The Council members started to arrive on Wednesday to prepare for the Conference; first impressions of the venue were impressive with plenty of space. Once we familiarised ourselves with the venue we were all set for the next two days, which promised to be informative, educational and inspirational.

Thursday

Given the increased numbers from last year, registration was brisk and Council members were on hand to direct delegates who were presenting and displaying posters to the relevant areas. The Conference was opened by President Mary Stocker welcoming everybody to Sheffield once the housekeeping notes were given by Paul Rawling (Honorary Secretary) it was straight into the first plenary of the conference. Miss Elizabeth Moulder Consultant Orthopaedic Surgeon and her team from Hull gave us a detailed inspirational presentation on their experiences in developing a Day Case Hip replacement pathway. This was well attended and provided food for thought to encourage others. It was great to hear firsthand the patient experience as the first patient who was suitable for this pathway was invited to speak about his experiences. The main message from the session was that it is the hard work and determination of the entire multidisciplinary team which is making this a successful pathway and hopefully the delegates who attended the session left empowered and encouraged to share Hull’s experience within their own teams.

The second plenary was related to workforce in Day Surgery. The session started with Mona Guckian Fisher who was speaking on behalf of the Association For Perioperative Practice(AFPP), who gave us an overview of some of the projects that the AFPP had been working on with regards to the surgical first assistant role and how they can fit into a Day Surgery environment, the second speaker of the session was Anitha Rego, who is a Practice Development Practitioner from Torbay Hospital and she gave the delegates her experiences on how the role of the Assistant Practitioner role could be adapted into the day surgery environment.

The third plenary was entitled ‘What has changed for children in Day Surgery’ this session was delivered by Dr Judith Short who is a Consultant Anaesthetist working in Sheffield Children’s hospital. Judith gave an engaging presentation in the changes over the last 10 years with regards to the developments in the patient and family journey, with practical ideas in helping improve the patient and family experience, from Preassessment to discharge.

After lunch it was the 1st of 2 parallel session of free papers, this year saw an increase in submissions for papers and posters which is always encouraging. The standard was high and it is always interesting to see the varieties of topics being presented; on a wide range of subjects. This year was no exception and some of the subjects discussed were ‘Current practice in Day Case plastic surgery’; ‘Antibiotic cover for TRUS biopsy’; ‘Introduction of Uni-compartment knees replacement as a day case’; ‘Day Case emergency surgery’; ‘Patients with Obstructive sleep Apnoea’ and ‘Day Case breast Surgery.’
This year there were 3 parallel sessions which were entitled ‘Training’ chaired by Mr. Dave Bunting, Dr Theresa Hinde plus our BADS Council trainee members, ‘Sustaining performance using mindfulness’, with Mari Lewis and ‘Nursing’ chaired by Mrs. Fiona Belfield and Mrs. Alex Alen. These sessions have proved very successful in past conferences and this year didn’t disappoint. The mindfulness session was the first time that BADS had run this and having spoken to delegates that attended the session they felt very calm and relaxed after, and gained tips on how to control their stress within the work environment. The other sessions were well attended and hopefully the delegates gained/shared knowledge amongst each other that they will take back to improve their own practice and share with colleagues.

Following on from this was the 2nd parallel free paper sessions, again these were well presented and a wide variety of topics were discussed including ‘Day Case Shoulder replacement’; ‘Day case surgery and surgical training’; ‘Body mass index impact on surgical outcomes and cost for Laparoscopic Cholecystectomy’; ‘Formulation of an anesthetic Day Surgery reference guide’; ‘Same day discharge following knee Arthroplasty’ and ‘Local anaesthetic patients getting the service they deserve’.

The Annual General Meeting closed the end of the first day, with the President detailing what BADS Council had been working on throughout the year, which includes development of the electronic journal and journal app, on-line conference programme, updated website and Model Hospital, all of which are exciting advancements for BADS. The President informed delegates that BADS are now fully compliant with the new data protection law (GDPR) that came into operation in May this year. The President welcomed 4 new members onto council, namely David Bunting, Jan Howells Johnson, Alex Alen and Sandra Briggs and updated the members on who were going to be taking up new roles within council. The AGM also included reports from the Treasurer, Honorary Secretary and the Publications officer. Once the AGM drew to a close it was time for all to prepare for the networking dinner, which this year was held in Cutler’s Hall. The venue was suburb and the food was excellent and all who attended enjoyed the evening and felt it was an opportunity to network in a relaxing environment.

**Friday**

The 1st session of the day (Plenary 4) saw Mr Dave Bunting Consultant Upper GI Surgeon from North Devon District Hospital, Barnstable talk about Day case laparoscopic cholecystectomy 10 years on and Devon’s experience in the Chole-QuIC which is a project introduced by the Royal College of Surgeons to aim to reduce waiting times for cholecystectomy for eligible patients with acute biliary pain or cholecystitis or gallstone pancreatitis, by using quality improvement techniques to empower teams within Hospital trusts. Mr. Paul Super Consultant Upper GI Surgeon from Heartlands Hospital, Birmingham talked about Day case reflux surgery, and how this has evolved over the last 15 years. Both presentations were informative and educational, even though laparoscopic cholecystectomies have been included in BADS Directory of procedures for many years; it is still in the forefront of day surgery and continues to provoke topical debate.

The next session was the prize paper session, which saw five delegates present their papers, this year was a very high standard and the topics were ‘Patient Experience and Outcomes after Prilocaine spinal for Anorectal Surgery’; ‘Developing a day case pathway for laparoscopic pyeloplasty’; ‘Water Intoxication after a Day Case Surgery’; ‘The Redundant Role of Preoperative Group and Safe for Laparoscopic Cholecystectomy’ and ‘Analysis of Care Efficiency for patients..."
with Acute Appendicitis suggests Ambulatory Management’. The vote for the best presentation went to Nick Li, presenting on the ‘Redundant role of the Group and save preoperatively.

Well done to all those who presented papers or posters in this year’s conference, again the standard of the posters displayed in the exhibition area was exceptional and BADS encourages any presenters (oral or poster) in this year’s conference to submit their work for publication in the Journal of One Day Surgery (JODS).

Plenary 6 was presented by Dr Rhona Siegmeth, Consultant Anaesthetist from Golden Jubilee Hospital, Glasgow. She gave a very thought provoking presentation on ‘When things go wrong in day surgery’. Rhona went into detail the process to go through and gave examples of real situations that she has dealt with and the outcomes. If there was one lesson to be learnt from the session and that was to always be open, honest, and say ‘sorry’ if you are unfortunate to be in a situation requiring this advice, also clear concise documentation is the key to help with any investigation. This of course applies to all medical and nursing staff alike, which is why this session was well received by all as it was relevant to all disciplines.

The penultimate session of the conference was Sister Ruth Roddison who is a Lead Specialist Nurse; Inpatient pain team at Rotherham Foundation Trust Hospital, her presentation was titled ‘Pins and Needles using acupuncture (Acupin) to prevent Post-Operative Nausea and Vomiting (PONV)’. Again, this was an interesting session informing the delegates on how they have introduced the process of using Acupins as a method of reducing PONV. It was initially a trial starting with Gynecological patients but has now been introduced to Orthopaedic patients and also ladies suffering from hyperemesis gravidarum. This is due to the success of the trial and the cost effectiveness of the process but most importantly the success rate for the patient, as PONV can be debilitating for any patient.

Our final plenary of the conference was how we started the conference with an orthopaedic session, this time detailing the experiences of Mr Ben Gooding, Consultant Orthopaedic Surgeon from Nottingham and Dr Nigel Bedforth, Consultant Anaesthetist also working in Nottingham, who talked about their experiences in setting up ‘Awake Shoulder Pathway’. This was a very informative session which gave the delegates a detailed description on how in Nottingham they have set up a very successful service with high patient satisfaction. Both presenters spoke on their techniques in achieving a high success rate for this surgery. The key to the success of this pathway was the introduction of ultrasound guidance for regional anaesthesia, which enables accurate administration of local anaesthesia and ensures safer techniques for the patient. Coupled with the advancements in Shoulder Surgery over the last 20 years with the development of arthroscopic techniques, it has enabled sub-acromial decompressions, rotator cuff repair and shoulder replacement among other procedures to be carried out in a day surgery setting.

And so that session closed another successful conference and certainly some food for thought for all who attended the conference. Hopefully, when all the presentations of all the inspirational work which is being carried out throughout the country is taken back to the delegates work base, they will be motivated and enthusiastic to act upon what they have learnt to develop/improve their practices to ensure patients benefit.

A big thank you to all the speakers who contributed to this year’s conference and in giving up their time to help make this such a successful ASM and of course for the delegates who attended and also contributed to the discussions, as without the delegates there would be no ASM!!!

We look forward to seeing you in London 2019.
SAVE THE DATE
DAY SURGERY
30TH ANNUAL
CONFERENCE
27th & 28th June 2019 | Royal Society of Medicine, London

Sessions include:
• Day surgery treatments of benign prostatic hypertrophy & other urology day case challenges
• Going green in ambulatory surgery
• Benchmarking and the Model hospital
• Technology supporting the day surgery pathway
• Get a gastric bypass and be home for dinner!
• Developing a day case pathway for Laparoscopic Hysterectomies

DEBATE “All slow surgeons and anaesthetists should be banned from day surgery”

Workshops include:
• Day case spinal anaesthesia
• Alternatives to patients providing a carer for 24 hours
• Ways to optimise your day surgery pathway

Conference drinks at Royal Society of Medicine

Registration opening
1st January 2019

Abstracts Submission
8th January 2019 – 13th April 2019

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