

# Joint HCC-BADS meeting: : Development of Emergency Day Surgery Pathways

Most of us who are regularly involved with managing patients requiring urgent and emergency care are well aware that many of the procedures required would be well suited to management on a day case basis. However this rarely happens and many patients wait sometimes several days, recurrently fasting and occupying much needed in-patients beds both before and after their surgery. The organisation of pathways for these urgent cases is considerably more challenging than that required for planned elective care but in a few centres considerable experience has already been gained in delivery of urgent care and the Ambulatory Emergency care Network has been established to support these developments.

The session started with presentations on the key elements of day surgery pathway and criteria for suitability for day surgery management presented by Anna Lipp and Theresa Hinde from BADS Council. This session addressed the specific challenges posed by patients presenting with acute conditions requiring assessment, preparation and surgery in a short time frame. The particular benefits of day surgery for elderly and frail patients were discussed and the importance of not excluding patients on basis of arbitrary limits such as BMI or ASA grade was emphasised.

Doug McWhinnie, a former president of BADS, reviewed the progress of emergency day surgery looking at where we have come from and what has been achieved to date. A well recognised urgent day surgery programme for general surgery has been developed in Bath under the leadership of Sarah Richards, a Consultant General Surgeon and she delivered an inspiring account of the process they followed to establish their Emergency Surgical Ambulatory Care Unit. She described how their unit now functions including the use of an innovative “virtual ward” which can avoid need for admission in many cases and limit it considerably in others.

The afternoon sessions included a presentation from James Brown an upper GI surgeon at the Northumbria Specialist Emergency Care Hospital. This innovative approach to managing the increasing burden of urgent surgery in a hospital designated solely for urgent care was impressive. Andrew Mitchell, an advanced nurse practitioner from the Ambulatory Emergency Care Network described what lessons could be learned from the experiences gained in managing urgent presentations in medicine, focussing on leadership from senior doctors, team working and ready access to diagnostic and other specialty support services.

Finally a series of presentations illustrated established pathways from centres around the country, including upper limb trauma from Rotherham, by Alex Kocheta; the abscess pathway followed in Torbay presented by Mary Stocker, and two examples of management of ERCP after miscarriage from Jane Montgomery (Torbay) and Kim Russon (Rotherham).

There was lively discussion and contributions from the multi disciplinary audience who were keen to benefit from the access to experts in various aspects of day case and urgent surgery, and evaluation of the day has been so over whelming positive that it is likely a similar event will be run again in the future. Watch out for dates.