

Day surgery and community health services work load: a descriptive study

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SUMMARY

This prospective descriptive study of primary health care workload in the five days after day surgery is based on a questionnaire to patients who received day surgery in a specialist unit in Oxford. Half of all patients received health care, the mean consultation time was 16 minutes, and half the consultations were within two days of surgery.

Keywords: day surgery; community health services; questionnaires; postoperative care.

Introduction

THE health service has been encouraged to increase the percentage of operations that are performed as day cases.¹ As day surgery has become more widespread, concern has been expressed about the potential transfer of workload and costs from hospitals to the community.^{2,3} The aim of this study was to describe the pattern of health care received by patients after day surgery in the Churchill day surgery unit.

Method

During a one-month period between 10 February 1994 and 9 March 1994 inclusive, staff at the Churchill day surgery unit were asked to offer a self-administered questionnaire to all patients attending the unit for day surgery. The questionnaire asked patients to describe the health care they received following discharge from the day surgery unit and on each of the following five days.

Results

During the one-month period, 239 patients had day surgery and 223 patients (93%) accepted questionnaires. Replies were received from 162 of these: a response rate of 72%. Consultation times are summarized in Table 1 for the commonest procedures in this unit. The mean time of each consultation

was 10.3 minutes (standard error 1.5 minutes). Since some patients consulted more than once, the mean total consultation time was higher at 16.1 minutes per patient (standard error 2.5 minutes).

The health services staff consulted were a general practitioner, a practice nurse, day surgery unit staff, a district nurse, a practice receptionist, and a pharmacist. Most of the consultations were with the first three of these. Consultations were by appointment in the surgery (58%), telephone (34%) or home visit (7%). In 2% of cases, the consultation type was not reported. Of the 162 respondents, 78 (48%) consulted health staff within five days of their operation and 54% of these consultations were within two days of their operation.

The main reasons for consultations in the first three days were for general advice, and for advice about dressings, bleeding and pain control. On the fifth postoperative day, stitch removal became the main reason for consultation.

Discussion

We observed that 52% of patients did not consult health care staff in the five days following day case surgery in this specialist unit. Half of the consultations took place in the first two days following surgery and might reasonably have been prevented by longer stays in hospital. Our estimate of the extra workload transferred to primary care after day surgery in this unit is therefore around four minutes per day surgery case (half of half of the 16-minute mean consultation time). This figure is much lower than that feared by general practitioners, who are concerned about the gradual increase in workload in primary care unaccompanied by extra resources. It is likely that where day surgery is practised to a high standard it does not contribute greatly to this workload. If day surgery continues to expand, however, it is likely to encompass more complex procedures, which would be more likely to increase workload in primary care.

The level of follow-up described here is lower than that reported by the NHS Management Executive task force⁴ but higher than that reported by Ghosh and Sallam on the Isle of Wight,⁵ and by Osborne and Rudkin in Adelaide.⁶

The case mix of this day surgery unit reflects most of the common procedures and does include a wide range of general surgical and gynaecological procedures, but ophthalmology and orthopaedics are not performed in this unit. The results of this study can only be generalized with confidence to other specialized day surgery units. Where poorly selected surgical patients are discharged home after short hospital stays without adequate planning and information, or without receiving anaesthesia and analgesia appropriate to day surgery, community workload may be substantially increased.

It seems likely that there is a shift of workload from hospitals to the community health services following day case surgery, but that this shift is modest when the surgery is carried out in a specialist unit. Further research could assess the impact on the community of day surgery carried out in non-specialist units for more major procedures, such as hernia and varicose veins, and could estimate the burden that this poses for carers as well as health service staff.

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Table 1. Patients in the community consulting any health staff in the first five days after their operation.

Operation	n	Consulting (%)	*Total time (minutes)	*Mean consultation time per patient (minutes)	Range
Termination of pregnancy	35	12 (34%)	120	10.0	2-25
Breast operation	17	9 (53%)	78	8.7	2-10
Varicose veins	16	16 (100%)	274	17.1	1-30
Laparoscopic sterilization (1 with D&C)	15	13 (87%)	187	14.4	2-33
Laparoscopy (1 with D&C)	11	9 (82%)	310	34.4	1-180
Hernia	11	5 (45%)	14	2.8	1-30
Other	57	14 (25%)	274	19.6	1-45
All operations	162	78 (48%)	1257	16.1†	1-180

* Some patients consulted on more than one day and saw more than one person, so these times do not represent average times of consultations. † Standard error 2.5; 95% confidence interval 11.2 to 21 minutes. D&C = dilation and curettage.

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