

# Establishing a Day Surgery Gynaecology Service

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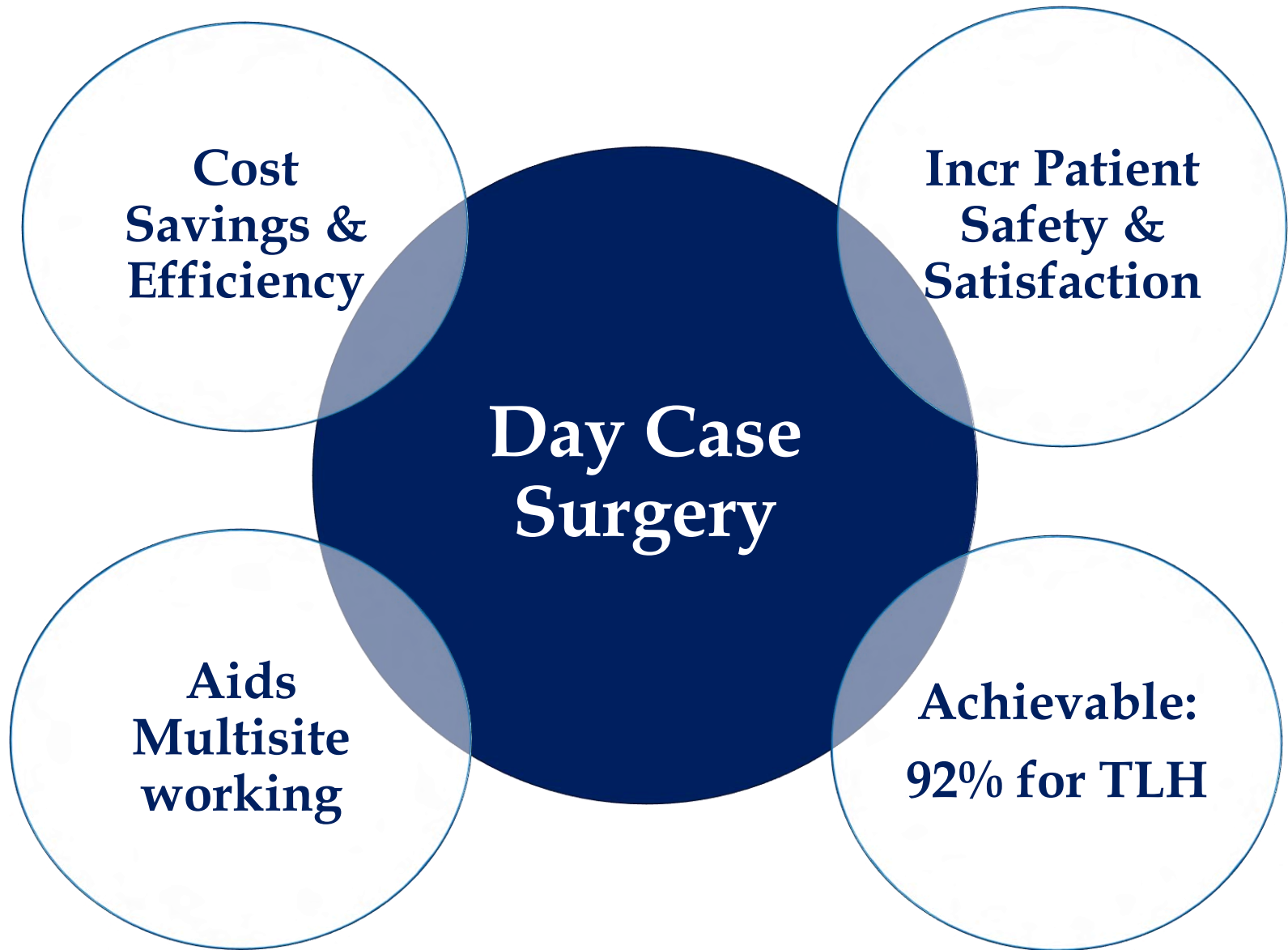


**Northumbria Healthcare**  
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# Introduction

- The Vision
- Start of the Journey & MDT Approach
- Refining the Patient Journey
  - Preparation
  - Day surgery unit (DSU) Management
  - Anaesthetic Input
  - Surgical Innovation
- Supporting the service & where we are now
- Summary

# The Day Case Surgery Vision

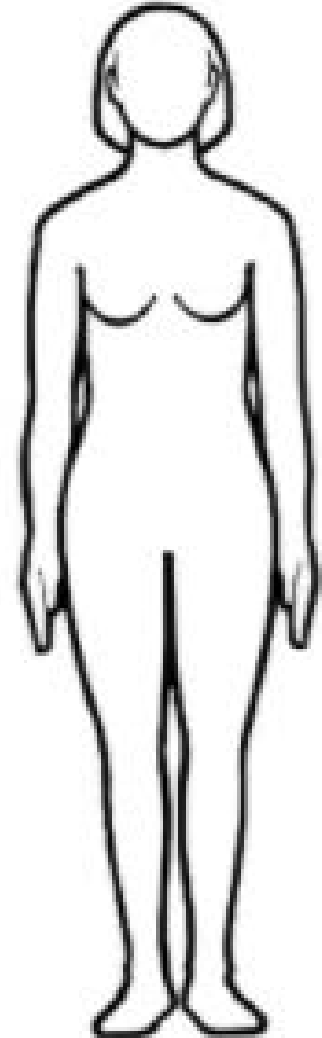


# Start of the Journey

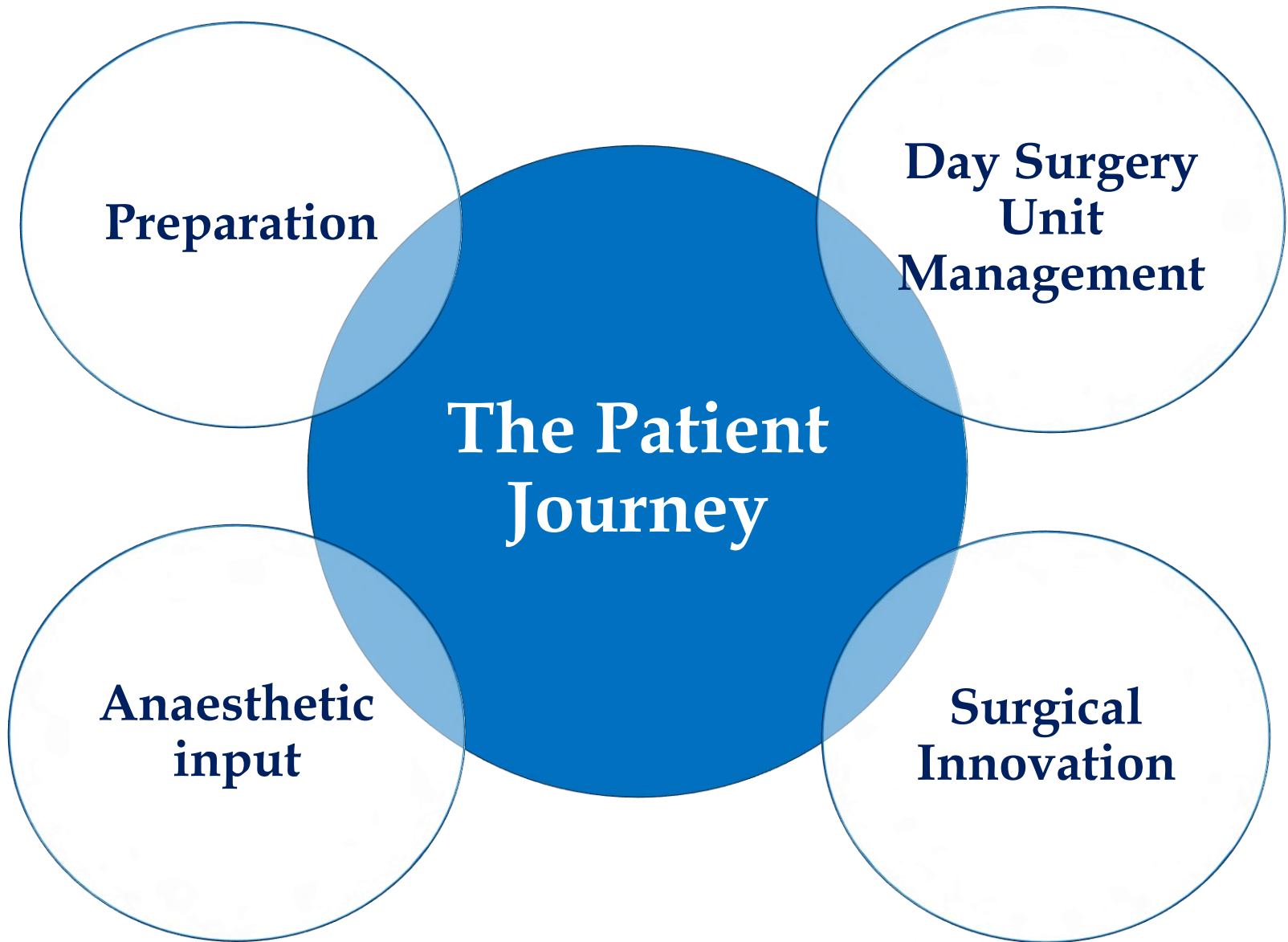
- 2014: LaSH
  - 0 TLH as day-case
- Refining the patient journey
- MDT approach:
  - Gynaecology Lead
  - Anaesthetic Champion
  - Nurse Champion
  - **SHARED VISION**

# Start of the Journey

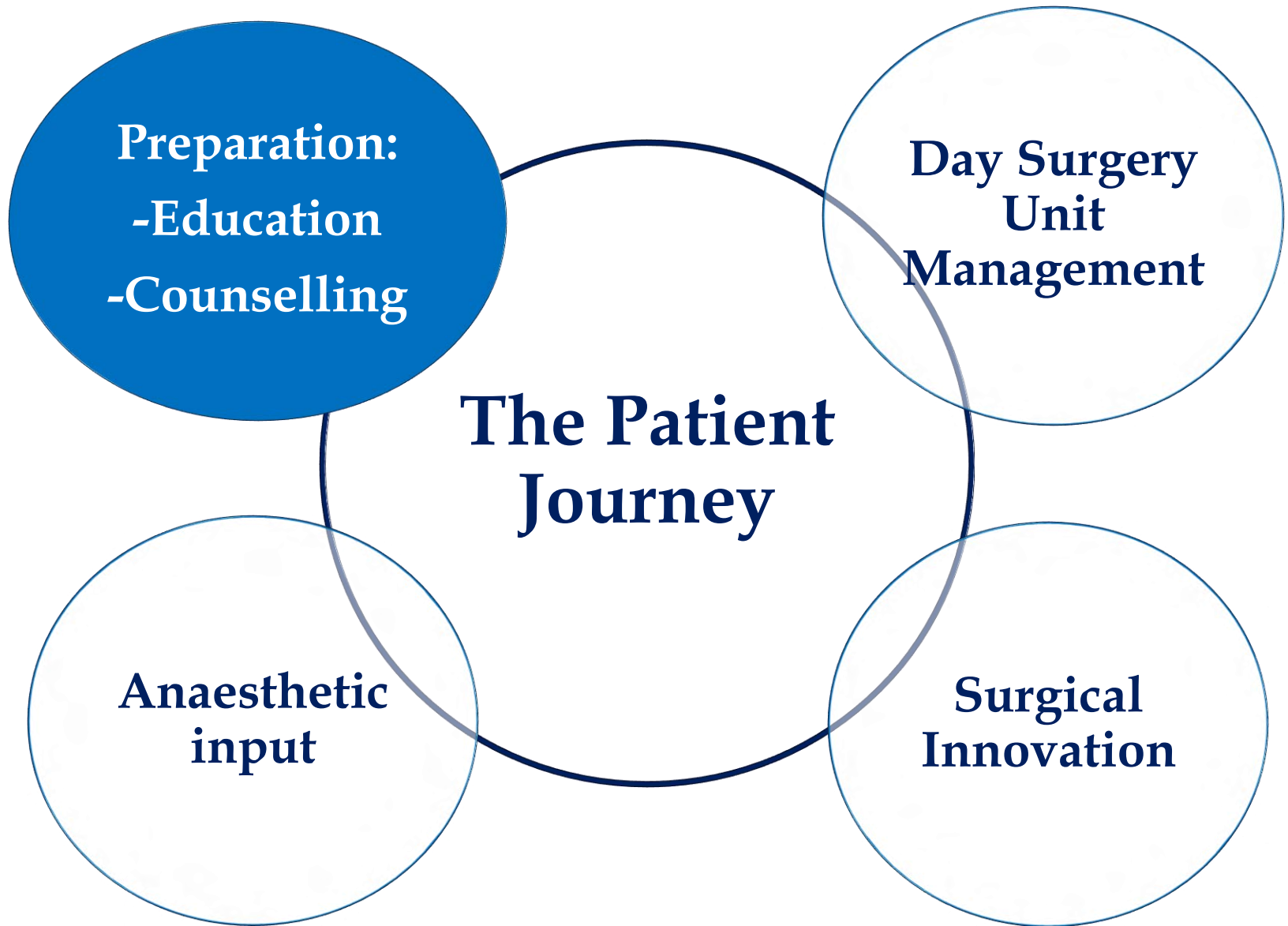
- Patient Zero:
  - Normal BMI
  - No distorted anatomy
  - No co-morbidities
- Planning:
  - First on list
- Consultant input:
  - Regular RV & subsequent DC
- Success:
  - Home on Day 0



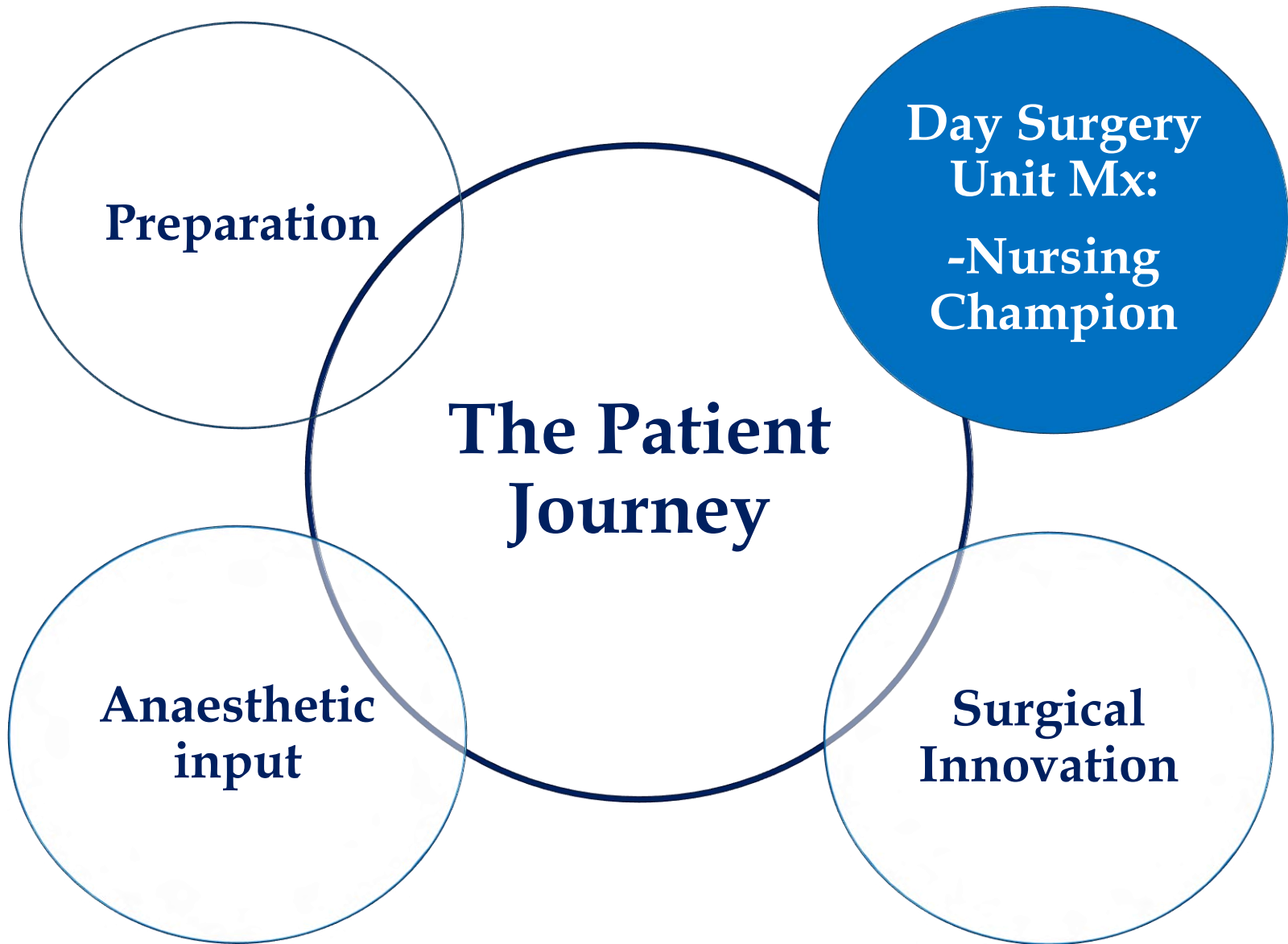
# Refining the Patient Journey



# Refining the Patient Journey

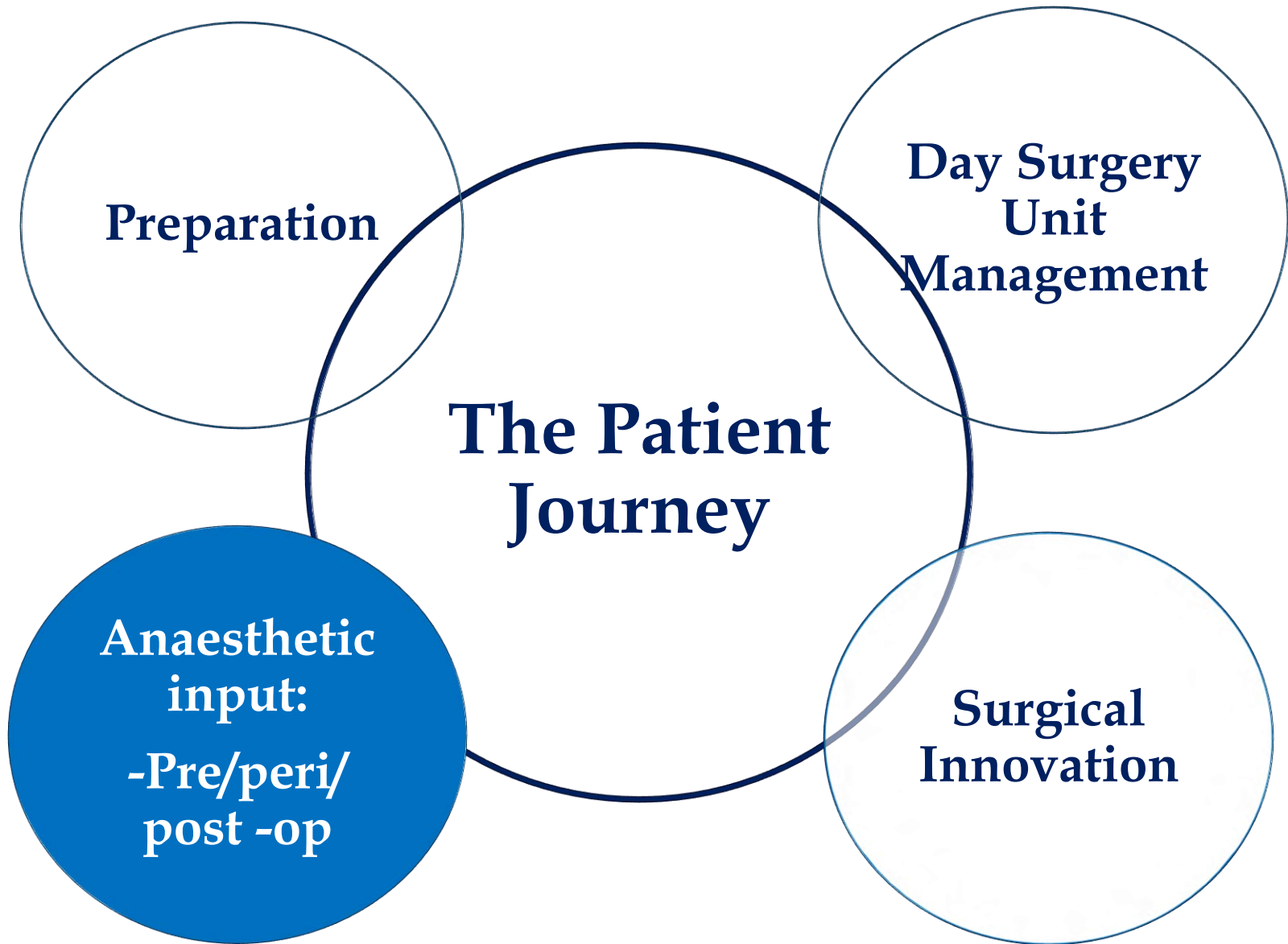


# Refining the Patient Journey





# Refining the Patient Journey



# Anaesthetic Proformas

## Part 1: Pre-Op:

- Paracetamol 1g
- Ibuprofen 400mg (as tolerated)
- Cyclizine 50mg
- Oral fluids (cup of water on admission to unit)

## Part 2 Peri-Op:

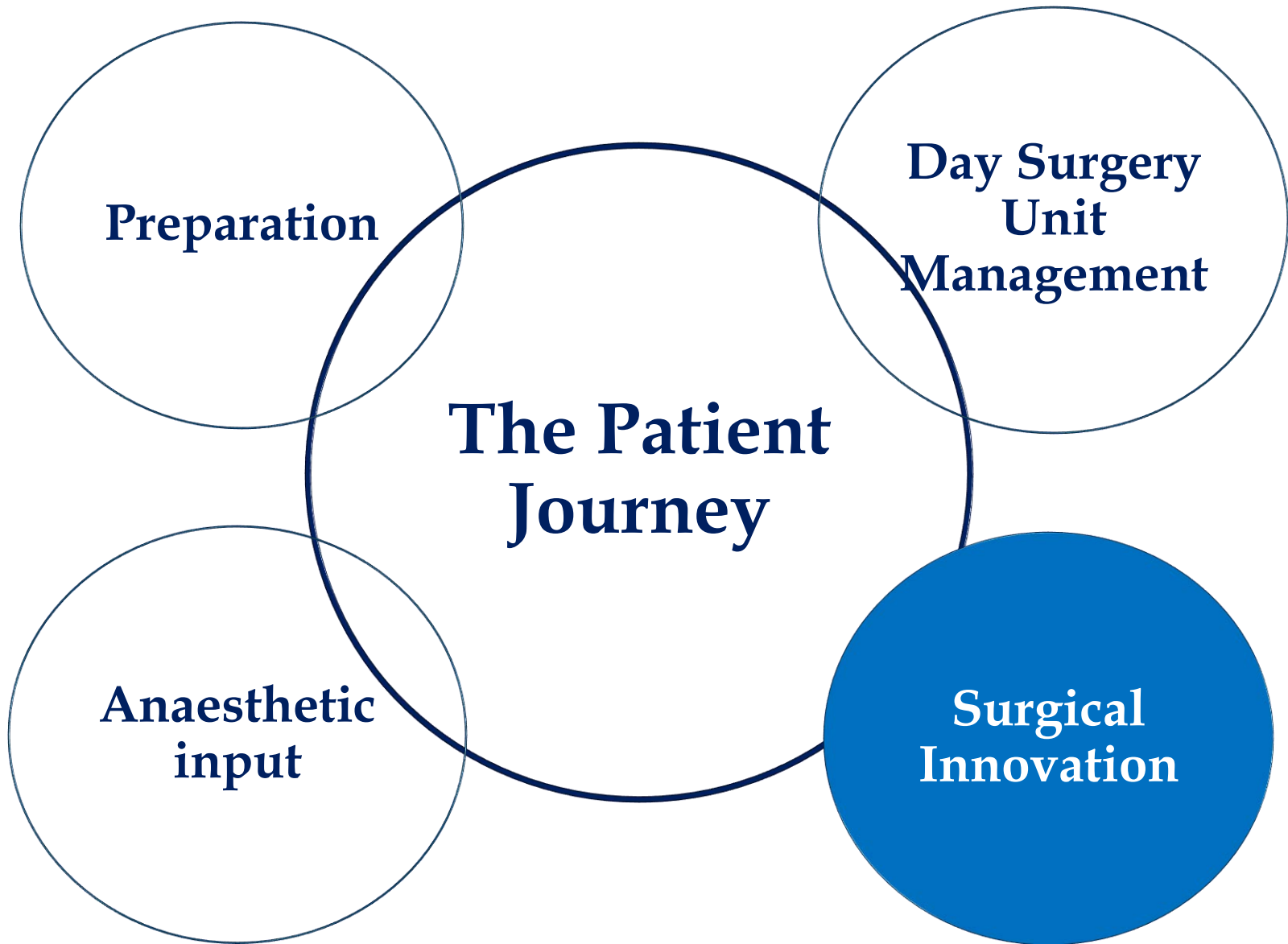
- Ketamine 0.5mg/kg
- Rocuronium
- TIVA-propofol/(Remefentanyl) TCI
- Fentanyl-titrated to effect (2-4mcg/kg)
- Magnesium 30-50mg/kg infusion over 30mins
- Ondansetron 4mg
- Dexamethasone 6.6mg as indicated
- Fluid/patient warmer
- 1L IV Hartmans
- PEEP 5-8
  - BMI dependent, low TV vol ventilation strategies

## Part 3 Recovery:

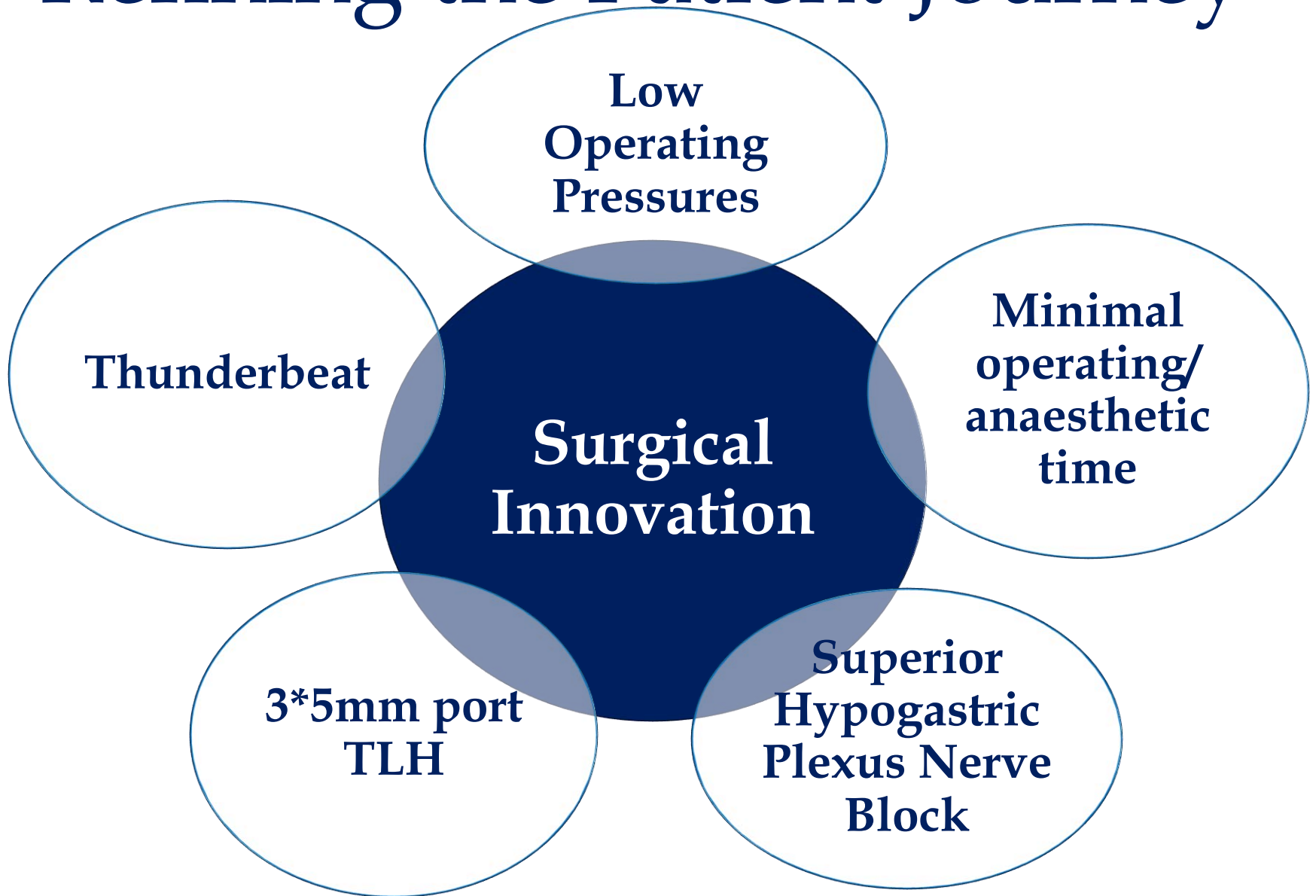
- Continue regular paracetamol/ibuprofen
- Pain:
  - Fentanyl up to 30-mcg
  - Pain score:
    - 5-7: oramorph
    - 8-10: morphine/diamorphine IV
- PONV:
  - Ondansetron 4mg
  - Buccastem 3mg
  - Haloperidol 2mg IM

- Main Theme: TIVA with multimodal analgesia & antiemetics

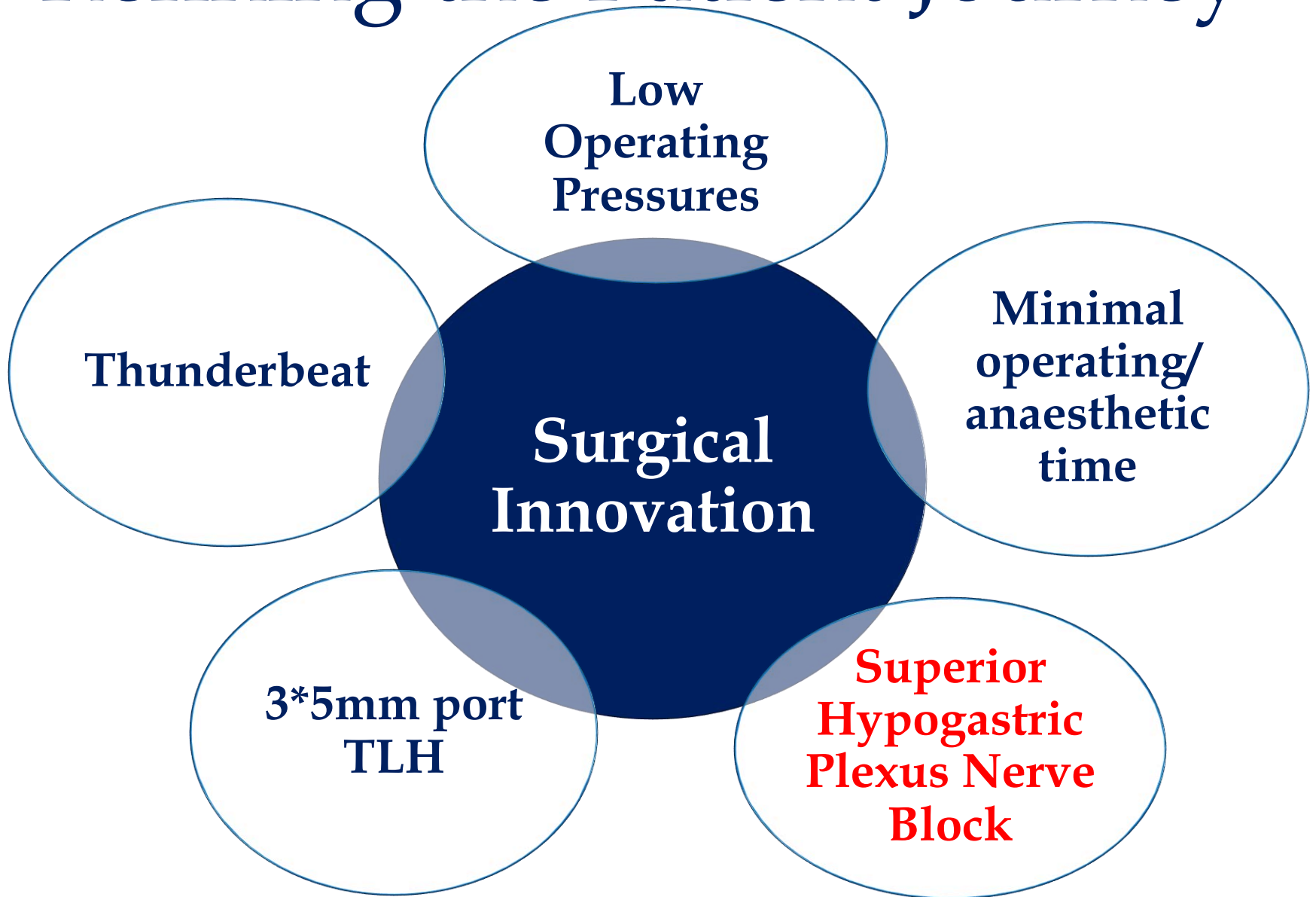
# Refining the Patient Journey



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# Refining the Patient Journey



# Superior Hypogastric Plexus Nerve Block

- Infiltration LA retroperitoneally in the area of the SHP
  - 30ml of 0.25% chirocaine
  - Following safe entry
- Limited publications regarding its use during TLH
- Not currently done in other UK centres

# SHP Nerve Block: Local Audit

All TLH performed by same surgeon/his trainee  
over 24 months



163 cases



Notes available 150 cases



88 performed using  
standard analgesia

-30ml 0.25% chirocaine  
intraperitoneally & 10ml subcut

62 performed using  
SHP nerve block

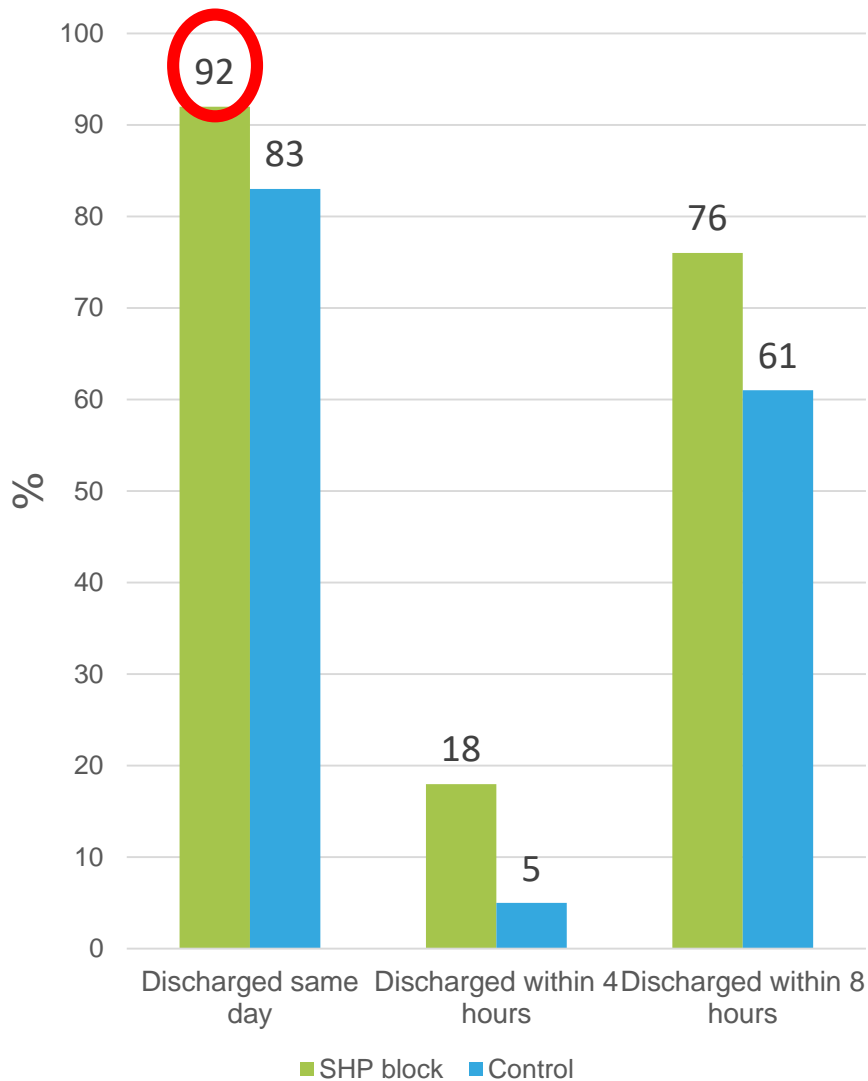
-30ml 0.25% chirocaine into  
SHP & 10ml subcut

# SHP Nerve Block: Results

- Results are comparable:
  - All TLH done in the period included
  - Similar complexities
  - Mean ages similar

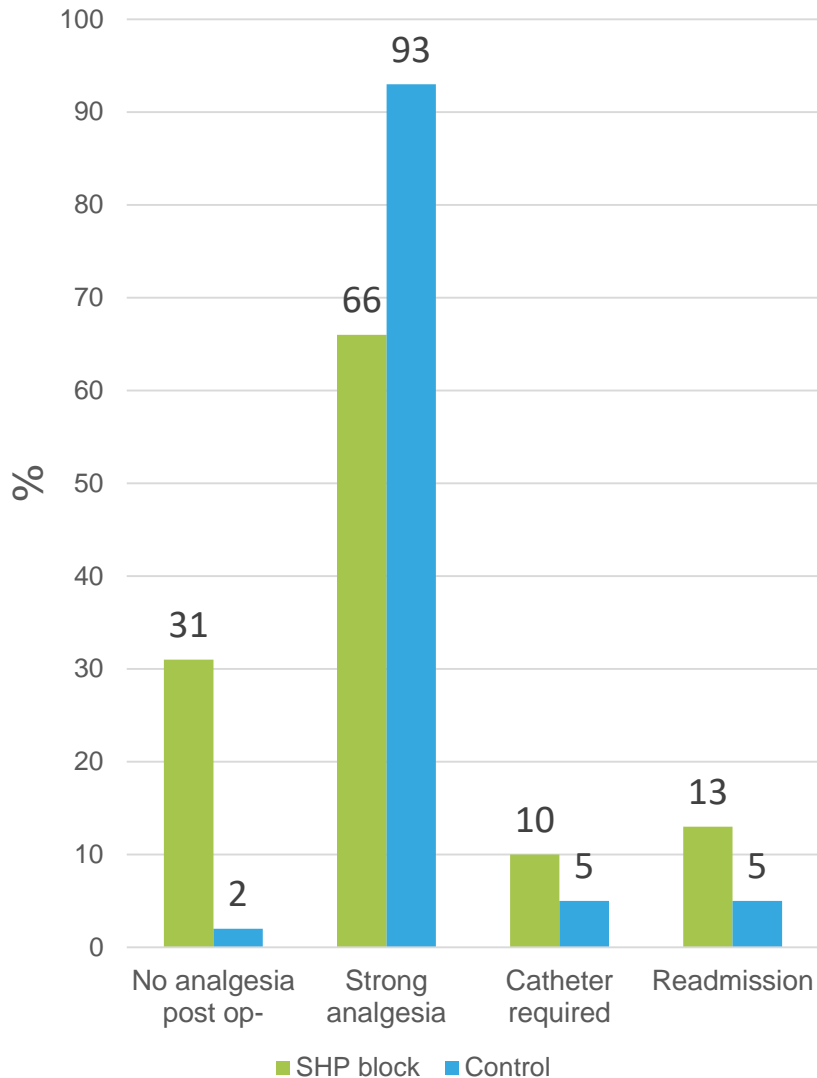


# SHP Nerve Block Audit: Results



- SHP block group:
  - 92% same day discharge compared to 83%:
    - 18% discharged within 4 hrs
    - 76% discharged within 8 hrs
- Similar compliance to anaesthetic proforma both groups
  - Pre & peri op ~40% compliance
  - Post op poor documentation
  - ? significance

# SHP Nerve Block Audit: Results



- SHP block group:
  - 31% required no analgesia in recovery compared 2%
  - 66% required strong analgesia compared 93%
  - 10% failed to pass urine compared to 5%
  - 13% readmission compared to 5%
    - No theme identified

# SHP Nerve Block Audit: Results

- Post-op Analgesia:

Recovery Analgesia	No Block Group	Block Group	Totals	
None	2	19	21	
Mild	2	1	3	
Mod	2	1	3	
1 Strong	33	28	61	X <sup>2</sup> = 32.20
Multiple Strong	49	13	62	Df 4.00
Total	88	62	150	P <0.001

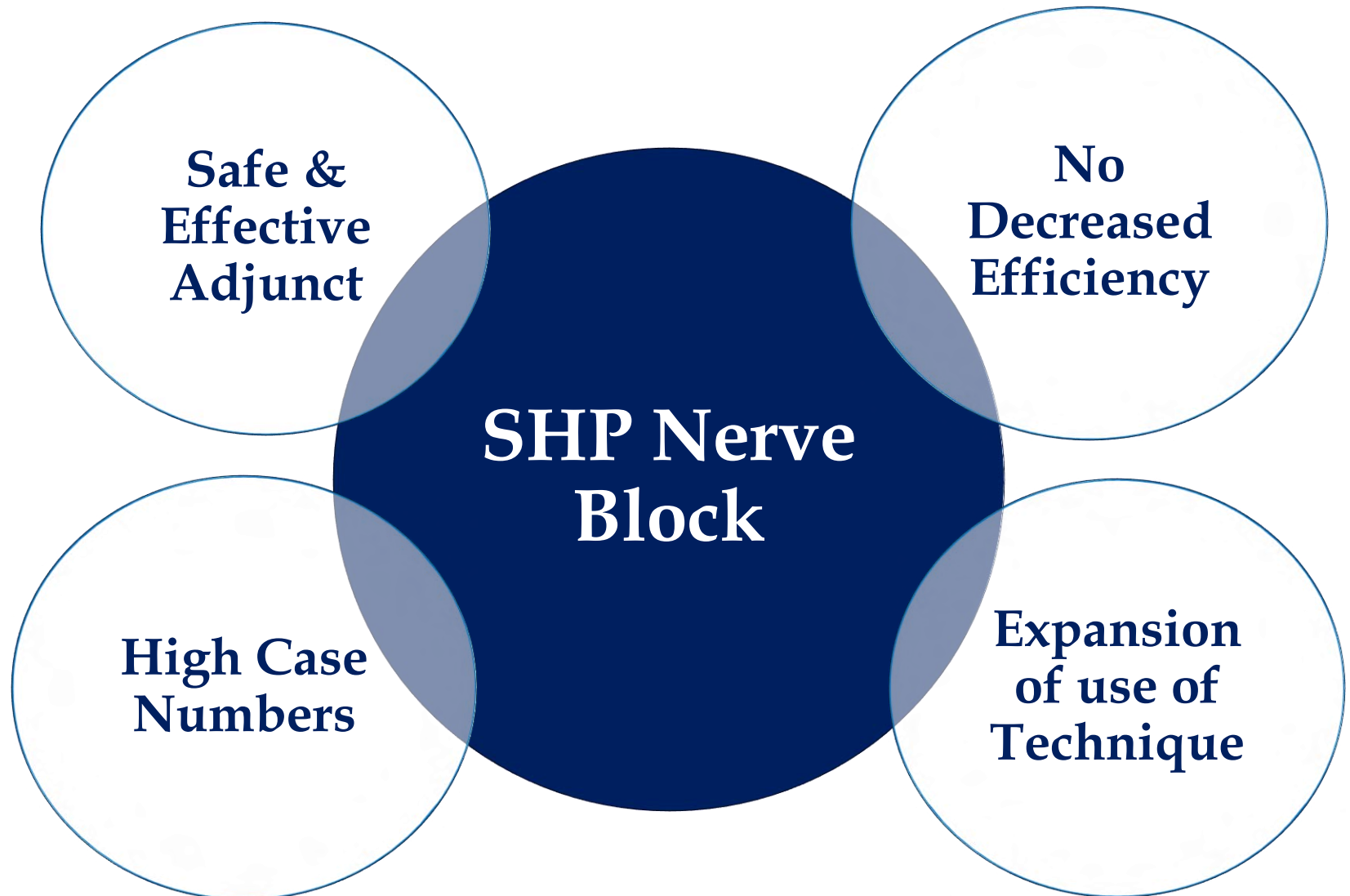
- Mild = paracetamol +/- ibuprofen
- Moderate = weak opiate (codeine, tramadol)
- Strong = strong opiate (oramorph, fentanyl)
- One type e.g just fentanyl or just oramorph, or multiple

- Length of Stay:

	No Block Group	Block Group	Totals	
<=4 hrs	6	16	22	
5-8 hrs	47	30	77	
9 - 24 hrs	31	15	46	X <sup>2</sup> = 11.50
> 24 hrs	4	1	5	Df = 3.00
Total	88	62	150	P <0.01

- Contingency tables demonstrating significance

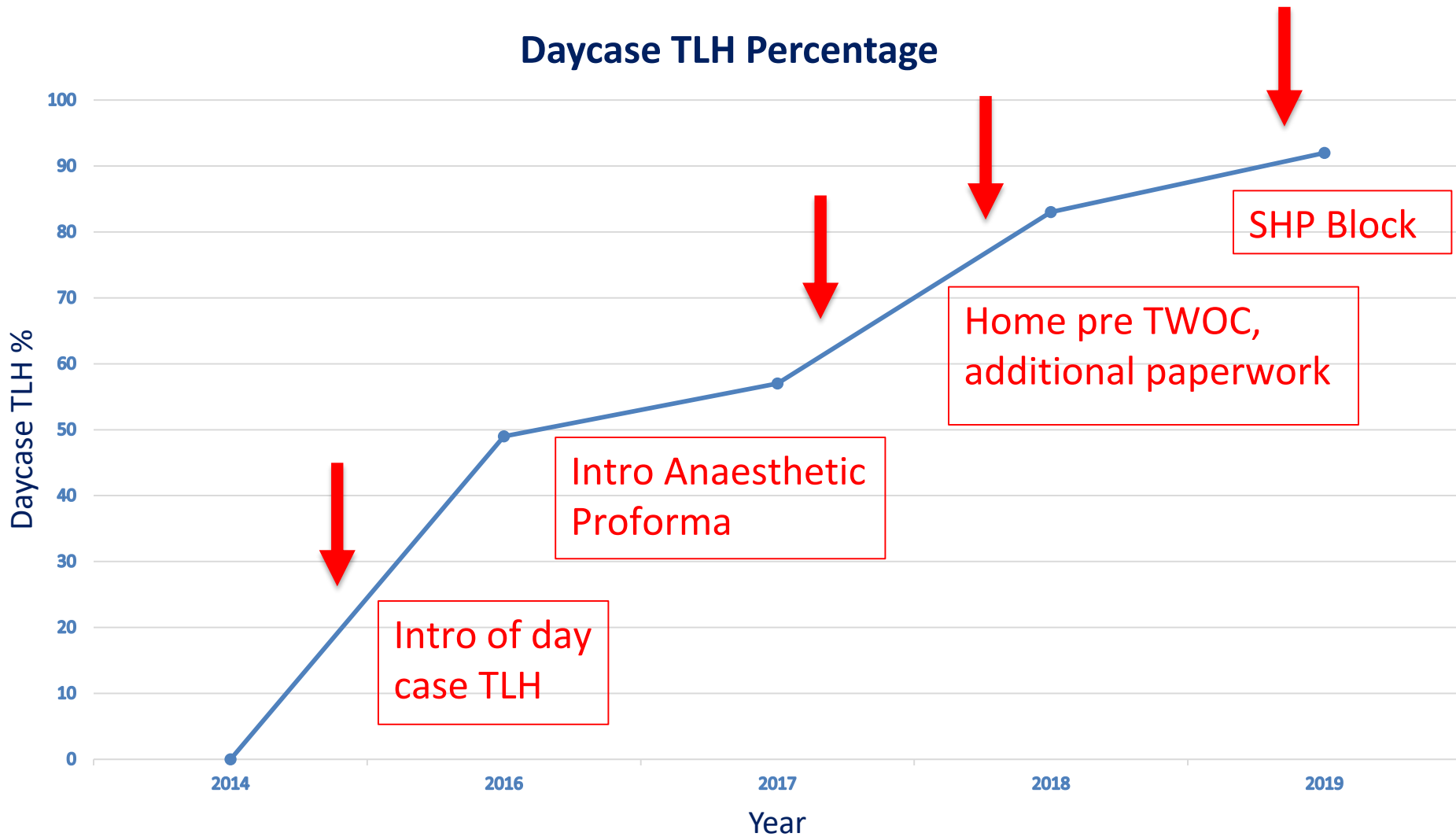
# SHP Nerve Block: Conclusions



# SHP Nerve Block Audit: Limitations

- Can often predict patients who will need more analgesia post op
  - Can't be quantified in the numbers
- Unsure if more compliance to anaesthetic proforma would have improved outcomes for either group

# Reassess, Reevaluate, Improve



# Where are we now?

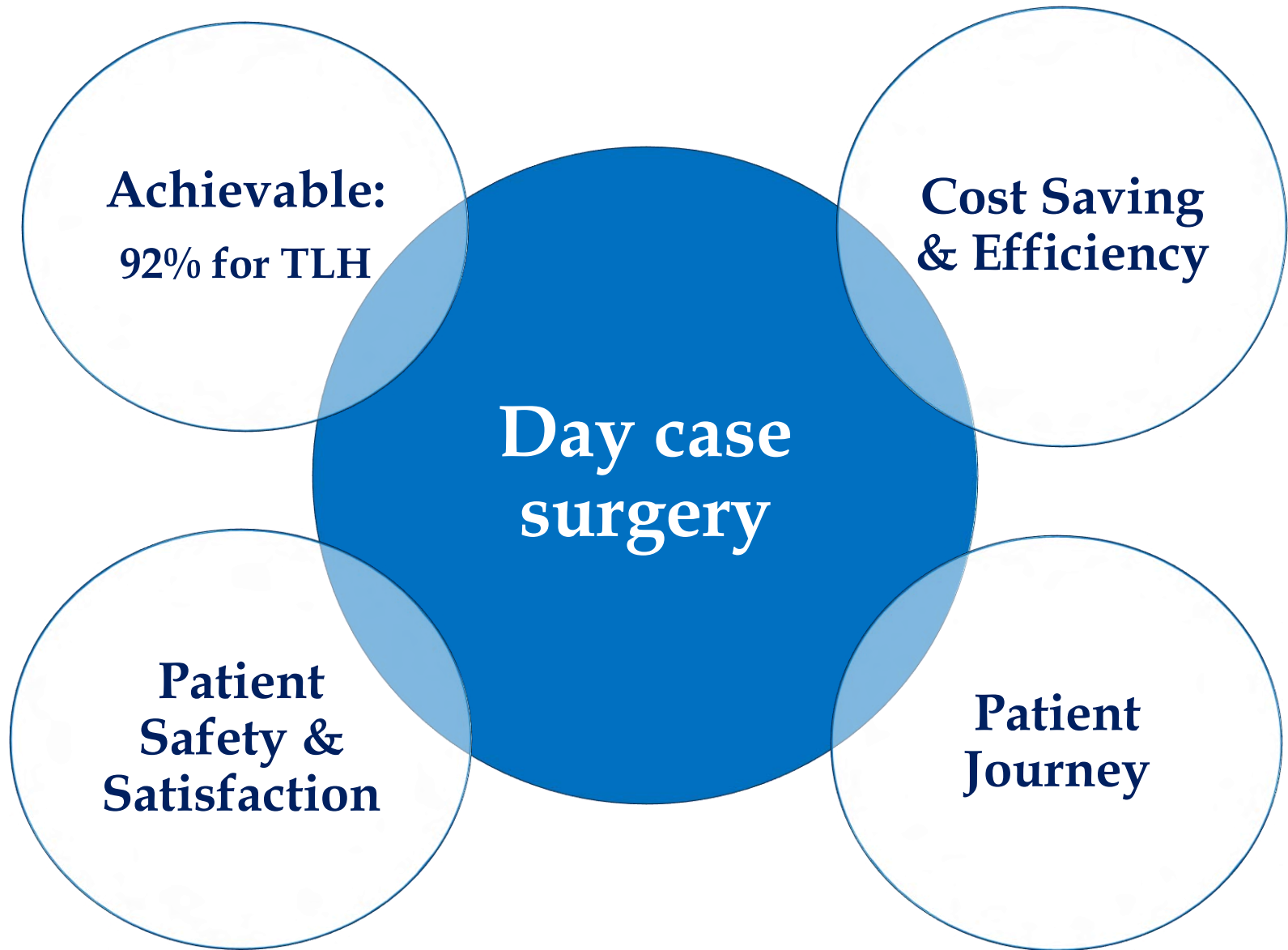
- Day surgery unit optimised
- Routinely do 2-3 TLH as day-cases on a full day list
- No gynaecology ward
- Supporting service:
  - Ward rounds
  - Providing paperwork and support
- Expansion: now total of 5 laparoscopic surgeons



**DAYCASE  
MIND-SET**



# Optimum day case rates



# Summary

- Whole MDT approach
- Constant education & re-education
  - Patients and all staff
- Use evidence based medicine with research and innovation to enhance practice
- Provide cost efficiency & patient satisfaction

# Acknowledgements

- Mr A Sproston, Consultant Gynaecologist
- Dr M Piper, Consultant Anaesthetist
- SHP Block audit:
  - Dr E Cervenak, O&G SHO
  - Dr R Wright, SHO



# Thank you

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For questions on the Olympus Service  
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