**A Joint BADS & HCUK Conference** 

# Day Surgery in Gynaecology

Thursday 19 November 2020 West One De Vere Conference Centre, London



# Chair and speakers include:

Dr Mary Stocker
Past President BADS
Consultant Anaesthetist
Torbay & South Devon Healthcare Trust

Mr Jonathan Hindley
Consultant Gynaecologist
Torbay & South Devon
Healthcare Trust

Mr Peter Scott

Consultant Gynaecologist

University Hospital

Plymouth









# A Joint BADS & HCUK Conference

# Day Surgery in Gynaecology

# Thursday 19 November 2020 De Vere W1 Conference Centre, London

Day surgery is now provided for an increasing range of procedures, in patients ranging from the very fit to the rather frail. It has become the standard of care for many elective surgery procedures and should be the default option for all 200 procedures within the BADS Directory of Procedures.

As the healthcare industry faces a cost predicament, it is incumbent upon healthcare professionals to identify and reduce unnecessary practices without worsening patient outcomes. The majority patients would prefer to recover from their surgery in their home environment. This not only provides improved, comfort, sleep and catering but also reduces the risk of hospital acquired infections and VTE.

Gynaecology as a specialty has long been a front runner in reducing length of stay. However, there are only two trusts nationally who routinely undertake hysterectomies and vaginal repairs on a day case basis. Chaired by Mary Stocker, Consultant Anaesthetist, Torbay and South Devon NHS Foundaiton Trust & Past President, The British Association of Day Surgery, this conference will hear from the teams at these trusts and learn how they implemented their day case pathways, the key to their success and how any obstacles were overcome.

In addition to moving procedures from the inpatient to the day surgery arena, there is also a national drive to undertake appropriate procedures within an outpatient setting and as such completely avoid the requirements for an operating theatre episode. Once again gynaecology teams have driven this change and we will hear how embracing outpatient surgery can transform your gynaecology service and the patient's experience. There will be an opportunity for discussion with the speakers, experts from BADS and participants from across the UK which will be of interest to those with medical and nursing backgrounds.

#### **Key Learning Objectives**

- Key components of a Day Surgery Pathway
- Patient selection for Day Surgery
- How to develop a Day Surgical Gynaecological Service
- Managing complex patients on a day case basis
- How to move aspects of your service into an outpatient setting
- Managing emergency patients through an ambulatory pathway

fax 0208 181 6491

#### 10.00 AM Chair's Introduction

Dr Mary Stocker Past President BADS

Consultant Anaesthetist Torbay & South Devon Healthcare Trust

#### 10.10 Optimising your Day Case Gynaecology Pathway

#### **Dr Mary Stocker**

Past President BADS

Consultant Anaesthetist Torbay & South Devon Healthcare Trust

- patient selection and suitability for day case surgery
- planning for successful day surgery
- developing your care pathway: what needs to be in place?

#### 10.50 Day Case Laparoscopic Hysterrectomies

#### Mr Jonathan Hindley

Consultant Gynaecologist

Torbay and South Devon NHS Foundation Trust

# 11.20 Question and answers, followed by tea & coffee at 11.30

#### 12.00 Vaginal Prolapse Surgery as a Day Case Surgery

#### Mr Naru Narayanan

Consultant Gynaecoloaist

Torbay and South Devon NHS Foundation Trust

- Booking and pre assessment process
- Surgery techniques
- Post op procedure

#### 12.30 Practicalities of patient preparation and discharge

#### Sr Alex Alen

Senior Sister, Day Surgery

Torbay and South Devon NHS Foundation Trust

- The importance of pre assessment for day surgery patients
- Options for patient's that do not fit the day surgery criteria
- · Ensuring a safe discharge for complex patients

#### 12.50 Question and answers, followed by lunch at 13.00

#### 13.45 PM Chair's Introduction

#### **Dr Stam Karavolos**

Consultant Gynaecologist Royal Salford Hospital NHS Foundation Trust

#### 13.50 Moving procedures down the intensity gradient into the outpatient clinic

#### **Mr Peter Scott**

Consultant Gynaecologist University Hospital Plymouth

- Setting up an out patient hysteroscopy / menstrual disorders one stop service including nurse clinics
- Moving operative procedures to out patients including endometrial ablation with Novasure, polypectomies/ fibroid resection with Myosure and manual vacuum aspiration for miscarriages with good analgesia
- The coding challenges faced and resolved

#### 14.20 Running a Day Surgery Gynaecology Service

#### **Mr Anthony Sproston**

Consultant Gynaecologist

Northumbria NHS Foundation Trust

#### Man Anathanas Consisten

## 15.30 Emergency Ambulatory Gynaecology

#### **Dr Theresa Hinde**

15.00

Consultant Anaesthetist

Torbay and South Devon NHS Foundation Trust

& Honorary Secretary The British Association of Day Surgery (BADS)

Question and answers, followed by tea & coffee at 15.10

- $\bullet$  Finding the time for urgent and emergency gynaecology cases
- Experience in developing an emergency ambulatory pathway
- Lessons learned

#### 16.00 Monitoring your outcomes in Day Case Surgery

#### **Dr Mary Stocker**

Past President BADS

Consultant Anaesthetist Torbay & South Devon Healthcare Trust

- opportunities for benchmarking
- How monitoring your outcomes improves your service using the model hospital to learn from excellence

#### 16.30 Questions and Answers followed by Close at 16.45

### Day Case Surgery in Gynaecology **Thursday 19 November 2020** De Vere West One Conference Centre, London

Post this form to Healthcare

8 Wilson Drive, Ottershaw, Sui

Postcode Telephone Fax Email  Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box. Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature  Date	> How to book	receive a 10% discount*	www.healthcareconfer	
First Name  Surname  Job Title  Department  Organisation  Address  Postcode  Telephone  Fax  Email  Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking  (By signing this form you are accepting the terms and conditions below)  Name  Signature	> Your Details (ple	ease complete a new form for each delega	ite. Photocopies are acceptable)	
Surname  Job Title  Department  Organisation  Address  Postcode  Telephone  Fax  Email  Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Dr Mr Mrs Ms	(Please Circle)		
Job Title  Department  Organisation  Address  Postcode  Telephone  Fax  Email  Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	First Name			
Department Organisation Address  Postcode Telephone Fax Email  Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Surname			
Organisation  Address  Postcode  Telephone  Fax  Email  Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Job Title			
Address  Postcode  Telephone  Fax  Email  Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Department			
Postcode  Telephone  Fax  Email  Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, Please also ensure you complete your full postal address details for our records.  Please specify any special dietarry or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Organisation			
Telephone  Fax  Email  Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Address			
Fax  Email  Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Postcode			
Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Telephone			
Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box, Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Fax			
Please also ensure you complete your full postal address details for our records.  Please specify any special dietary or access requirements  This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Email			
This form must be signed by the delegate or an authorised person before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	prefer confirmation by post please tick this box,			
before we can accept the booking (By signing this form you are accepting the terms and conditions below)  Name  Signature	Please specify any special dietary or access requirements			
Signature	before we can accept the booking			
	Name			
Date	Signature			
	Date			

> Payment	
By Cheque A cheque for Please make Cheques Payable to: Healthcare Conferences UK Ltd.	is enclosed
By Invoice Please send an invoice to	
Name	
Organisation	
Address	
Address	
Postcode	
PURCHASE ORDER NUMBER (If Applicable)	
Please note if you are requesting an invoice many NHS organisations now re Number to be provided. If you do not provide this number this may slow do delegate place.  By BACS	wn the processing of this
	count No. 21553690
<ul> <li>Please send your BACS remittance form as confirmation of</li> <li>Your BACS Reference</li> </ul>	payment
By credit card Please debit my Visa/Mastercard/Sw	All sections must
Cardholder's Name	
Card No.	
Valid From Expiry Date	
Issue No. (switch only)	
You will be contacted during the processing of your booking to confirm the (this is the last three digits of the number printed on the back of your card)	
Signature	
Card billing address	
Promotional Code	

Fax the booking form to

0208 181 6491

#### Conference **Documentation**

I cannot attend the conference but would like to receive a PDF containing the conference handbook material, which includes speaker slides, at £49 each.

are welcome at any time.

\*\*Group Rates

other Healthcare Conferences UK offer.

The PDF will be emailed out after the conference, please fill in the 'Your Details' section above, ensuring your email address is clear and the 'Payment' section..

On confirmation of your booking you will receive information for

All bookings will be confirmed by email, unless stated otherwise.

Please contact us if you have not received confirmation 7-10 days

If you are interested in exhibiting at this event, please contact

CPD Certified. Recognised by the Good Governance Institute and

Carolyn Goodbody on 01932 429933, or email carolyn@hc-uk.org.uk

British Association of Day Surgery. Conference Producer is a member

booking accommodation should you require it.

#### For more information contact Healthcare Conferences UK on 01932 429933 or email jayne@hc-uk.org.uk Credit card Discount

\*10% discount when you book via credit or debit card. This offer is

organisation, booked at the same time, for the same conference.

exclusive to card bookings and cannot be used in conjunction with any

A discount of 15% is available to all but the first delegate from the same

A refund, less a 20% administration fee, will be made if cancellations are

received, in writing, at least 4 weeks before the conference. We regret

that any cancellation after this cannot be refunded, and that refunds for

failure to attend the conference cannot be made, but substitute delegates

#### Venue

West One De Vere Conference Centre, 9-10 Portland Place, London, W1B 1PR. A map of the venue will be sent with confirmation of your booking.

Date Thursday 19 November 2020

£200 + VAT (£240.00) EARLY BIRD RATE\* £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.

£300 + VAT (£360.00) for voluntary sector / charities.

£495 + VAT (£594.00) for commercial organisations.

£273.75 + VAT (£328.50) for BADS members.

The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 20%. Early bird rate available until 1st May 2020.

The information provided will be held on the Healthcare Conference UK's database and may be used to update you with details of other events that we organise. If you DO NOT wish to receive this information, please tick this box please tick this box

our events. If you DO NOT wish to receive information from these companies,

Healthcare Conferences UK reserve the right to make changes to speakers and programmes without prior notice.

©Healthcare Conferences UK Ltd 2020

Accommodation

**Confirmation of Booking** 

after submitting your booking.



HEALTHCARE CONFERENCES UK

ion - This booking represents a contract between Healthcare Conferences UK and yourself as a delegate at this even