Recovery after Paediatric Day Case Surgery: A Prospective Observational Audit

Sir

Since its rediscovery in 1969, ambulatory surgery has become standard in many healthcare systems. There are multiple reasons for this, such as reduction in staffing requirements, healthcare costs, risk of infection, and the enthusiasm of society generally for rapid recovery. The Association of Anaesthetists of Great Britain and Ireland emphasize that effective audit is an essential component of good day stay anaesthesia, and so, patient satisfaction surveys are advocated. Over 3 weeks we invited parents of day case patients attending the hospital to complete a survey assessing levels of satisfaction. We recorded patient demographics, waiting times, distance traveled to hospital, and period spent fasting. Aspects of care assessed included their post-discharge experience (by post). The collated data was subject to basic descriptive statistical analysis. Continuous variables are presented as mean ± standard deviation unless otherwise specified. 52 responses were collected, representing 34 male and 18 female patients. Mean age was 5.3yrs (range 1 – 16). Waiting, travelling, arrival times, and periods of fasting are shown (Table 1). Respondents were generally satisfied with the facilities, rated as excellent by 88 %, and satisfactory or better by all. 86% felt well briefed on the scheduling of their child's surgery. Mean delay experienced prior to surgery was 2.5 + 1.2 hrs.

Gas induction was used in 90 % of cases. While only 3.8 % of parents found their child's induction a bad experience, 27 % felt that the child found it so. Post-operatively on the ward, the mean pain score was 1.1 + 2.3 (range 0-10). 12 % of patients vomited although 46% described their child as being upset. The mean time to discharge was 1.4 + 0.6hrs: by then 70% of patients appeared pain free. At home, 8% described vomiting while the mean pain score was 1.1 + 1.8 (range 0 -5), although 10% of children reported a score of 5. Most patients (78%) received the prescribed analgesia at home, and all but one of the respondents were happy with the advice on scheduling of medications. Most were satisfied with the course of their treatment, findings consistent with other researchers. Overall, objective measures of patients' symptoms demonstrated good control both intra- and post-operatively, for the majority. However many children were described as upset with no identifiable symptom. Also of concern is that fasting periods were sometimes excessive (up to 12 hours). Experiences following discharge were acceptable though: emesis was infrequent, analgesic regimens effective and most respondents were generally satisfied with their management.

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References

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