

EMERGENCY DAY SURGERY

EMERGENCY DAY SURGERY

Many emergency surgical procedures are minor and non-life-threatening. Patients may be considered low priority for surgical intervention and can therefore end up waiting hours or days for a slot on the emergency theatre list, resulting in prolonged starvation times and inpatient stay . With appropriate planning and preparation these patients could have surgery performed as a day case. This has become reasonably commonplace in orthopaedics for many upper limb traumas and in gynaecology for the evacuation of retained products of conception (ERPC). It has also increasingly been recognised for many other surgical procedures, as listed in the BADS DOP (Table 22.6). For certain procedures that can wait more than 24 hours patients can follow an 'elective pathway'. They can be swabbed and isolate as per current coronavirus 2019 (COVID-19) requirements and then attend via an 'elective green pathway'. Alternatively , they can be discharged home and then return to an acute surgical admission area to be added to a suitable list or be first on the emergency list (priority slot) and discharged the same day . Contraindications to being discharged must be identified, e.g. systemic sepsis, unstable diabetes, major comorbidities, if parenteral pain relief is needed or if patients are deemed unsafe to mobilise.

emergency day surgery pathway. Procedure Suggested BADS DOP day case rate (%) Evacuation of retained products of 95 conception Incision and drainage of a perianal 95 abscess Appendicectomy 15 Reduction of a fracture of the zygomatic 60 complex of bones Repair of hand or wrist tendon 95 Primary reduction and open /f_i xation of 25 the ankle Primary reduction and open /f_i xation of 60 the wrist BADS DOP , British Association of Day Surgery Directory of Procedures , 6th edn (2019).

EMERGENCY DAY SURGERY

Many emergency surgical procedures are minor and non-life-threatening. Patients may be considered low priority for surgical intervention and can therefore end up waiting hours or days for a slot on the emergency theatre list, resulting in prolonged starvation times and inpatient stay . With appropriate planning and preparation these patients could have surgery performed as a day case. This has become reasonably commonplace in orthopaedics for many upper limb traumas and in gynaecology for the evacuation of retained products of conception (ERPC). It has also increasingly been recognised for many other surgical procedures, as listed in the BADS DOP (Table 22.6). For certain procedures that can wait more than 24 hours patients can follow an 'elective pathway'. They can be swabbed and isolate as per current coronavirus 2019 (COVID-19) requirements and then attend via an 'elective green pathway'. Alternatively , they can be discharged home and then return to an acute surgical admission area to be added to a suitable list or be first on the emergency list (priority slot) and discharged the same day . Contraindications to being discharged must be identified, e.g. systemic sepsis, unstable diabetes, major comorbidities, if parenteral pain relief is needed or if patients are deemed unsafe to mobilise.

emergency day surgery pathway. Procedure Suggested BADS DOP day case rate (%) Evacuation of retained products of 95 conception Incision and drainage of a perianal 95 abscess Appendicectomy 15 Reduction of a fracture of the zygomatic 60 complex of bones Repair of hand or wrist tendon 95 Primary reduction and open /f_i xation of 25 the ankle Primary reduction and open /f_i xation of 60 the wrist BADS DOP , British Association of Day Surgery Directory of Procedures , 6th edn (2019).

EMERGENCY DAY SURGERY

Many emergency surgical procedures are minor and non-life-threatening. Patients may be considered low priority for surgical intervention and can therefore end up waiting hours or days for a slot on the emergency theatre list, resulting in prolonged starvation times and inpatient stay . With appropriate planning and preparation these patients could have surgery performed as a day case. This has become reasonably commonplace in orthopaedics for many upper limb traumas and in gynaecology for the evacuation of retained products of conception (ERPC). It has also increasingly been recognised for many other surgical procedures, as listed in the BADS DOP (Table 22.6). For certain procedures that can wait more than 24 hours patients can follow an 'elective pathway'. They can be swabbed and isolate as per current coronavirus 2019 (COVID-19) requirements and then attend via an 'elective green pathway'. Alternatively , they can be discharged home and then return to an acute surgical admission area to be added to a suitable list or be first on the emergency list (priority slot) and discharged the same day . Contraindications to being discharged must be identified, e.g. systemic sepsis, unstable diabetes, major comorbidities, if parenteral pain relief is needed or if patients are deemed unsafe to mobilise.

emergency day surgery pathway. Procedure Suggested BADS DOP day case rate (%) Evacuation of retained products of 95 conception Incision and drainage of a perianal 95 abscess Appendicectomy 15 Reduction of a fracture of the zygomatic 60 complex of bones Repair of hand or wrist tendon 95 Primary reduction and open /f_i xation of 25 the ankle Primary reduction and open /f_i xation of 60 the wrist BADS DOP , British Association of Day Surgery Directory of Procedures , 6th edn (2019).

Revision #1

Created 2025-12-31 15:11:02 UTC by Omar Ayman

Updated 2025-12-31 15:11:02 UTC by Omar Ayman