



DEDER GENERAL HOSPITAL
GYN/OBS DEPARTMENT
DAYCARE SURGERY PROTOCOL

July 2016E.C

Deder, Eastern Ethiopia

PROTOCOL APPROVAL SHEET

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Introduction

Daycare surgery, also known as ambulatory or same-day surgery, refers to surgical procedures performed without the need for an overnight hospital stay. In gynecology and obstetrics, many procedures can be safely conducted on a daycare basis, offering numerous advantages including reduced hospital costs, decreased risk of hospital-acquired infections, and faster patient recovery in a comfortable home environment.

Deder General Hospital recognizes the importance of implementing a standardized daycare surgery protocol to ensure patient safety, optimize resource utilization, and maintain high-quality care. This protocol is designed to guide clinical and administrative teams through the entire patient journey — from preoperative evaluation to discharge and follow-up — specifically tailored for gynecological and obstetric procedures.

By adhering to this protocol, the hospital aims to provide efficient, safe, and patient-centered daycare surgical services that meet both international standards and local healthcare needs.

Purpose

To provide a standardized protocol for the safe, efficient, and quality delivery of gynecological and obstetric daycare surgeries, ensuring patient safety, optimized resource utilization, and patient satisfaction.

Scope

This protocol applies to all Gyn/Obs cases planned for **same-day surgery** at Deder General Hospital, including clinical, nursing, anesthesia, and administrative teams.

Objectives

- ✍ Ensure safe patient selection for daycare surgery.
- ✍ Optimize surgical schedules to reduce unnecessary admissions.
- ✍ Minimize perioperative risks through standardized preoperative evaluation.
- ✍ Enhance patient recovery and discharge within the same day.
- ✍ Provide clear post-discharge follow-up mechanisms.

Eligible Procedures

Gyn/Obs Daycare Surgeries May Include:

- ✍ Dilatation & curettage (D&C)
- ✍ Cervical polypectomy
- ✍ Bartholin's cyst excision
- ✍ Suction evacuation for incomplete abortion
- ✍ Tubal ligation
- ✍ Removal of IUCD under anesthesia
- ✍ Biopsy procedures
- ✍ Simple vulvar lesion excision
- ✍ Endometrial ablation
- ✍ Other procedures as per Gynecologist decision

Patient Selection Criteria

Inclusion Criteria

- ✍ ASA Physical Status I or II.
- ✍ Age between 15–65 years (unless otherwise cleared).
- ✍ No uncontrolled comorbidities.
- ✍ Availability of an escort post-discharge.
- ✍ Patient lives within reasonable travel distance from the hospital.

Exclusion Criteria

- ✎ ASA III or higher without proper stabilization.
- ✎ High-risk obstetric complications.
- ✎ Anticipated complex or lengthy procedure.
- ✎ Lack of responsible adult escort.
- ✎ Known difficult airway (for anesthesia cases).





Infrastructure Criteria

To ensure safe and efficient daycare surgery service delivery, the following infrastructure requirements must be met:

Infrastructure Element	Requirements	Remarks
Daycare Surgery Unit	Separate, clean, well-ventilated area dedicated to daycare surgeries	Near main OR for easy transfer
Preoperative Holding Area	Adequate space with beds/chairs for patient preparation	Privacy and monitoring facilities
Operating Theatre	Fully equipped with gynecological instruments and anesthesia machine	Proper lighting and sterilization
Recovery Room	Equipped with monitoring devices (pulse oximeter, BP monitor)	Space for minimum 2 patients
Waiting Area	Comfortable seating for patient escorts	Access to drinking water, toilets
Emergency Equipment	Crash cart with resuscitation drugs and airway devices	Ready and checked daily
Oxygen Supply	Central oxygen system or portable oxygen cylinder	Functional and accessible
Sterilization Unit	Autoclave and instrument sterilization setup	Compliance with infection control
Communication System	Intercom or mobile communication between OR and wards	For prompt response
Patient Transportation Facilities	Wheelchair or stretcher for safe transfer between units	
Clean Water and Sanitation	Functional toilets and hand hygiene stations	For staff and patients
Documentation System	EMR or paper-based record keeping system	For continuity of care

Staffing

Core Team:

-  Consultant surgeon and anesthetist.
-  Full-time nurse coordinator.
-  Ward/PACU nurses, clerical staff, ancillary (runner/cleaner).
-  On-call manager for follow-up.

Roles & Responsibilities

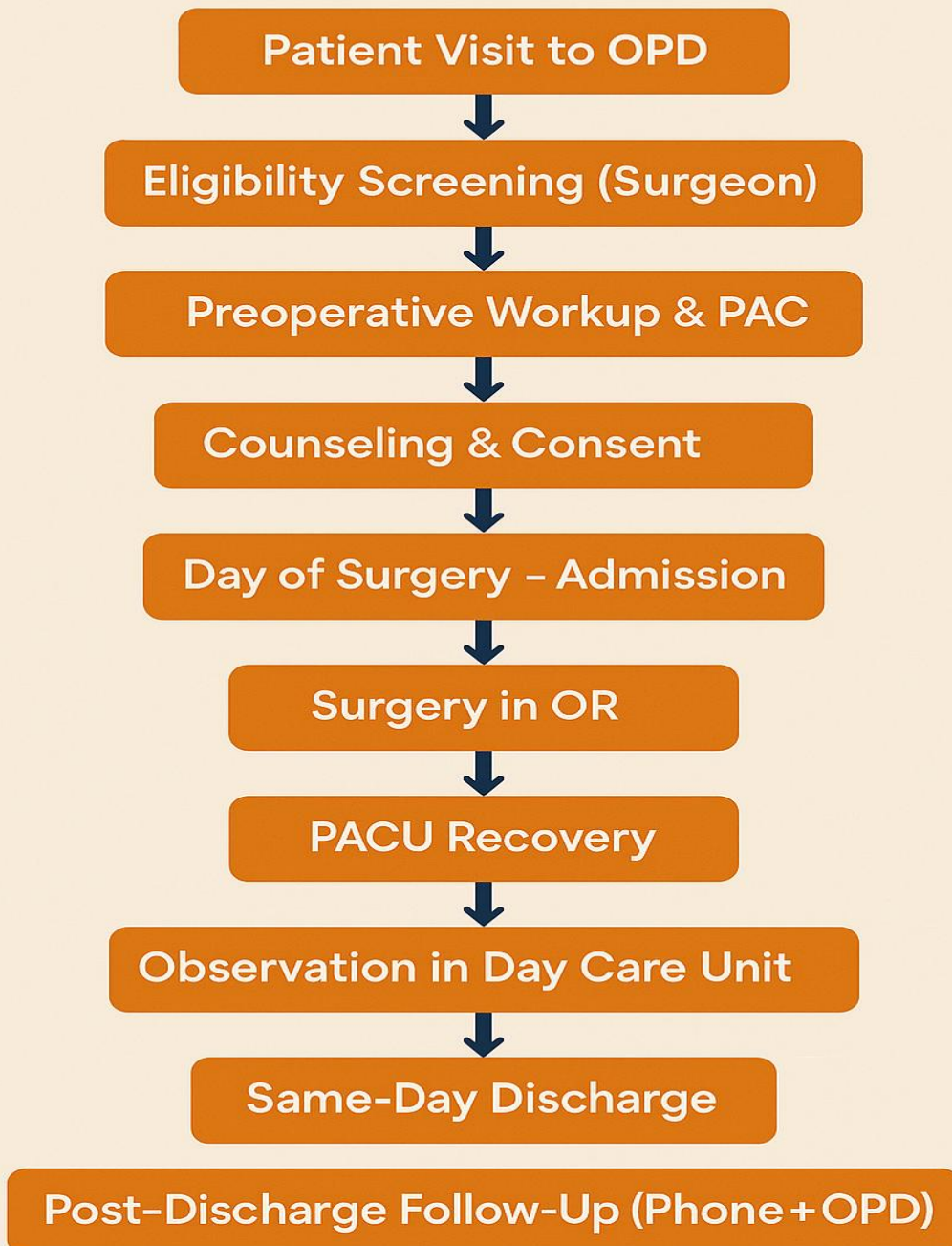
Role	Responsibility
Surgeon	Patient selection, surgical procedure, postoperative orders
Anesthetist	Pre-op anesthesia assessment, anesthesia plan, intra-op & recovery care
Scrub Nurse	Instrument preparation, assisting surgery
Circulating Nurse	Patient prep, documentation, coordination
Recovery Nurse	Post-op monitoring, discharge readiness check
OR Coordinator	Scheduling, communication between teams

Hospital Stay: Patient Journey from Preoperative to Discharge

Phase	Location/Area	Responsible Staff	Key Activities & Notes	Typical Duration
Pre-admission Evaluation	Outpatient Department / Pre-admission Clinic	Surgeon, Anesthetist, Nurse	Clinical assessment, labs, anesthesia assessment, counseling, consent taking	1–3 days before surgery (or same day if urgent)
Preoperative Preparation	Preoperative Holding Area	Circulating Nurse, Anesthetist	Identity check, NPO confirmation, vital signs monitoring, pre-medication	1–2 hours before surgery
Intraoperative Care	Operating Theatre	Surgeon, Anesthetist, Scrub Nurse, Circulating Nurse	Surgery under aseptic conditions, anesthesia administration, intraoperative monitoring	Procedure-dependent (usually 30 min–2 hours)
Immediate Postoperative Recovery	Recovery Room	Recovery Nurse, Anesthetist	Monitoring vital signs, pain, consciousness, nausea, bleeding; oxygen therapy if needed	Minimum 1 hour (until Aldrete Score ≥ 9)
Postoperative Observation	Daycare Surgery Unit	Recovery Nurse, Surgeon	Continued monitoring, initiation of oral fluids, early mobilization, pain management	2–4 hours depending on procedure and recovery
Discharge Preparation	Daycare Surgery Unit	Recovery Nurse, Surgeon	Confirm discharge criteria, patient/caregiver education, provide written instructions and medications	30 minutes
Discharge	Hospital Exit / Outpatient Department	Nurse, Patient Escort	Safe transfer with escort, follow-up appointment scheduling, emergency contact provision	Immediate after discharge readiness

Figure 1: Day Care Surgery Process

DAY CARE SURGERY PROCESS FLOW DIAGRAM



Pre-Admission Evaluation

- ✍ **Clinical Assessment:** Complete history, physical examination, obstetric/gynecologic assessment.
- ✍ **Preoperative Labs** (as indicated): CBC, RBS, urine pregnancy test, coagulation profile, blood grouping & crossmatch if necessary.
- ✍ **Anesthesia Assessment:** Airway assessment, anesthesia plan.
- ✍ **Patient Counseling:** Nature of surgery, risks, benefits, possible conversion to inpatient admission.
- ✍ **Consent:** Written informed consent for both procedure and anesthesia.

Preoperative Preparation

- ✍ Verify patient identity, procedure, and surgical site.
- ✍ NPO guidelines: Minimum 6 hours for solids, 2 hours for clear fluids.
- ✍ Pre-medications as per anesthesia orders.
- ✍ Ensure availability of blood products if needed.

Intraoperative Care

- ✍ Maintain strict aseptic precautions.
- ✍ Use appropriate anesthesia based on patient profile and procedure.
- ✍ Record intraoperative events in EMR and anesthesia chart.
- ✍ Ensure temperature and fluid management.

Postoperative Care

- ✍ Transfer to recovery room for continuous monitoring (minimum 1 hour).
- ✍ Monitor vital signs, pain level, surgical site, urine output (if applicable).
- ✍ Administer analgesia and antiemetics as per protocol.
- ✍ Initiate oral fluids once fully awake.
- ✍ Mobilize early where possible.

Discharge Criteria (*Modified Aldrete Score* ≥ 9)

- ✍ Stable vital signs.
- ✍ Fully conscious and oriented.
- ✍ Minimal pain and nausea.
- ✍ Ability to ambulate (if applicable).
- ✍ No active bleeding or complications.
- ✍ Accompanied by a responsible adult.

Discharge Instructions

- ✍ Written instructions on wound care, medications, activity limitations.
- ✍ Emergency contact number for complications.
- ✍ Follow-up appointment date.
- ✍ Special warning signs to watch for (bleeding, fever, severe pain).

Post-Discharge Follow-up

- ✍ Telephone follow-up within 24 hours.
- ✍ Physical follow-up in OPD within 3–7 days.

Documentation

All steps documented in EMR, including:

- ✍ Preoperative evaluation
- ✍ Intraoperative notes
- ✍ Recovery monitoring
- ✍ Discharge checklist
- ✍ Patient feedback

Quality & Safety Monitoring

- ✍ Monthly review of complication rates.
- ✍ Patient satisfaction surveys.
- ✍ Incident reporting and root cause analysis for adverse events.

References

1. WHO Surgical Care at the District Hospital Manual
2. Ethiopian Ministry of Health Day Surgery Guidelines
3. ACOG Day Surgery Standards