# Dagkirurgi mindre än 24 timmars vård – ett paradigmskifte?

# Caroline Hällsjö Sander

Överläkare, Medicine doktor

Funktionsområdeschef Pre och postoperativ vård samt smärtvård

Funktionsområdeschef Trauma och Akutoperation

Perioperativ Medicin och Intensivvård PMI

## **Tove Halvardsson**

Controller, Master in Business Administration

Funktionsområde Pre och postoperativ vård samt smärtvård

Funktionsområde Trauma och Akut operation

Funktionsområde Buk, Neuro och ÖNH operation

Perioperativ Medicin och Intensivvård PMI







Politiskt styrd organisation

Sjukvård en föränderlig business, eller? Medarbetare Ane/op



# Brist på bemannade slutenvårdsplatser



- -ekonomi relaterat till nationellt behov; kö/budget
- -Används resurserna på allra bästa sätt?





# År det säkert och mindre kostsamt att gå hem efter operationen? I så fall för vem och när?

#### Is Outpatient Thyroid Surgery for Everyone?

Dale Butler and Sarah Oltmann

Department of Surgery, University of Texas Southwestern Medical Center, Dallas, TX, USA

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ABSTRACT: Thyroidectomy is a common surgical procedure. Traditionally, surgeons have performed thyroidectomy on an inpatient basis. However, consistent with current trends in surgery, some practices are transitioning thyroidectomy to an outpatient setting. Although concerns for hypocalcemia and postoperative bleeding exist regardless of surgeon experience, multiple studies demonstrate that outpatient thyroidectomy is safe in the hands of high-volume surgeons. Indeed, experienced thyroid surgeons who perform thyroidectomy in an outpatient setting experience excellent patient outcomes and reduced costs. However, outpatient thyroidectomy may not be suitable for all surgeons factors including the team performing the procedure, the hospital, and the patient. With the appropriate staff education and experience, hospital setting, and patient selection, practices in a multitude of settings can successfully develop a safe, cost-effective

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A systematic review

origin

A shift in setting for BH from inpatient to outpatient was observed from 2008-2014. In outpa-

BESEARCH ARTICLE

United States of America

Conclusions

2014

Movement to outpatient hysterectomy for benign indications in the United States, 2008-

1 George Washington University, Washington, DC, United States of America, 2 Intuitive Surgical, Inc.

Sunnyvale, California, United States of America, 3 Georgetown University Medical Center, Washington, DC,

Gaby Moawad1+, Emelline Liu2, Chao Song2, Alex Z. Fu3

tient settings, statistically significant in creases in MIS, especially the increase of RH in overall and complex cases, were observed. Utilization of RH as the surgical approach was associated with an increased odds of outpatient BH, particularly for patients with adhesions. Further has been referred to the surgical approaches incorporating patient

J. Obstet. Gynaecol. Res. Vol. 40, No. 11: 2125-2134, November 20:tpatient setting and real-world comparative effectiveness of surgifurther, the adoption of MIS in outpatient settings may improve ent groups.

23-hour observation endocrine neck surgery: lessons learned from a case series of over 1700 patients

C. RASPANTI, C. PORRELLO, G. AUGELLO, A. DAFNOMILI, G. ROTOLO, A. RANDAZZO, N. FALCO, T. FONTANA, R. TUTINO, G. GULOTTA

learned from a case series of over 1700 patients.

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surgery. At our institution a 23-hour-surgery with overnight hospital siderable volume of specific activity is needed.

SUMMARY: 23-hour observation endocrine neck surgery: lessons stay for endocrine neck surgical procedures was introduced since 2004 The present case series analyses the institutional results. Over 1913 en docrine neck survery procedures, 1730 patients (90,2%) were mana ged according to this model. Among these patients, 92 suffered from hy pocalcemia, 12 from airways obstruction due to the hematoma, 5 from bilateral nerve palsy. 15 more patients had unpredictable general disease compromising the short-stay surgery management. The goal of th Although the surgical procedures concerning the thyroid and the discharge effect 30-tons was achieved in 20,20% of case with a mean paratityroid glands are considered safe, the possible occurrence of com-hopitation (mainly homatons and hypocalermia) limit the short stay mayery if goalthe and safe if the correct indiactions are schored. A con-

The duration of hospital stay also has a substantial impact on the overall charge of hospitalization. Minimally invasive surgical techniques (both robotic and laparoscopic approaches) generally require a shorter hospital stay than the open methods. 4 For this reaso. the obtained cost savings due to the decreased number of hospital days can compensate the increased operative expenses of the minimally invasive techniques. For example, patients treated robotically or laparoscopically have a mean hospitalization of 1-2 days while those treated with open surgery often stay for more

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Cost assessment of robotics in gynecologic surgery:



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#### Factors Influencing Same-day Hospital Discharge and Risk Factors for Readmission After Robotic Surgery in the Gynecologic Oncology Patient Population

Colleen Rivard, MD\*, Kelly Casserly, MD, Mary Anderson, Rachel Isaksson Vogel, and Deanna Teoh. MD

Department of Obstetrics, Gynecology and Women's Health (Drs. Rivard, Casserly, Anderson, and Teoh), and Biostatistics and Bioinformatics, Masonic Cancer Center (Dr. Vogel), University of Minnesota. Minneapolis. Minnesota

#### Abstract

Study Objective—To determine the factors that allow for a safe outpatient robotic-assisted minimally invasive gynecologic oncology surgery procedure.

Design—Retrospective chart review (Canadian Task Force classification II-1).

Setting—University hospital.

Patients—All patients (140) undergoing robotic-assisted minimally invasive surgery with the gynecologic oncology service from January 1, 2013, to December 31, 2013.

Interventions—Risk factors for unsuccessful discharge within 23 hours of surgery and same-day discharge were assessed using logistic regression models.

Measurements and Main Results—All patients were initially scheduled for same-day discharge. The outpatient surgery group was defined by discharge within 23 hours of the surgery end time, and a same-day surgery subgroup was defined by discharge before midnight on the day of surgery. On hundred fifteen (82.1%) were successfully discharged within 23 hours of surgery, and 90 (64.3%) were discharged the same day. The median hospital stay was 5.3 hours (range, 1–48 hours). Unsuccessful discharge within 23 hours was associated with a preoperative diagnosis of lung disease and intraoperative complications; unsuccessful same-day discharge was associated with older age and later surgery end time. Only 2 patients (1.4%) were readmitted to the hospital within 30 days of surgery.

Conclusions—Outpatient robotic-assisted minimally invasive surgery is safe and feasible for most gynecologic oncology patients and appears to have a low readmission rate. Older age, preoperative lung disease, and later surgical end time were risk factors for prolonged hospital stay. These patients may benefit from preoperative measures to facilitate earlier discharge.



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The feasibility and safety of same-day discharge after robotic-assisted hysterectomy alone or with other procedures for benign and malignant indications



Stephen J. Lee, Bianca Calderon, Ginger J. Gardner, Allison Mays, Stephanie Nolan, Yukio Sonoda, Richard R. Barakat, Mario M. Leitao Jr. \*

Gynecology Service, Department of Surgery, Memorial Sloan-Kettering Cancer Center, New York, NY, USA

#### HIGHLIGHTS

- Same-day discharge was planned in 200 cases and 157 (78%) had successful same-day discharge.
- · Forty-three (22%) patients required postoperative admission, 23 for medical reasons and 20 for non-medical reasons.
- · Operative time, case ending before 6 pm, and use of intraoperative ketorolac were associated with successful same-day discharge.

#### ARTICLE INFO

Article history: Received 31 December 2013 Accepted 4 April 2014 Available online 13 April 2014

Keywords: Robotic-as sisted hysterectomy Same-day discharge TLH BSO

#### ABSTRACT

Objective. This study aimed to report the feasibility and safety of same-day discharge after robotic-assisted ysterectomy.

Methods. Same-day discharge after robotic-assisted hysterectomy was initiated 07/2010. All cases from then through 12/2012 were captured for quality assessment monitoring. The distance from the hospital to patients' homes was determined using http://maps.google.com. Procedures were categorized as simple (TLH +/— BSO) or complex (TLH +/— BSO with sentinel node mapping, pelvic and/or aortic nodal dissection, appendectomy, or omentectomy). Urgent care center (UCC) visits and readmissions within 30 days of surgery were captured, and time to the visit was determined from the initial surgical date.

Results. Same-day discharge was planned in 200 cases. Median age was 52 years (range, 30–78), BMI was 26.8 kg/m² (range, 17.4–56.8), and ASA was class 2 (range, 1–3). Median distance traveled was 31.5 miles (range, 0.2–149). Procedures were simple in 109 (55%) and complex in 91 (45%) cases. The indication for surgery was: endometrial cancer (n = 82; 41%), ovarian cancer (n = 5; 2.5%), cervical cancer (n = 8; 4%), and non-gynecologic cancer/benign (n = 105; 53%). One hundred fifty-seven (78%) had successful same-day discharge. Median time for discharge for these cases was 4.8 h (range, 2.4–10.3). Operative time, case ending before 6 pm, and use of intraoperative ketorolac were associated with successful same-day discharge. UCC visits occurred in 8/157 (5.1%) same-day discharge cases compared to 5/43 (11.6%) requiring admission (P = .08). Readmission was necessary in 4/157 (2.5%) same-day discharge cases compared to 3/43 (7.0%) requiring admission (P = .02).

Condusions. Same-day discharge after robotic-assisted hysterectomy for benign and malignant conditions is feasible and safe.

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## Patientflöden Karolinska Solna

Robotassisterad kirurgi (gyn samt uro)

kräver högspecialiserad och dyr utrustning på operationssal men inte ett långt högspecialiserat postoperativt slutenvårdsförlopp

Stor grupp av patienter varav flertalet är väsentligen friska

Merparten är i medelåldern och har anhöriga som de gärna återvänder hem till snabbt

Om rätt urval görs är risken för postoperativa komplikationer låg

Genom att göra detta utan att en ordinarie slutenvårdsplats beläggs kan patienterna opereras i ett separat flöde utan att konkurrera med andra slutenvårdsflöden

Personal - går det att arbetsväxla uppgifter här? OPUS projektet Lokal?

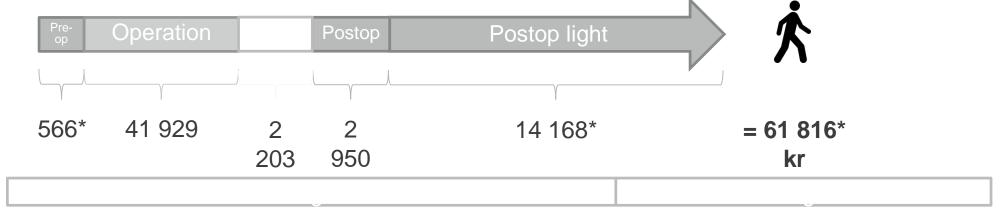


# **Kostnad per patient**

# Nuvarande flöde



# Potentiellt flöde



# Kan vi använda våra resurser på ett annat sätt med bibehållen eller ökad kvalitet?

Professionen måste vara drivande i förbättringsarbete och identifiera nya arbetssätt

Detta kräver en multiprofessionell teamapproach kring patienten som är i centrum

Säkerheten är mycket central liksom patientens upplevelse, strukturerad utvä resultat samt upplevelse

Ekonomisk uppföljning, visa besparingspotential!

Kvaliteten är oerhört viktig, komplikationer orsakar lidande och är mycket dyrt



# Tack för er uppmärksamhet

Caroline.hallsjo-sander@sll.se Tove.halvardsson@sll.se

