative patient pathway app

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Abstract

Introduction: Surgical waiting times are at their highest ever. Streamlining perioperative processes, optimising long term conditions and improving patient experience whilst waiting for surgery is imperative. We had developed a significant preassessment backlog post COVID with late

preassessments causing unacceptable cancellations. We are developing a patient pathway app to provide information, and support active triage of patients for targeted pre-operative assessment, aiming to enable the best possible patient preparation for surgery.

Methods: Analysis of the current patient pathway identified its shortcomings; long waiting lists, and higher than usual late or on the day cancellations. We have developed a digital pathway reflecting the patient journey, with information about prehabilitation, preoperative expectations, timelines, healthy lifestyle and postoperative advice. A detailed preoperative questionnaire is included to allow for remote preoperative data capture. This will enable appropriate targeting of preoperative assessment nursing time utilising a ‘traffic light system’ : Green-‘fit to go’ with amber and red requiring more dedicated preparation time. Digital postoperative follow up is also included. Patient trials are about to begin.

Results: The final app is designed to be comprehensive, covering every aspect of the patient day surgery elective pathway. Expected outcomes are:

- Increased digital pre-assessment completion
- Nursing time redirected to highest risk patients
- Better perioperative patient preparation
- Improved communication
- Reduced cancellations

Conclusions: The app will improve efficiency and provide accessible ,consistent information. Digital data entry will drive both staff and patient efficiencies and enhance perioperative data collection. Ultimately, with an improved service, patients will be empowered during their perioperative period.

6. Trends in music preferences of patients undergoing routine awake cataract surgery

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Abstract

Introduction: Literature has established music's positive value in operating theatres. It subjectively and objectively reduces patient anxiety, regardless of genre. When patients make direct requests, music can facilitate their perception of control during awake surgery. This study aims to elucidate how many patients will make specific requests during awake elective cataract surgery if given the choice, and which requests are most common.

Methods: With a prospective longitudinal ecologic design, a simple spreadsheet collected demographic data for all patients undergoing awake phacoemulsification at the Wye Clinic in Hereford (May 2022 to January 2023). Patients were asked to choose music for the duration of surgery. Preferences were categorised into ‘specific genre’, ‘specific era’, ‘other specific request’, ‘surgeon’s preference’ and ‘wanted no music’. Two professional composer-musicians (romantic-modern, and jazz) aided with data description; analysis was done using R.

Results: Data was captured from 272 surgeries, for patients aged 34 to 94 years ($\bar{x}$ = 74.9).

Requests for a particular song or artist, specific genre, for vague requests, the surgeon's preference, or era specific music were made by 43.0%, 31.6% (classical and jazz were most common), 6.3% and 2.6%, respectively.

Conclusions: Given music's benefits for patients during awake surgery, it should be offered where possible. This study shows that given the choice, most patients undergoing routine cataract surgery will make a specific request. Where a minority opt for the surgeon's preference, the expanded results can help cataract surgeons make an informed choice to optimise the reduction of patient anxiety.

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Abstract

Aim: Daycase surgery reduces post-operative complications. Facilitating safe discharge is of paramount importance. One way of ensuring this is to enable patient access to reliable information.

In this quality improvement project, we aimed to create and implement an information leaflet that would give succinct information to patients on what to expect on discharge, and signposting to further resources if required. It was felt that this would ultimately result in a better and safer patient experience.

Method: A leaflet was designed in conjunction with surgical, nursing, and anaesthetic colleagues, using information available from the Royal College of Surgeons and British Association of Day Surgery. This was then given to all relevant patients post-operatively. Subsequently, a cohort of patients were called and asked for feedback on the usefulness of this leaflet, using a questionnaire approach based on the psychometric Likert scale.

Results: A total of 15 patients were contactable, of which 14 (n=15, 93%) reported having received the leaflet. A further 12 (n=14, 86%) described the leaflet as useful, with comments such as 'it was a comfort blanket' and that 'it allayed some anxieties I had about my recovery'. 2 people (n=14, 14%) mentioned that some information was difficult to understand.

Conclusions: Information leaflets make a positive contribution to the post-operative patient experience. In future, we will look to conduct further study into whether the introduction of this leaflet has improved our day case rate, reduced re-admissions and whether patients have had an overall better experience of care.

9. Patient Reported Outcome Measure assessment of day case pain control post breast surgery - new treatment pathway.

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Abstract

Introduction: Day case surgery is an advancement in patient care and efficiency for hospitals. The success of day surgery is dependent on the patient's experience of the pathway including pain control. Patient Reported Outcomes Measures (PROMs) validates the success of treatment and the quality of care delivered to NHS patients from the patient's perspective.

Method: All patients undergoing day case breast surgery were assessed using PROMS to validate the surgical pathway with respect to pain control. Patients were requested in advance to purchase over the counter analgesia to take according to their own requirements and hospital prescribed discharge analgesia was discontinued.

Results: Nearly all patients felt that their pain control immediately after surgery was good. 18.3% patients recorded that the pain kept them awake at night and 14.8% felt they needed stronger pain relief. Importantly only 8.3% sought medical help post discharge and 3.5% sought help from GPs for any reason. Eight patients stayed overnight for medical reasons and stated that this was a necessary and acceptable outcome in the circumstances. 24.8% patients experienced some form of post operative issue. Despite these experiences 95% stated they preferred having day case surgery.

Conclusions: PROMS allows patient feedback of the treatment pathway and enables reflection and further improvement to be achieved. The results support discontinuation of medication on discharge and patient self-medication with over-the-counter analgesia is an acceptable pathway. It does not result in a significant burden on GP or A+E with patients seeking pain relief from other sources.

20. Three cycle Audit on Venous Thromboembolism Prophylaxis for General Surgery Admissions at a busy DGH, Audit, General Surgery.

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Abstract

A three cycle audit on venous thromboembolism prophylaxis was undertaken from general surgical admissions at a district general hospital.

Introduction: Approximately 25,000 mortalities occur annually in the UK arising from complications due to venous thromboembolism. This costs the NHS approximately £200 million. 2021 NICE guidelines regarding VTE prophylaxis states that every patient should be assessed for risk either at admission or by the first consultant review. If prophylaxis is indicated guidelines state treatment should be initiated within 14 hours of admission. This study aimed to assess the compliance of this surgical department within national guidelines.

Results: The initial audit revealed poor adherence to national guidelines. Only 78%of VTE assessments were completed on admission. Following implementation of EPR this increased to

100% over 2nd and 3rd cycles. Fragmin was prescribed in 80% of the patients during the 1st cycle, halving to 40% over the 2nd cycle. This increased to 65% in the 3rd cycle following education. TED stockings were prescribed for 48% of patients in the 1st cycle, 25% in 2nd cycle and then 50% in 3rd cycle.

Conclusion: The study demonstrated that the department failed to meet national guidelines on VTE prophylaxis in the 1st cycle of the audit. Following EPR the department was able to meet the guidelines for assessment of patients for VTE prophylaxis. It appears the rates of prescribing mechanical and chemical prophylaxis fell due to inadequate teaching for prescribers using EPR, this had been addressed prior to the 3rd cycle.

22. Is Day Case Shoulder Arthroplasty Safe?

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Abstract

Introduction: Demand for total shoulder arthroplasty (TSA) is increasing. Performing this as a day-case procedure has the potential to increase capacity. In the USA, 34.6% of all TSAs are day-case, but it is less common in the UK. We set out to establish whether day-case TSA is safe and efficient.

Methods: We performed a literature review, searching PubMed to identify all relevant literature on day-case TSA, and collating evidence regarding clinical outcomes, cost, and service development. We then conducted a retrospective audit of all TSA patients in our centre over five years, looking at co-morbidities, length of stay (LOS), analgesia use, haemoglobin drop, acute kidney injury (AKI) and urinary retention.

Results: 49 articles were identified, almost all from the USA and published in the last five years. Analysis suggested day-case TSA has low complication and readmission rates, and high patient satisfaction. Postoperative pain may hinder same-day discharge in some patients. There are significant cost benefits. 63 patients underwent elective TSA 2015-2020 in our centre. Median LOS was two days (IQR 3) with no association between comorbidities and LOS. No patients required transfusion; 6% (n=4) developed a mild AKI; 3% (n=2) required catheterisation.

Conclusion: Evidence suggests day case TSA is safe and cost-effective for appropriately-selected patients. The vast majority of data comes from the USA; further work may need to be done in the UK to establish the benefits to the NHS. Our retrospective cohort had a low incidence of complications which supports the conclusion that same-day discharge is safe.

23. Day case hysteroscopy in NHS Lanarkshire: Opportunistically challenging conventions

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Abstract

Introduction: Day case hysteroscopies are carried out in NHS Lanarkshire but only one site has inpatient (IP) beds. 2018 policy was to book a bed for patients with a body mass index (BMI) over

38, many being seen at clinic to discuss spinal anaesthesia. Following interventions, the pandemic and reduced IP capacity, the BMI limit changed to over 40. We audited IP bed use, anaesthetic type and attitudes in 2022.

Methods: Following the 2018 audit, patients received information about spinal anaesthesia to manage expectations and reduce in-person pre-assessment. We used Centricity™ Opera and Clinical Portal to identify hysteroscopy patients and gather information. We surveyed consultant attitudes to IP bed booking and anaesthetic approach.

Results: In 2018, 22 of 141 (15.6%) patients were admitted post-operatively. There was a low threshold to booking a bed in high BMI patients. In 2022, 7 of 233 (3%) patients were admitted post-operatively. 63.2% of anaesthetists only required a bed with a BMI over 50. Concerning anaesthesia, 214 (91.8%) were general, 9 (3.9%) spinal and 10 (4.7%) local, with a higher (30%) spinal rate where BMI was >50. No patients with BMI >45, were screened for obstructive sleep apnoea (OSA).

Conclusions: Attitudes to IP bed requirement in high BMI patients have changed and admission rates are decreasing. The majority of cases in 2022 were under GA but without OSA screening. We recommend increasing the use of day case spinals in higher BMI patients along with OSA screening to assist decision-making.

24. Using a Patient Group Direction (PGD) for Oral Paracetamol pre-medication in paediatric day surgery

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Abstract

Introduction: Intravenous (IV) paracetamol is not known to offer any analgesic benefit compared with the oral route. Its' use is associated with more drug errors, CO2 emissions and is more expensive. Patient Group Directions (PGDs) enable nurses to supply and/or administer medication to a defined group of patients without the need for a prescription. The purpose of this quality improvement project was to increase the use of oral paracetamol pre-medication in children attending for day surgery at Kings College Hospital by implementation of a PGD, and consequently decreasing IV use.

Methods: A snap-shot audit was carried out at KCH in January 2023 to ascertain how paracetamol was being used in children undergoing day surgery. Following this, a PGD was implemented which incorporated a training process, competencies and visual aid for nurses to administer paracetamol safely to paediatric patients pre-operatively. Re-audit will be carried out in April 2023 once the PGD has been fully implemented.

Results: 20 patients were included in the initial audit. The mean age was 10.1 years, 18 received IV paracetamol, 1 received oral paracetamol (5%) and 1 received no paracetamol. Following the re-audit, proportions of children receiving oral or IV paracetamol will be reported, as well as time interval from administration to induction of anaesthesia, and incidence/description of any drug errors.

Conclusions: We hope to show that a simple intervention to change practice from using IV to oral paracetamol can be safe, empower nursing staff, be cost effective and have significantly less environmental impact.

25. Day-case case inguinal hernia repairs: An analysis of same-day discharge rates and reasons for admission.

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Abstract

Introduction: The British Association of Day Case Surgery (BADS) suggest that 90% of inguinal hernia repairs (IHR) can be completed without an overnight stay in hospital.[1] Between April and September 2022, our performance team reported only 79.0% of IHR's were recorded as day-case. We completed an internal, retrospective audit to ascertain if the number of day-case IHR's could be improved.

Methods: We examined admission notes for all 31 IHR cases which were not coded as day-case within this time frame. We wanted to determine if a planned admission, or same-day discharge, should have occurred.

Results: 18 cases were admitted in line with BADS unplanned criteria. 2 patients were identified as missed candidates appropriate for planned overnight admission. 1 case had an unidentifiable cause of admission. 10 cases were found to be appropriate day-case surgeries, incorrectly identified by coding. The addition of these cases brings our proportion of elective IHR's above 90%. It was concluded that a lack of clerical staff out of hours meant that day-case patients were not formally discharged on the IT system till the following morning. An evening shift for clerical staff has since been introduced to combat this.

Summary: Our audit suggests that our department completed >90% of IHR's as day-case surgery, in line with BAD's criteria, despite up to 13% of these cases not being captured appropriately by coding. The main barrier to correct coding is likely to be delayed discharge from the IT system.

26. Analysis of anaesthetic techniques in a breast surgery service to identify potential barriers to day case mastectomy

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Abstract

Introduction: The British Association of Day Surgery benchmark rate for same-day discharge after

mastectomy is 75%. Gartnavel General Hospital achieved a rate of 7.5% over the period 09/22 to 02/23. We looked for factors pertaining to anaesthetic technique (in particular, use of chest wall regional anaesthesia) which were predictive of same day discharge or associated outcomes.

Methods: Retrospective analysis of the anaesthetic techniques used for mastectomies at our institution (80 cases). Data points gathered: American Society of Anaesthesiologists physical status; total intravenous anaesthesia; intraoperative opiate; regional anaesthetic technique; peak pain score in recovery; requirement for rescue analgesia; day of discharge.

Results: More same day discharges were seen in the group which did not receive regional anaesthesia (5 of 47) than in that which did (1 of 33). The mean peak pain score in patients who received chest wall blocks (2.59) and those who did not (2.6) was similar. Of the 74 patients who were not discharged same day, 70 were discharged on day 1. The choice of opioid varied with use of block. The mean dose of morphine was 7.8mg without block and 0.6mg with; fentanyl use increased from average 76mcg without block to 169 mcg.

Conclusion: Regional anaesthetic techniques did not result in reduced pain scores after mastectomy or increased incidence of same day discharge. It did result in a significant reduction in Morphine utilisation. Surgical preference and organisational inertia may be more important barriers at this institution and we are working on an Enhanced Recovery After Surgery protocol.

27. To Stay or Not to Stay: Evaluating the Effect of Bupivacaine in Spinal Anaesthesia on Unplanned Admissions in Day Surgery

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Abstract

Introduction: Spinal anaesthesia with short-acting agents has several advantages in the day surgery setting. However, continued use of long-acting agents, such as Bupivacaine, might be limiting the use of spinal anaesthesia due to their side effect profile. This audit aimed to determine if using long-acting intrathecal agents resulted in more unplanned admissions than the British Association of Day Surgery's target of <2%.

Methods: We conducted a retrospective analysis of every patient who received spinal anaesthesia at Lister Hospital between April and November 2022, where the only available intrathecal agent was Bupivacaine. We reviewed patient records to identify unplanned hospital admissions following day surgery and investigated whether they were caused by side-effects of spinal anaesthesia, namely urinary retention or inability to mobilise

Results: During the review period, 518 patients received a spinal anaesthetic, out of which 97 (18.7%) were planned day cases. Of the 97 patients, 14 (14.4%) had unplanned admissions, of which 5 (5.2%) were due to purely anaesthesia-related causes, which exceeds the target. All five were admitted for urinary retention. The median time for administering spinal anaesthesia was 11:23 am.

Conclusions: Patients are being admitted after day case procedures due to complications from their long-acting spinal anaesthetic. We are also avoiding giving spinal anaesthetics later in the day. Shorter acting intrathecal anaesthetic agents may be a superior alternative to Bupivicaine in the day surgery setting. After presenting these findings in our departmental governance meeting, we decided to apply to add intrathecal Prilocaine to our local formulary.

28 . A Retrospective Audit of Peri-operative Analgesia Requirements for Total Shoulder Arthroplasty

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Abstract

Introduction: Our hospital is in the process of establishing a day case total shoulder arthroplasty (TSA) pathway. To inform our postoperative analgesia guideline as part of this pathway, we audited the recent peri-operative analgesia requirements of TSA patients in our health board.

Methods: We undertook a retrospective audit of perioperative analgesia usage for all elective TSA carried out across the 3 hospitals in our health board between 2015-2022. Data was collected from anaesthetic and drug charts and daily oral morphine equivalents (OME) were calculated for each patient. Results were analysed using descriptive statistics.

Results: 65 patients underwent elective TSA between 2015-2022, of which full data could be found for 62 patients. Pre-operative daily analgesia use was common with 95% (n=59) patients taking between one and three different regular analgesics. 21% (n=13) patients were taking strong opiates pre-operatively. 84% (n=52) of patients underwent interscalene nerve block. In total, 11 different types of post-operative opiates were used, the most common being oxycodone and codeine. Postoperative opioid requirements were significant. Median OME peaked on day 1 post-op at 50.5mg/24hrs (IQR 20-72mg) then trended down to 23mg/24hrs by day 4 (IQR 1-39).

Conclusion: Analgesic requirements post TSA are significant, and same day discharge requires prescriptions for strong opioids in the community. Careful opioid stewardship is required to do this safely. We have liaised with our Acute Pain Service and pharmacy teams to develop a comprehensive analgesic guideline for the first post-operative week after TSA.

29. Improving Day Surgery Discharge Analgesia Prescribing

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Abstract

Background: Following day surgery at University Hospital Crosshouse, patients were given a standard prescription of 4 days supply of paracetamol and ibuprofen or 3 days supply of co-codamol. General practitioners complained patients were attending for further analgesia soon after surgery.

Methods: 200 day surgery cases were identified. Community pharmacy staff were asked if patients received analgesia in the 3 week period following surgery.

Results: 74.5% of patients required no further analgesia; 29.5% were already prescribed analgesia pre-operatively. 9.5% of patients attended for repeat pre-operative prescription, 5.5% of patients received repeat prescription of the same medication prescribed at discharge and 10.5% of patient prescribed alternative medication. Orthopaedics had the highest proportion of patients (25%) requiring additional analgesia.

Conclusion: Reasons for the further prescription of analgesia in the post-operative period could

include: side effects of prescribed analgesia, stronger analgesia required, inadequate supply, new painful condition, surgical complication, requirement for step down regimen. Following a stakeholder meeting the following changes were made: -use of standardised prescribing bundles, providing 7 days of analgesia, on an electronic prescribing system which improves communication with GPs. -Avoid use of combination medications to aid the step-down of analgesia - Oramorph as strong opioid of choice for short-term higher strength opioid -Update to the patient information leaflet. A re-audit cycle will take place once day-surgery services have increased following the Covid 19 pandemic.

30. Safe to Stand; once a deficiency, now an efficiency

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Abstract

Introduction: A purpose built day treatment centre at the Freeman Hospital opened in October 2023. BADS and the Association of Anaesthetists recommend a protocolised postoperative pathway in order to facilitate nurse-led discharge following day surgery[1]. Therefore, in order to safely undertake day case surgery under spinal anaesthesia in our new facility, a ‘Safe to Stand’ proforma was implemented.

Methods: Day case staff involved in the postoperative care of patients following spinal anaesthesia were surveyed. This highlighted insufficient prior training and a lack of confidence in assessing this group of patients. Subsequently a day case guideline was written including a Safe to Stand Post Spinal proforma, which had been developed by Airedale General Hospital[2]. Staff were educated how to use the proforma correctly assessing patients motor, sensory and proprioception functions.

Results: Three months following implementation, the electronic records of all patients who underwent spinal anaesthesia were reviewed for the presence of a safe to stand proforma. Compliance was 100%, however 78% were incomplete with no time of discharge documented. Further education was done and following this 100% of safe to stand proformas were correctly completed. Day case staff were re-surveyed; this showed increased levels in confidence and positive feedback for having formal guidance regarding timing and regularity of patient assessment, and clear criteria to be met prior to safe mobilisation.

Conclusion: In conclusion, the initiation of a protocolised pathway has facilitated safe and efficient nurse-led assessment and discharge of day case patients post spinal anaesthesia in our new day case facility.

33. Effect of Intranasal Dexmedetomidine on Induction when used as a Premedication in Paediatric Anaesthesia

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Abstract

Introduction: Intranasal dexmedetomidine (IND) is an alpha-2 receptor agonist with sedative and analgesic effects, commonly used off-label as premedication for paediatric general anaesthetic worldwide. Use of IND has been shown to improve sedation at parent separation, reduce rescue analgesic use and reduce post-operative nausea and vomiting. Current national paediatric premedication guidelines suggest the use of oral benzodiazepines, commonly midazolam, however this is often unsuccessful due to patient refusal or rejection. This service improvement project assessed the extent to which IND as premedication was perceived to improve anaesthetic induction for paediatric day-case surgery.

Methods: A self-administered questionnaire containing 4 multiple-choice questions and free text comments was completed on the day of theatre, by the anaesthetist or nurse. Data was collected over a 7-month period. Thematic and frequency analyses were then performed.

Results: 15 completed questionnaires were returned, of which 93% were completed by the nurse. 100% of respondents felt IND as a pre-medication improved the induction of anaesthesia and 87% would recommend the use of IND again. Two themes were identified in the qualitative responses: ease of administration and variation in response.

Conclusion: Despite the small sample size, results showed an overall positive effect of IND on anaesthetic induction. Ease of administration for younger, neurodivergent or anxious patients was a significant benefit; although, challenges remain with the predictability of response due to variation in onset, duration and depth of sedation. Further research is needed to identify the paediatric population most likely to benefit from IND compared to routine oral premedication.

38. Will improving pain in paediatric tonsillectomy patients decrease hospital readmissions?

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Abstract

Introduction: Paediatric tonsillectomies are one of the most common surgical procedures, with approximately 30,000 carried out, in England, annually. Observational data has shown no difference in complication rates between day and admitted cases making day case advantageous from a patient satisfaction, cost and resource perspective. However, 30-day readmission rates have been estimated to be 7.8% most commonly for bleeding and pain. Our aim was to assess readmission rates of tonsillectomy patients and consider ways to reduce this.

Methods: Using the OPERA system, data for paediatric tonsillectomies in our district general hospital in a six-month period was collated. Each case was individually reviewed, with rates and reasons for readmission recorded. Given pain is a key reason for readmission a patient information leaflet on the use of morphine in the community was developed alongside staff education and training on the new initiative.

Results: Twenty-five patients underwent tonsillectomy in the six-month period (mean age – 8 years). One patient remained an inpatient due to pain, with 20% (5/25) representing with bleeding or pain. Three were subsequently readmitted (12%). The information leaflet is being finalised and training is currently ongoing. Further data collection will take place after these measures have been introduced.

Conclusions: The British Association of Day Surgery aim for 80% of paediatric tonsillectomies to be done as day cases, our site meets this target. To improve patient experience, cost and resource usage work must to be done to maximise day case tonsillectomies and reduce hospital readmission rates.

40. Introduction of A Day Case Meniscal Allograft Transplant (MAT) Pathway

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Abstract

Introduction: Knee arthroscopy and partial meniscectomy are common procedures, with most patients satisfied with the outcome. Some, however, develop compartmental pain due to the lack of functioning meniscus, known as post meniscectomy syndrome. Meniscal Allograft Transplant (MAT) uses a donor's meniscus to help unload the articular cartilage and help with pain relief. It is an arthroscopic procedure lasting 2-3 hours. Although generally performed on young, healthy patients and described as an outpatient procedure in America, we are unaware of it being performed as a day case in the UK. We report how we introduced day case MAT to Rotherham NHSFT.

Methods: A multidisciplinary day surgery pathway was developed including listing for surgery, pre-operative preparation, admission, pre-medication, anaesthesia, surgery and discharge medication. Prospective data collected included anaesthesia, analgesia, anti-emesis, pain scores, physiotherapy assessments and patient satisfaction.

Results: Between November 2022 and January 2023, two patients had MAT. Both were successful day cases managed with premedication (paracetamol, ibuprofen, oxycodone), general anaesthetic, intra-operative intravenous fentanyl 250mcg and local anaesthesia. Both were discharged by 4.30pm. Both patients reported pain day one post-operatively, ranging from mild to severe. One patient contacted their GP, increasing their oxycodone dose. Both reported being happy to have been managed as day cases, although one stated they felt unprepared.

Conclusions: We conclude day case MAT surgery can be safely performed. Although annual numbers are low, 3-4 in our Trust and nationally 200-300, we would suggest that this can free up valuable inpatient beds and support recovery of elective surgery.

41. Sharing "Sip til Send" – simple, smart and successful!

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Abstract

Introduction: Dehydration is harmful. Optimising hydration preoperatively improves patient

outcomes and experience. There is much evidence that clear fluids are absorbed within 30 minutes. “Sip til Send” is an exciting project developed by colleagues in Scotland. With permission, we adopted, adapted and implemented this in Plymouth. We describe how we shared this practice with colleagues, used technology innovatively and introduced a simple change across the multidisciplinary team to improve the care we offer to patients, thousands of patients!

Methods: Using data collected electronically at “Sign in”, we performed an audit of fasting in adult patients having elective surgery. We hosted patient focus groups to gain a deeper understanding of patient perspectives and barriers to effective hydration. Presenting these findings at our anaesthetics department meeting stimulated robust discussions and enabled a strategic steer. This was agreed with the surgical care group director before hosting interactive presentations in all theatre complexes within the trust. Colleagues designed posters and digital images to share as part of the rollout of “Sip til Send”.

Results: In the initial survey of 675 elective patients, 83% of were fluid fasted > 2 hours, 50% hadn’t had a drink > 6 hours. Patients highlighted issues regarding information and accessibility to drinks. A consensus for patients to sip water, but not tea/coffee, until the point of sending to theatre was agreed.

Conclusions: Sharing practice across departments, specialties and regions to make change is simple, smart and successful!

45. SDEC Hot Cholecystectomy: A Single Centre Experience

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Abstract

Introduction: The COVID-19 pandemic has created a backlog of around 7 million patients waiting for an operation in NHS England. A significant proportion of the waiting list included patients waiting for Laparoscopic Cholecystectomy. This is partly due to a lack of awareness and intent leading to non-compliance with the Hot Gall Bladder Pathway.

Methods: A twice-weekly Same Day Emergency Care (SDEC) service aimed at reducing the burden of gallstone disease was initiated in our hospital. This study evaluated a consecutive series of hot laparoscopic cholecystectomies performed between December 2021 and January 2023. Statistical analysis was performed using Statistical Package for Social Science (SPSS) version 27.0 for Windows (SPSS Inc., Chicago, IL, USA).

Results: Overall, 264 (females: 189, males: 75) hot cholecystectomies were performed with a median age of 47 years. The median BMI and ASA were 32 and 2 respectively. 210 patients presented for the first time. 139 patients had Grade I while 90 patients had Grade II acute cholecystitis as per Tokyo Guidelines 2018. All cases were completed laparoscopically. 29 patients had a subtotal cholecystectomy. Patients with Tokyo Grade II had 6.9 times higher odds of subtotal cholecystectomy than Grade I. Median postoperative stay was zero. 49 patients encountered complications (Clavien-Dindo Grade I: 17; Grade II: 9; Grade III: 23). Increased BMI was linked to an increased risk of complications.

Conclusions: The dedicated SDEC service for hot cholecystectomies can be employed to resolve the mounting waiting lists in NHS England while at the same time providing high-quality care.

49. The Virtual Ward as a resource to convert emergency presentations to day case procedures

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Abstract

Introduction: Biliary presentations account for around 1/3 of the emergency general surgery workload in the UK and the logistics of treating these patients are notoriously difficult to negotiate. We have taken advantage of the recent development for virtual ward services, set up in response to the pandemic, to provide a "third way" between emergency and elective work. The pathway and outcomes from the first 18 months of the service are described here.

Methods: In most cases, emergency attenders are unable to access elective beds and the emergency theatre is not used for elective admissions. The pathway allows patients presenting as emergencies with biliary problems to be transferred to the virtual ward (either from inpatient beds or our Same Day Emergency Care (SDEC) unit) thus technically remaining an "inpatient" and being able to access the emergency theatre booked slots, whilst at the same time being able to isolate and so be readmitted through the ring-fenced elective beds.

Results: In the first 16 months we were able to move 115 patients through this pathway. Although every case was an emergency "hot gallbladder" we treated all as day-case by intent and achieved it in 47%. Median Post-op LoS was 1d. 10 patients stayed >48hr. Median ASA was 2. Median pre-op LoS 5d

Conclusions: The use of the virtual ward as a bridge from the emergency to the elective has had a significant impact in our ability to continue offering excellent, planned-emergency care and to mitigate the disadvantages faced by emergency admissions.

50. A step in the right direction: Enhanced recovery foot and ankle surgery in a dedicated Day Surgery Unit

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Abstract

Introduction: As part of our post-pandemic recovery, we designed and implemented an enhanced recovery programme to allow patients to undergo midfoot and hindfoot surgery in a dedicated day surgery unit (DSU), at our district general hospital. We prospectively audited the outcome and patient satisfaction of the first cohort.Methods: 12 suitable, ASA 1 & 2 patients, listed for a midfoot

or hindfoot operation were enrolled into a DSU enhanced recovery pathway. Length of stay, post-operative pain scores, patient satisfaction scores and surgical outcome were recorded. Patients received telephone follow up at day 1 by the Surgical Care Practitioner and then attended for face-to-face review at 2,6_and_12_weeks.Results: All patients underwent morning surgery, under general anaesthetic & popliteal block. They were discharged from DSU, with opiate analgesia, the same afternoon. Mean length of stay was 9hrs 05minutes. Patients were discharged, non-weight bearing in a back slab, with a functioning block that remained effective for a mean of 18.8 hrs. Patients self-recorded their pain scores and use of analgesia for 48hrs post-operatively. There were no complications or readmissions. All patients reported a successful clinical outcome by 12 weeks and were very satisfied with the pathway.Conclusions: We suggest that our enhanced recovery pathway facilitates patients having the right procedure in the right place. This surgery can be performed both safely and successfully, with high patient satisfaction, in a dedicated DSU. We propose broader use of such a pathway to support post-pandemic recovery and a move away from unnecessary inpatient admission.

52 . Novel calculator app for optimising volume of intra-articular local anaesthetic infiltration in day-case knee joint replacement

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Abstract

Introduction: Local infiltration analgesia (LIA) via intra-articular injection conveys many advantages in the context of day-case knee arthroplasty. Our day-surgery anaesthetic protocol for this procedure includes spinal anaesthetic, a regional block, and intra-articular infiltration. The toxic dose of local anaesthetic (levobupivacaine at 3mg/kg) is split between these modalities. As the calculation requires multiple steps and the concentration of LIA is bespoke (1.2ml/ml), calculation of the final volume is not straightforward. Our aim was to simplify this process and to help ensure patients are not under-dosed in order to achieve maximum analgesia.

Methods: A calculator app was developed for iOS/Android phones allowing for calculation of LIA volume according to local protocol after entering patient weight, spinal and regional dose. Notes of 66 patients who underwent total or unicompartmental knee arthroplasty in the last year were reviewed. 37 notes had required data to allow working out the maximum volume of LIA using the app’s calculations.

Results: 36 patients received LIA below their toxic dose cut-off. One patient was administered a dose 8ml over. On average, patients could have received an additional 65ml (3ml to 170ml range). There were no incidence of local anaesthetic toxicity.

Conclusions: Protocolised analgesic regimens are an important aspect of short-stay surgery. Advantages can further be leveraged by developing tools that assist clinicians in calculations specific to local protocols. A mobile application with the appropriate safety disclaimer has the potential to become useful tool for both clinical safety and ensuring patients reap the full benefits of LIA.

53. Postoperative Outcomes and Safety of Same-Day Surgery for Management of Pelvic Organ Prolapse: A Systematic Review and Meta-Analysis

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Abstract

Introduction**:** Pelvic organ prolapse (POP) causes pain and discomfort in about 40% of women globally. The practice of day surgery in POP management has increased to support hospital efficiency and patient satisfaction. However, there has been no meta-analysis comparing its perioperative outcomes and safety with inpatient procedures.

Method**:** This meta-analysis was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, with systematic searches across Pubmed, EMBASE, Scopus, Proquest, ClinicalKey, Cochrane & Google Scholar up to April 2023. Risk of bias analysis was performed using Newcastle-Ottawa Scale (NOS). Random/fixed effects meta-analysis was conducted to estimate odds ratio (OR) and 95% confidence intervals (CI), followed by sensitivity analysis with funnel plot and Egger's tests when appropriate.

Results**:** 10 studies were analysed comparing same-day discharge (SDD) and next-day discharge (NDD). SDD patients demonstrated lower rates of readmission (OR: 0.75, 95% CI: 0.65 - 0.87, p = 0.0002, I^2 = 0%), reoperation (OR: 0.78, 95% CI: 0.61 - 1.00, p = 0.05, I^2= 1%), unscheduled healthcare visits (OR: 0.84, 95% CI: 0.59 - 1.21, p= 0.35, I^2= 47%), overall complication (OR: 0.58, 95% CI: 0.43 - 0.77, p= 0.0002, I^2=72%), haemorrhage (OR: 0.61, 95% CI: 0.17 - 2.21, p= 0.45, I^2=64%), pain complaints (OR: 0.77, 95% CI: 0.55 - 1.09, p= 0.14, I^2=0%), and urological complications (OR: 0.52, 95% CI: 0.27 - 1.02, p= 0.06, I^2=93%).

Conclusion**:** Same-day surgery is a more effective and safe method in managing POP with possible benefits in cost-efficiency and quality of life.

56. Use of Electronic Prescribing to improve communication with Primary Care after Day Surgery

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Abstract

Introduction: Discharge information to primary care after day surgery (DS) may be delayed as it has been provided by letter from surgeons, along with written information given to the patient. This did not include prescribing information. A local audit showed up to 25% of patients contacted their GP within 2 weeks of surgery for additional analgesia. FPM guidance recommendations include; providing up to 7 days of pain relief, avoiding compound drugs (co-codamol), weaning analgesia after surgery. More complex surgery is being performed as DS and may require strong opioids for postoperative analgesia. HEPMA (Hospital Electronic Prescribing & Medicines Administration) is

utilised in our health board. Immediate Discharge Letters (IDLS) can be generated including medication and provides communication with primary care within 24 hours of discharge.

Methods: HEPMA bundles were created to comply with recommendations, replacing co-codamol with paracetamol and dihydrocodeine, and ensuring appropriate quantity for up to 7 days. The use of HEPMA IDLs for DS patients was introduced, education sessions provided to the anaesthetic department and further support from the HEPMA team given as required.

Results: A six month period was analysed using HEPMA. Two hospital sites were included. Engagement in one site was already well established, and the second site showed significant improvement over this period. Supplementary medications at discharge included antibiotics and venous thromboembolism prophylaxis. Information on dressing changes and follow-up was also provided. Discussion HEPMA provides an effective platform to provide timely communication to primary care and standardised prescribing bundles for discharge analgesia after DS.

57. From GNCH to GP: A retrospective audit of clinic letters from Paediatric Surgery Department in Newcastle Upon Tyne NHS Trust

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Abstract

Introduction: Delivering a timely brief of the clinic appointment to patients and primary carers is important for them to understand the patient's condition, treatment & care needs ensuring safety & continuity of care. This audit examines our adherence to the recommendations in the NHS standard contract (2016/17) suggesting that clinic letters should be sent to GPs within 14 days of attendance, reduced progressively to 10 days (from 01/04/2017) and 7 days (from 01/04/2018).

Methods: We reviewed clinic letters for appointments between 09/01/2023 & 20/01/2023. All consultants (8/8) had clinics during this period. Non-attenders with no letters were excluded. Trust e records and IT files were used to identify patients with appointments and dates of the three stages the letters go through (dictation/typing date, finalization date, signing date).

Results and Conclusions:

- 345 clinic letters were dictated/typed.
- The mean time from the clinic to signing the letters is 16.5 days.

- Typing/Dictation mean= 0.4 days with 91% typed/dictated on the same clinic day.
- Finalization mean= 11.4 days from typing/dictation.
- Signing mean= 4.8 days from finalization.

- Our adherence to the current 7-day standard is only 10.7%.

Recommendations: Working on causes of the delay & re-auditing aiming next for a target of *10 days* from clinic appointment (progressing to 7 days on the 3rd cycle), divided as follows:

- Typing/dictation on same day of clinic (increasing from 91% to 100%).
- Finalization in a maximum of 7 days from typing/dictation.
- Signing in a maximum of 2 days from finalization.

59. Post-operative Analgesia for Ambulatory Mastectomies: Serratus anterior plane catheter vs Liposomal bupivacaine

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Abstract

Introduction: Effective pain management after major breast surgery can accelerate patient recovery. (1) To enhance postoperative analgesia and day-case rates at our hospital we compared two regional techniques currently in use at our trust.

Method: We prospectively reviewed 37 mastectomies (September 2021 - March 2023). The patients either received serratus anterior plane catheters through which local anaesthetic was delivered for up to 72 hours postoperatively or preoperative serratus anterior plane blocks using Liposomal Bupivacaine. We compared the postoperative pain scores and opioid requirements between the 2 groups.

Results: Statistically significant lesser pain scores were observed at rest immediately postoperative and on post-operative days (POD) 1 and 2 with Liposomal Bupivacaine. There was no difference in pain scores at all time points on movement. The use of rescue fentanyl in PACU in the Liposomal Bupivacaine group was significantly lower. There was no significant difference in need for oral opioids in PACU or at home on PODs 1 and 2.

Conclusion: Both methods provide similar pain relief and reduce need for rescue analgesia after mastectomy for 48 hours postoperatively. Pain relief with the liposomal bupivacaine may be marginally better - with a statistically significant difference in pain scores at rest. This may be due to complications associated with catheter techniques (primary or secondary failure, catheter leakage, suboptimal LA regime). Liposomal bupivacaine has an advantage of requiring less manpower and in-person follow up.

60. ‘Sleeping in your own bed’: Day Case Shoulder Arthroplasty - A retrospective audit of patient satisfaction

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Abstract

Introduction: Recently there has been a shift towards shoulder arthroplasty being performed as a day-case procedure. A new day-case care pathway for shoulder arthroplasty was introduced at Cannock Chase Hospital - an elective orthopaedic centre, part of The Royal Wolverhampton NHS Trust. A single surgeon and anaesthetist team piloted the pathway. Selection criteria were set and patient information was provided at the surgical outpatient and pre-assessment clinic.

Methods: A retrospective service evaluation audit focusing on patient satisfaction was conducted. Notes were reviewed followed by a telephone survey of 15 patients who had followed the pathway over a 12-month period. The follow-up proforma focused on patient satisfaction, pain control, overall experience and whether the patient would recommend day-case care to others.

Results: Results showed no major complications and no readmissions. 14/15 patients received Total Intravenous Anaesthetic, Interscalene and Suprascapular Nerve blocks. 100% had a 0 out of 10 pain score in recovery. Average pain score within 24hrs was 3.2/10 and after 24hrs 3.2/10. Pain was managed by simple analgesics and prescribed Oramorph was often not required. One patient had significant pain during the first night when their block wore off. No patients reported nausea. All patients were extremely satisfied with having a day-case procedure and would recommend it to others.

Discussion: Following successful implementation of the pathway in the pilot group, as demonstrated by high patient satisfaction scores, the day case shoulder arthroplasty pathway will now be rolled out within the Trust.

61. Is TIVA the superior choice of anaesthesia for day-case breast patients undergoing oncoplastic breast surgery?

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Abstract

Introduction: The ability to perform oncoplastic breast procedures (OPBS) as day-cases could improve patient flow and reduce waiting lists. Factors preventing same day discharge include poor pain control and postoperative nausea and vomiting (PONV). Limited data exists comparing different anaesthesia used in day-case oncoplastic breast surgery and the immediate post operative period, this study aims to look at this relationship.

Method: We undertook a retrospective analysis of all OPBS conducted at our day-case facility over 12 months. Type of anaesthetic was categorised as total intravenous anaesthesia (TIVA) or vapour with sevofluorane (SEVO). Other data collected included post-operative recovery time, post-operative nausea data and opioid analgesia before discharge.

Results: 103 cases identified over 12 months identified (79.6% were bilateral). 56.3% (N=58) TIVA (51 with remifentanil, 7 with alfentanil) and 43.7% (N=45) SEVO. On average TIVA had less morphine requirements post operatively (20.2mg vs 33.2mg, $p<0.0001$) and shorter times to discharge (205.9mins vs 229.6mins $p=0.027$). 48.3% of TIVA cases had PONV (6 out of 7 with alfentanil) vs 55.6% SEVO but this was not significantly related to morphine given post operatively ($p=0.281$). 99% were discharged same day (1 admitted for pain control).

Conclusion: This study shows that OPBS can be performed as day-case procedures. TIVA appears to

be associated with less PONV, less morphine requirements for post-operative pain control and a shorter discharge time. The differences between remifentanil and alfentanil warrant further investigation. Adopting a TIVA day-case protocol could be beneficial for patient recovery/discharge as well as waiting lists/operative capacity.

63. Assessment of the outcome of inguinal hernia repair by preoperative symptom score

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Abstract

Introduction: Inguinal hernia repair remains one of the commonest elective general surgical procedures with high rates of chronic pain afterwards. The aim of this study was to evaluate changes in quality of life after local anaesthetic inguinal hernia surgery performed in a primary care setting.

Methods: A standard QoL form (EuraHS) was given to all patients pre-operatively and at six months post-operative. Data was analysed by grouping according to initial symptom score.

Results: 497 patients filled out preoperative QoL forms between June 2020 and May 2022. 6 month forms were received back for 179 inguinal hernia repair patients. Median preop score was 33 (IQR 20-48). Median post operative score was 4 (IQR 1-11). Nine patients had a worse score at 6 months compared to pre-op (5%).

When the data was analysed by pre-op QoL group as expected the low symptom group (score 0-10) had minimal improvement in QoL (0.23) and 5 out of 13 patients (38%) had a worse score. The medium group (score 11-40) had a mean improvement in QoL of 17.25 with 3 out of 92 (3.2%) experiencing a worse score. The high symptom group (score 41-90) had a mean improvement in QoL of 45.4 with only 1 of 76 (1.3%) experiencing a worse score.

Conclusions: Local Anaesthetic Inguinal hernia repair improves quality of life substantially 6 months after surgery. However in those patients with low preoperative scores (<11) the gain is minimal. We recommend avoiding surgery in this group and instead adopting a surveillance approach.

65. Day case management of true foreign body ingestion - a single centre, 9 year retrospective study.

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Abstract

Aim: ‘True’ foreign body ingestion (TFBI) is defined as a non-edible object entering the gastrointestinal tract. It is typically encountered in the paediatric population, but when seen in adults is associated with specific populations, including those with psychiatric disorders. A psychiatric hospital is nearby to our site and referrals for TFBI is not uncommon. We aimed to review our day case management of TFBI and analyse trends in presentation, clinical decision making and patient outcomes.

Method: The hospital coding department identified all admissions linked with the term ‘foreign body’, over a 9 year period (2009 – 2018). Following exclusions, a total of 67 patients were identified, generating 143 separate presentations.

Results: 79% of TFBI presentations were managed as day cases. Of these, 75% were managed conservatively and 23% underwent an oesophagogastroduodenoscopy (OGD) and removal of the object. 100% of cases involving ingestion of small metallic/plastic objects were managed as day cases, compared to 52% in cases involving a hazardous object (>6cm in length, or sharp). 59% of patients had subsequent TFBI admissions, with 27% of these patients having 3 or more separate presentations.

Conclusion: As with any clinical management plan, decisions should centre around a patient’s condition at presentation and their expected clinical progress. Our results show that the majority of TFBI cases were managed successfully as day cases. Interestingly, the risk of recurrent presentations was also highlighted. This suggests further education and support is required for clinicians, caregivers and patients, so as to prevent ongoing morbidity/mortality risks.

66. A Single-Centre algorithm on the safe use of diathermy devices in day-case surgery in patients with Cardiac Implantable Electronic Devices

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Abstract

Introduction: Diathermy cautery is an essential tool for safe and effective operating in day-case surgery. Diathermy is a known risk-factor which can interfere with some Cardiac Implantable Electronic Devices (CIEDs) causing morbidity and mortality. Confusion persists amongst Health-Care Professionals on how to manage patients with CIEDs, causing unnecessary delays/cancellations. This poster aims to clarify the recommended management to optimise safe day-case surgery.

Methods: A review of our Trusts peri/intra/post-operative policy for patients with CIEDs, including: Permanent Pacemakers (PPM), Implantable Cardioverter Defibrillators (ICD) and Implantable

Loupe Recorders (ILR).

Results: ICDs: Need to be programmed to ‘monitor only’ immediately pre-operatively - the patient is unprotected from ventricular arrhythmias and requires continuous cardiac monitoring intra-operatively and reprogramming immediately after the procedure. PPMs: A ‘dependent’ PPM requires reprogramming before the operation. If ‘non-dependent’ no intervention is required. If operating directly over the pacemaker site, asynchronous mode needs to be selected. This results in the device being unable to sense active change. ILRs: No risk of interaction between diathermy and the device. No adjustments required. The use bipolar diathermy is favoured over monopolar devices. Short bursts of the diathermy should be used as and when needed.

Conclusion: Understanding the process and rationale for patients who have CIEDs is key to ensuring patients are able to undergo operative procedures in a safe and effective manner which avoids unnecessary delays and cancellations on the day of operation. We present a safe and effective algorithm that can be used by health-care professionals.

67. Optimizing Anorectal Abscess Treatment: Cutting Costs and Enhancing Sustainability through Smarter Swab Use

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Abstract

Introduction: Microbiological sampling has a minimal impact in managing anorectal abscesses according to the Consensus Guidelines for Emergency Colorectal Surgery by ACPGBI. Despite this, many centres continue to routinely send pus swabs for analysis, even though they do not alter postoperative management. This QI project aimed to assess and minimize pus-swab utilization during anorectal abscess treatment to support sustainable healthcare and reduce financial costs.

Method: The QI project was completed in an Indian tertiary care hospital. The study included patients who underwent incision and drainage of an anorectal abscess between February 1, 2021, and June 1, 2021, in the first cycle, and between July 1, 2021, and November 1, 2021, in the second cycle after implementing changes.

Results: In the first cycle, data from 67 patients revealed that swabs were taken in 58 (86.5%) cases. Follow-up data showed that 71% of swab results were not reviewed, and no documented change in antibiotics or management followed the microbiology report. Each swab incurred a cost of 200 INR, with labor costs of at least 300 INR per swab. The total cost over four months was estimated at 29,000 INR (290 GBP). In the second cycle, eight swabs were sent from 73 patients, indirectly saving the hospital around 27,575 INR (275 GBP).

Conclusions: Microbiological findings are not reviewed at follow-up consultations, and these results have no impact on patient management. This QI project showcased a straightforward method to decrease healthcare's economic burden without compromising clinical benefits.

68. Impact of Presence of Specialist Nurse in the UroLift Day Surgery Pathway

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Abstract

Introduction: Specialist nurses are nurses who have received general training and then specialized in a specific area of practice. Some tasks that are traditionally performed by doctors are routine and follow a protocol. Specialist nurses can take on these tasks and create simple pathways for patients, reducing the waiting time and the demand for clinic space. This is well established in cancer services. In this presentation, we will explain how we developed the LUTS specialist nurses and how they improved the patient pathway.

Methods: In the last 36 months, we have trained two benign prostate / LUTS and one stone specialist nurse. This changed their job role and gave them specific specialized skills. We wrote a protocol for both the LUTS and stone pathways. We also introduced a one-stop LUTS clinic and a shorter pathway for UroLift, which enhanced their roles. They received prescription training and were certified to perform flexible cystoscopy, and transrectal ultrasound of the prostate for volume measurement and biopsy. They shadowed the consultants in the clinics for the first few months. Then they started running their own clinics alongside a consultant. Now they are able to run the clinics independently.

Results: The development of specialist nurses transformed the LUTS pathway, increased the capacity and freed up the consultants to take on more complex roles. We documented the specialist nurses' job role and revised it as they progressed.

Conclusions: Overall, our experience shows that training and establishing specialist nurses leads to better patient outcomes and increased clinic efficiency.

69. Lessons learnt from prioritising primary ureteroscopy as emergency daycare surgery

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Abstract

Introduction: Obstructing urolithiasis should be cleared on the first attempt, minimising the need for multiple treatments and associated morbidity. Complete clearance primary ureteroscopy (P-URS) is paramount in the NHS, where elective lists cannot accommodate ‘stent-and-wait’ patients. This project aims to evaluate the efficiency of our modified stone treatment pathway - promoting P-URS

Methods: We conducted 3 audit cycles in the years 2018 to 2022 including all patients listed for emergency stone surgery. Extracted data included demographics, stone number, location and size, presence of sepsis and whether URS was done.

Results: P-URS increased from 7.4% to 62.7% in 4 years. The average waiting time for subsequent treatment in those who did not have P-URS was 135 days in 2020 and 95 days in 2022. In 2022, 81% of P-URS achieved first-attempt complete clearance with no complications or readmission, with the remainder achieving faster clearance times than stent-only patients. Stent-only insertion led to subsequent URS in > 95% of cases. Spontaneous stone passage after stenting occurred in only 3%. There was no significant difference in WCC, CRP, age, sex or stone distribution between the cycles or between P-URS and stent-only patients. In 2022, all non-septic, stent-only patients had proximal or PUJ stones where the named consultant was not a stone specialist.

Conclusions: A limited spontaneous stone passage in stented patients means P-URS is necessary. P-URS has a high clearance rate, is safe and reduces waiting times for almost certain subsequent surgery, benefiting both patients and the NHS. Proximal stones remain a challenge to P-URS.