

Outpatient Surgery and Types of Anesthesia

Ertugrul Aydemir*

Department of Dermatology Istanbul University, Cerrahpasa Medicine Faculty, Istanbul, Turkey

Corresponding author: Ertugrul Aydemir eraydemir@ilongimarg.tu

Department of Dermatology Istanbul University, Cerrahpasa Medicine Faculty, Istanbul, Turkey

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Abstract

Four outpatient surgery centers from a large Midwestern community participated in this study assessing the impact of an intervention—aimed at improving the collection of patients' pre-operative clinical information—on both the patients' clinical outcomes and staffs' quality of working life [1]. As part of this study the investigators developed a patient telephone survey to assess the incidence of common or undesirable postoperative symptoms and how they were subsequently managed. This survey was adapted from instruments developed in previous work in outpatient follow-up and anesthesiology. In addition to symptom assessment and management, the investigators were interested in determining how participants rated their medication teaching, pre-operative preparation, and postoperative education [2]. The investigators recruited patients to participate in this study who had ophthalmic, open-joint, otolaryngological (ear, nose, and throat), or intra-/extra-abdominal surgery. The investigators contacted the participants via telephone at least 7 days after surgery and asked them a series of questions about symptoms they experienced, how they managed these symptoms, and the education they received. This paper will detail the development and content of the patient survey. Packing a bag for a night or two in the hospital might not be on your to-do list if you're preparing for surgery [3]. Today nearly two-thirds of all operations are performed in outpatient facilities, according to the Centers for Disease Control and Prevention. Your surgery might be performed in a facility connected to a hospital, a separate surgical center or your physician's office. Outpatient surgery, also called same-day, ambulatory, or office-based surgery, provides patients with the convenience and comfort of recovering at home, and can cost less. It might also help lower your risk of infection [4].

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Introduction

The objective of this paper is to describe the patient survey developed for and implemented in the "Systems Engineering Intervention in Outpatient Surgery from a Collaborative Community Perspective" study, conducted under the auspices of the Systems Engineering Initiative for Patient Safety (SEIPS) at the University of Wisconsin-Madison. While some results are reported, the primary purpose is to describe the process of instrument development as a way of assessing patient safety.

The first center in the USA was established in Phoenix, Arizona in 1970 by two physicians who wanted to provide timely, convenient and comfortable surgical services to patients in their community,

avoiding more impersonal venues like regular hospitals [5]. Five surgeons performed cases at the center on the first day it opened, and four of those procedures required general anesthesia. ASCs rarely have a single owner. Physicians partners who perform surgeries in the center will often own at least some part of the facility. Ownership percentages vary considerably, but most ASCs involve physician owners. Occasionally, an ASC is entirely physician-owned. However, it is most common for development/management companies to own a percentage of the center [6].

Types of anesthesia are available

Wherever your surgery is performed, you will be given some form of anesthesia or medication to keep you from feeling pain

during the procedure. There are four main types of anesthesia used in outpatient surgery. You and your surgeon or physician anesthesiologist, a medical expert who specializes in anesthesia care, will discuss this with you before your surgery so you will know what to expect and can prepare for a safe and comfortable experience.

The four types of Anesthesia

General anesthesia: This type of anesthesia is given through a mask or IV and causes you to become unconscious during the procedure [7]. General anesthesia is typically used for major procedures such as knee or hip replacements.

Regional anesthesia: is usually given through an injection or a thin tube called a catheter, often in the spine. It numbs a larger part of the body than local anesthetic does, such as your body from the waist down. It is often used for procedures such as childbirth, or surgeries of the abdomen, arm, or leg [8]. You will be awake but won't feel pain in the area that is numbed.

Monitored anesthesia care or (IV) sedation: You may be given medication that relaxes you or makes you sleepy through an IV into a vein. There are several levels of sedation, and people react differently to them. Some people are awake and can talk but feel no pain. Others fall into a deep sleep and remember nothing of the procedure. This type of anesthesia is often used for minimally invasive procedures such as colonoscopies. Sedation sometimes is combined with local anesthetic [9].

Local anesthetic: This is usually a one-time injection of medicine that numbs a small area for procedures such as a taking a skin biopsy, repairing a broken bone, or stitching a deep cut. You will be awake and alert but won't feel pain in the area being treated.

Methods

Study setting

In late 2002, selected representatives of the Madison Patient Safety Collaborative, a group of Madison-based health care providers committed to improving patient safety in the community (www.madisonpatientsafety.org), convened and began discussing a collaborative pilot research project in outpatient surgery [10]. Members of this "Pilot Team" included the SEIPS researchers as well as managers, medical directors, and nursing supervisors of the four major outpatient surgery centers in the area. The combined annual patient volume of the four centers was approximately 22,500 cases in the year in which the study began (2002). Of the four centers, all but one (a center that primarily performs ophthalmic surgery) care for a heterogeneous patient population and perform a variety of types of surgery on patients presenting varied levels of clinical challenges. Administratively, there are two entities: a physician-driven corporate entity manages two centers (one hospital-based and one free-standing), and a joint venture between a large medical group and the hospital at which these physicians primarily practice manages the other two centers (one free-standing and the other housed in the same building as the physicians' clinics). All but one of the centers rely on a wide referral base well beyond the Madison area. This study was approved by two different Human Subjects Committees

(i.e., institutional review boards), and each committee required compliance with its own HIPAA authorization protocol. An initial data collection, intended to gain a better understanding of work system and patient safety issues at each of the four centers, aided the Pilot Team in two ways. First, these initial steps led to the Team's definition of patient safety in outpatient surgery (as presented earlier in this paper). Second, the data provided direction to the Team in regard to selecting the intervention. We integrated this definition with our SEIPS model and developed measurement instruments. Because of design limitations, we separately measured the individual/organizational outcomes through an employee questionnaire and the patient outcomes through a patient telephone survey. The remainder of this paper describes the patient telephone survey.

Anesthesiologist

Anesthesiologists are doctors who administer and closely monitor drugs that provide pain relief for less invasive procedures like endoscopy or during labor and delivery and also administer drugs that make you completely sedated during surgery, and after surgery, you will be taken to the recovery room, where you are closely monitored by healthcare professionals.

Because anesthesia and surgery affect every system in the body, the anesthesiologist will conduct a preoperative interview. Sometimes this is done in person; in other cases, the anesthesiologist will interview you over the phone and will ask questions, usually, the evening before surgery. He or she will review your medical history, current medical diseases or conditions you have, and check to assure you don't have any open wounds that could lead to a serious infection

If you do not speak with your anesthesiologist before your surgery, he or she will see you right before surgery to review your entire medical history as well as results of any medical tests previously conducted. By this time, he or she will have a clear understanding of your anesthetic.

Discussion

One major constraint of this project was that we were unable to validate what participants reported by any other means of follow-up. This was beyond the scope of our study and, if performed, would entail complex data collection. The complexity arises from the fact that not only are many of these participants referred from outside areas (in some instances located hundreds of miles away), but also their pre-operative as well as postoperative care are provided at clinics in these distant locations that have no formal administrative or medical ties to the Madison-area outpatient surgery centers. In a round of interviews, we made minor modifications to the interview instrument. These changes were based on comments the participants made concerning how having had a previous surgical experience seemed to better prepare them for the outpatient surgery experience "in question." The queries we added capture whether the participant had previous surgery, what type of procedure (inpatient and/or outpatient) it was, how long ago the procedure(s) had been performed, and if the procedure was done at the same surgery center.

Based on our experience from the first round of interviews,

we made minor modifications to the interview instrument. These changes were based on comments the participants made concerning how having had a previous surgical experience seemed to better prepare them for the outpatient surgery experience “in question.” The queries we added capture whether the participant had previous surgery, what type of procedure (inpatient and/or outpatient) it was, how long ago the procedure(s) had been performed, and if the procedure was done at the same surgery center.

Conclusion

At this point, we are conducting round two of the patient surveys. We believe the experience we gained from the first round helped us improve both the instrument and procedures we now follow when conducting the survey interviews. We intend to perform further analyses of the clinical challenges posed by patients

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presenting for outpatient surgery. Furthermore, we will attempt to determine relationships between the presenting problems and the symptoms incurred. We will, of course, continue to provide feedback of the results to each site. In an ideal situation we would choose to validate responses to the interview questions. This would require working with a surgery center that had more direct administrative and clinical “control” over the patients to facilitate review of medical records and to ensure compliance with State and Federal health information laws.

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Conflict of Interest

None