

Increasing Day-Case Procedures to Reduce Ward Congestion in a Developing Country: Experience of a Urology Unit

Introduction and Objective: Surgical ward congestion continues to be a problem across rural Africa. Day case surgery has helped minimize this problem in most developed countries but remains underdeveloped across Africa. The objective of this study was to carefully expand day-case services within the framework of already existing hospital infrastructure.

Materials and Methods: Seventy one consecutive patients out of 149 mostly urologic patients that met study criteria were treated prospectively on a day-case basis and followed up over a 15 month period. In the absence of a day surgery unit, these patients were operated in the main operating room while adequately utilizing the equipped pre-operative holding area for patient recovery. Patients were all non-emergent, of American Society of Anesthesiologists' physical status (ASA-PS) classes 1 and 11 and accepting to undergo day-case procedure among other selection criteria. The main outcome measures were to determine the percentage reduction in the admission rate of elective cases and encountered complications.

Results: Forty nine (69%) of these 71 patients were treated using local anesthesia. The day-case surgery rate for the urology service was increased to 47.65% from a previous rate of 21.6%. Six patients (8.4%) felt that their post-operative pain was more significant than they had anticipated. Post-operative nausea and vomiting occurred in 2 patients (2.8%). There was one case of scrotal hematoma that resolved on observation. There was no mortality.

Conclusions: In the absence of a dedicated day-case service, individual specialists can and should develop or increase safe lists of cases in their respective fields that can be done on a day-case basis in order to reduce the unrelenting demand for in-patient beds across Africa.