

**Report on the 6<sup>th</sup> International Congress on Ambulatory Surgery,  
Seville, Spain 24-27 April 2005**  
*By Tim Williams*

The Hotel Melia, Sevilla on Sunday 24<sup>th</sup> April became a multi-lingual showcase for wheely suitcases as delegates booked into their rooms and registered for one of the biggest events ever in Ambulatory Surgery.

Coinciding with the 7<sup>th</sup> Spanish congress, the 4-day International Association of Ambulatory Surgery (IAAS) event was attended by over 1,000 health-care professionals from all over the World along with over 20 exhibitors. A packed programme to keep the interest level high that started on the Saturday afternoon with workshops on cardio-pulmonary resuscitation, anaesthesia and airway management, finished with fond farewells on the Wednesday as the hang-overs from the previous evening's party at the Rancho El Rocio

(<http://www.ranchoelrocio.com/ingles/menu.htm>) began to subside.

Dr. Juan Marin, Congress President opened the Congress at a ceremony on the Sunday evening with addresses from IAAS President D. de Jong and ASECMA President F. Bustos. There followed an opening lecture from Professor Ignatius Kakande of Makerere University, Kampala, Uganda. Professor Kakande's presentation illuminated the problems of tackling huge need for surgery in a country with dramatic poverty and poor infrastructure, where even the most basic of requirements suffer from chaotic failures. With pictures of some extreme medical cases to push home the point, Ignatius Kakande, whose escape from the problems of Idi Amin's regime was worthy of a presentation in itself, made a plea for help from the international surgical community. "If have anything you are throwing away", Ignatius said, "Please think of us, we will probably be able to use it." Books, instruments, drugs and dressings are all required, even if they are past their use-by date. Professor Kakande and his colleagues have formed Surgery Camps where they take teams out into the field and operate in local hospitals or make-shift facilities. They perform hundreds of surgical procedures in intensive sessions over several days, only stopping when their supplies run out. Risking AIDS infection and tropical diseases, surgeons save hundreds of lives working against overwhelming odds with frequent electrical failures, lack of anaesthetics and broken transport links conspiring to make life almost impossible. It made one feel guilty to walk through the exhibition later in the week, to see the neat laparoscopic instruments and shiny endoscopes, glittering LCD displays with modernity everywhere. Professor Kakande received a standing ovation, not only for his superb delivery and content but surely also for his patience with the Congress electrical supply that conspired to black-out his presentation in mid-flow on three occasions.

The huge crowd then congregated around the roof-garden swimming pool for cocktails and canapés. Old acquaintances were remade, with laughter ringing and much wine flowing. As dusk fell on Seville and the day's warmth of 24°C chilled, the old city's night-life glowed and throbbed into action, neon and tapas, wine and raucous laughter awaited those who had the energy to stay out until two or three in the morning.

Day two brought a flurry of activity around the exhibition stands, a slightly late start for the plenary session and a settling into the normal conference rituals of smiling a

lot, drinking loads of coffee and tea and trying not to spill it down oneself or someone else's back. By lunch time anyone walking the streets of Seville would have enjoyed the sunshine, 32°C being the top temperature on the Monday and Tuesday. The internet connection for the Pcs available at the entrance to the conference suites went down and remained that way for the rest of the conference.

### **Some interesting presentations**

**Retrospective review of post-operative complications in patients with sleep apnea syndrome undergoing same-day procedures.** *By A. Valedon and T. Wherry of First Colonies Anesthesia Associates, Maryland, USA.*

Arne and Tom make a good double act and their review of 2,300 operations performed in free-standing day surgery centres in the USA looking at sleep apnea and the related morbidity and mortality made for an interesting presentation. They divided the obstructive sleep apnea cases into 4 categories; Those needing rescue from hypoventilation by pharmacological interventions; Those where airway manipulation led to a prolonged use of artificial airways; Those where transfer to a care institution was necessary and those resulting in death. Out of the 2,300 cases, 89 patients were diagnosed with obstructive sleep apnea. Five patients required the use of an airway which was removed in the recovery area at the surgery centre within ten minutes of arrival in recovery. None of the other categories presented and whilst it could be said that a rate of 4% seems rather high for this particular complication, Tom and Arne suggested that further work is necessary to arrive at decisions regarding the safety of subjecting sleep apnea syndrome patients to same day surgery and the attendant risk.

**Benchmarks for Ambulatory Surgery.** *By Kathy Bryant of FASA ([www.fasa.org](http://www.fasa.org))*

Kathy Bryant, well known for her high profile work with FASA in the USA, made a presentation on the outcomes monitoring project. The figures she presented indicated that in America at least, day surgery / ambulatory surgery had grown dramatically with over 12 million procedures per annum being performed in the USA. There are over 4,000 ambulatory surgery centres in the USA with 90% being physician owned. Most of these centres were single specialty and the average encounter time in the operating room being about an hour, between 30 and 85 minutes minima and maxima. The survey showed that unscheduled transfer rates from the independent centres (due to post-operative complications) were running at 3.59 per 1,000 and post-op infection rates at around 2.95 per 1,000. The survey looked at cancellations and found that 72% were due to a medical condition; 35% were down the patient and 19% were the physician's responsibility. Kathy left the audience impressed with the data the project had collected and the way it demonstrated the strength of quality systems in ambulatory surgery.

*Paulo Lemos from Portugal* presented a paper entitled **“Why is day surgery still poorly developed in Portugal?”**

Paulo told his audience that there are 82 public hospitals and 92 small private hospitals in Portugal, 34 of the public hospitals were under specialist enterprise management and 48 of them were under “the same inefficient public health management.” Whilst Portugal was spending 9.3% of GDP on health, ahead of UK (7.7%), Italy (8.5%) and Poland (6.1%), Paulo suggested that there was still some way to go in his country. There are no stand alone ambulatory surgery centres in Portugal yet, but the first independent centre is being developed at the moment,

following a plan initiated in 2003. As part of the Hospital Geral de Santo Antonio in Oporto it is hoped that this first centre will prove the concept. At present 80 of the public hospitals were carrying out 428647 total operations. Of these 62582 (14.6%) were performed as day surgery. This performance is a long way behind the averages reported by other countries where 22% seems to be the norm. Paulo's survey suggested that inadequate finance was cited as the main reason for this short-fall with 39% of the respondents to his survey blaming lack of interest amongst physicians and 37% blaming a lack of government policy. The new centre in Oporto is forecast to carry out 16,000 operations, 60,000 consultations and 6,500 endoscopies each year with efficiencies giving a pay-back period of three years.

**Evidence based quality** by *Gina Bettelli of Pavia University, Italy*

Ms Bettelli's eloquent presentation was an overview of quality assurance systems in relation to evidence based medicine. The customer and performance oriented approach that used ISO standards and value analysis was changing the face of health care internationally. "The ambulatory surgical centre has to result from doctors' and managers' design as well as the architects' and engineers'", Gina stressed. Citing the result of the ACHCS, Australian QA survey she said that 64% of centres involved in a recent study implemented improvement actions following quality analysis of their systems. More comparative studies were needed to select which surgical procedures should be used in surgery centres. Quality Assurance systems are now an integral part of most failure-critical enterprises. It seems strange that health care should lag so far behind in this respect, particularly in the state-dominated health services.

**A view of day surgery in the UK** by *Jill Solly*

Jill is currently president of the British Association of Day Surgery and was until recently involved with the new day treatment centre at Kings College Hospital in London. In a wide-ranging overview of the state of day surgery in the UK, Jill showed that the major source of dissatisfaction with the health service was waiting time. There are now targets for waiting times set by the NHS. Waiting times currently running from 4 hours maximum for emergency care, 24 hours for primary health care, 6 months for elective care and 3 months for GP referral are being improved through 10 high impact changes. The most dramatic effect has arguably been through day surgery. Jill said that if day surgery was the default for all elective care and the question asked "Is there any justification for admission of this case to in-patient?" then 170,000 hospital bed days could be saved each year through this logic. The NHS in England was now committed to offering treatment anywhere, including the private sector, if these target waiting times were exceeded.

The journal of Ambulatory Surgery was very much in evidence with publishers Elsevier running a stand and the editor Professor Paul Jarrett chairing the plenary session on the Tuesday morning and later presenting a paper on **Sacral nerve stimulation: a day case procedure for faecal incontinence and constipation**. Abstracts for most of the papers and presentations are published in Volume 12 Supplement 1 April 2005 of Ambulatory Surgery, available from [www.elsevier.com/locate/ambsur](http://www.elsevier.com/locate/ambsur) from where free copies of papers from Issue 12 (May 2005) can be downloaded.

## **Farewell Party**

### **Rancho El Rocio (<http://www.ranchoelrocio.com/>)**

On the Tuesday evening a procession of coaches transported delegates about 50 miles south west of Seville to the Rancho El Rocio, situated on fertile marsh-land not far from the Guadalquivir river, this is where the Peralta brothers keep alive the ancient Andalusian horsemanship. These caballeros are masters of their art and the dancing horses, flamenco dancers and copious wine brought tingles of excitement to the guests seated in the Rancho El Rocio arena. After the amazing displays of precision horse control to music, there was a sharp intake of breath from the crowd as a ring-side trap-door opened to admit an angry looking bull to the arena. Ah! So it's a bull-ring, "Are we going to see a bull fight?" many thought. Squeamish north Europeans would probably not enjoy this. I was seated next to two nurses from Belfast, Sharon and Sarah. They shared my apprehension. In the event the dashing toreador, complete with sword and cape, simply taunted the bull into a lather and then after some deft footwork lured the bull back out of the bull-ring to fight another day. "Was the sword for show or insurance?" I thought to myself. There followed a display of bull-fighting on horseback, an art unique to this part of the World. The banquet that followed was something of an anti-climax after the electrifying horse-work and although the company on my table was excellent, I left at around 0130, early in comparison to many.

On the Wednesday morning there were some befuddled looking people wandering around and the 0900 plenary session was noticeably depleted. A swift farewell to my companions and I departed having enjoyed the 6<sup>th</sup> IAAS Congress very much. Day and ambulatory surgery may have some way to go before it meets general acceptance but it is already improving patient satisfaction, working conditions for the surgeons and anaesthetists as well as the economics of elective care.