# Gynaecology Day Case Assessment - Full Clinical Guideline

Reference No.: UHDB/Gynae/10:23/D1

**Contents**



**Summary**

**Inclusion criteria for day case surgery in gynaecology** (see page 3)
ASA grade 1-3
BMI below 40

**Exclusion criteria is listed on page 4**

## 1. Introduction & background

British Association of Day Surgery (BADS) operations suitable for gynae day case surgery:

- Cystoscopy/bladder biopsy
- Injection Uethral Bulking Agent
- Bladder distension
- Urethral dilatation
- Cautery to cervix
- Hysteroscopy/ + polypectomy + resection of submucosal fibroids
- Endometrial biopsy
- Laparoscopic sterilisation/division adhesions/aspiration ovarian cyst/dye test/ excision of endometriosis/uncomplicated ovarian cystectomy/ salpingectomy/ BSO.
- TLH and BSO (low risk patient, surgeon to assess suitability).
- Excision urethral caruncle
- Fentons procedure/refashioning perineal scar
- Labial procedures/Bartholins

- Removal or insertin of IUCD
- Termination pregnancy
- Endometrial ablation
- Diagnostic Laparoscopy
- Evacuation RPOC
- Botox injections for overactive bladder
- Anterior and Posterior Repairs
- Vaginal Hysterectomy
- SSF
- Excision of vaginal cysts.
- Vulval biopies
- LLETZ under GA

Other operations may be included provided;

- No high risk of continued blood loss.
- No continued requirement for intravenous fluids post-operatively.
- No expected interruption of blood flow to major organs.
- Where pain can be adequately controlled with oral analgesia.
- Should not require drains or specialist nursing care.
- Should be consultant lead.

## 2. Purpose and Outcomes

To:

- Meet the NHS target of 75% of all elective surgery to be performed as daycase surgery.
- Ensure appropriate patient selection to maximise patient safety, department efficacy, efficiency and quality of care.
- Ensure a consistent approach between practitioners when selecting women for day case surgery by clearly defining physiological, psychological and sociological criteria.
- Identify a robust Risk Assessment based approach to proceeding with day case surgery in patients with contraindications.

## 3. Abbreviations

| | | |
|---|---|---|
| ASA | - | American Society of Anesthesiologists |
| BADS | - | British Association of Day Surgery |
| GTN | - | Glyceryl trinitrate |
| HIV | - | Human immunodeficiency virus |
| IUCD | - | Intrauterine contraceptive device |
| MAOI | - | Monoamine oxidase inhibitors |
| NHS | - | National Health Service |
| NICE | - | National Institute of Clinical Excellence |
| OPD | - | Out Patients Department |
| WHO | - | World Health Organisation |

## 4. Guideline

### 4.1 Patient Information & Consent

The patient should be willing to undergo day surgery.

- The woman must be fully informed of the risks and benefits of the procedure and what to expect during recovery and after discharge. The clinician must ensure the woman understands the information given.
- All patients having a procedure done as day surgery should be assessed to ascertain their suitability for day surgery.
- Identify any cultural requirements, any communication or other special needs.
- Have a responsible adult who is willing and able to be with the patient for the first 24 hours of the post-operative period.
- Have easy access to a telephone with adequate kitchen, bathroom and toilet facilities.

Ideally, traveling time after surgery should not be more than one hour. Patients should be aware of the possibility of increased pain, nausea and vomiting following a prolonged journey.

- Understands that she must not drive, operate machinery or sign important documents for 24 hrs post op.

The consent for the procedure is to be obtained, with supporting written or verbal information to be given/discussed, in the outpatients department (OPD).

Operation details and identified risks should be documented on the Patient Waiting List form.

### 4.2 Patient Physiological Criteria

#### 4.2.1 Age

Patients of paediatric age (16 or below) should be cared for in the most appropriate setting given the presenting condition. For gynaecology related conditions this would generally be gynecology area. Joint input to be provided by the pediatric and specialist area.

#### 4.2.2 General Health

Patients who are ASA grade 1 to 3 are suitable unless other contra- indications are present, suitability of the patient to have day case surgery ultimately to be determined by both the Consultant Gynaecologist. and Consultant Anaesthetist.

#### 4.2.3 Body Mass Index (BMI)

- The incidence of other contraindications to day surgery is higher in obese patients.
- Patients with body mass index of below 40 are generally acceptable.
- An absolute limit is dictated by the maximum weight the trolleys or operating tables will allow and also by the local manual handling policy.
- Suitability of low BMI patients should be assessed in line with their associated contraindications.

### 4.3 Contraindications for Day Case Surgery

- Not controlled Diabetes mellitus (requiring sliding scale).
- Severe Cardiac disease (Anesthetic assessment).
- Severe Respiratory disease
- Arthritis if severely debilitating
- Neurological disorders e.g. epilepsy
- Blood disorders
- Pregnancy (other than in cases of termination of pregnancy)
- Hepatitis B or HIV
- Taking the following medication
    - Steroids
    - MAOIs
    - Hypoglycaemic drugs
    - Clonidine
    - GTN
    - Aminophylline
    - Digoxin
    - Anticoagulants (excluding aspirin and Clopidogrel).

Please see **Appendix A** for Day Case Risk Assessment / Co-morbidity Proforma *(6 million dollar man*)* to quantify risk of individual patients where there is concern of patient suitability to undergo day case surgery. When completed to be filed in the patients medical records

**the proforma can be ordered through general stores on SAFFRON WPH 1975*

### 4.4 Discharge

#### 4.4.1 Discharge Criteria

Patients attending for admission as a day case should have a planned discharge date of the same day as the operation is performed, however they will not be discharged until they are fully recovered. The criteria will include:-

- Control of pain must be adequate
- Able to stand and walk unaided
- Able to take and tolerate oral fluids and food
- The patient has received take home medication/analgesia if prescribed and
- instructed in the use of medication
- Consider transport/escort arrangements
- Ensure has passed urine, TWOC (protocol in place)

### 4.4.2 Discharging Staff Responsibilities

- Staff must ensure the patient meets the discharge criteria and that transport arrangements are adequate.
- The discharge plan is discussed and reinforced with the patient and relative/carer prior to being discharged, and the relevant discharge information given.
- A follow up appointment is arranged if required.
- The patient is clear on whom to contact for advice and support, once back in the community, should any post operative complications occur.

### 4.4.3 Patient Unfit for Discharge

In general where there are surgical or anaesthetic complications, the patient will be admitted under the care of the admitting Consultant. The reasons for overnight stays are recorded, monitored and audited.

## 5. Monitoring Compliance and Effectiveness

As per agreed Business Unit audit forward programme

## 6. References


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Surgical Treatment of Urodynamic Stress Incontinence, Royal College of Obstetricians and Gynaecologists, Guideline No. 35,October 2003.

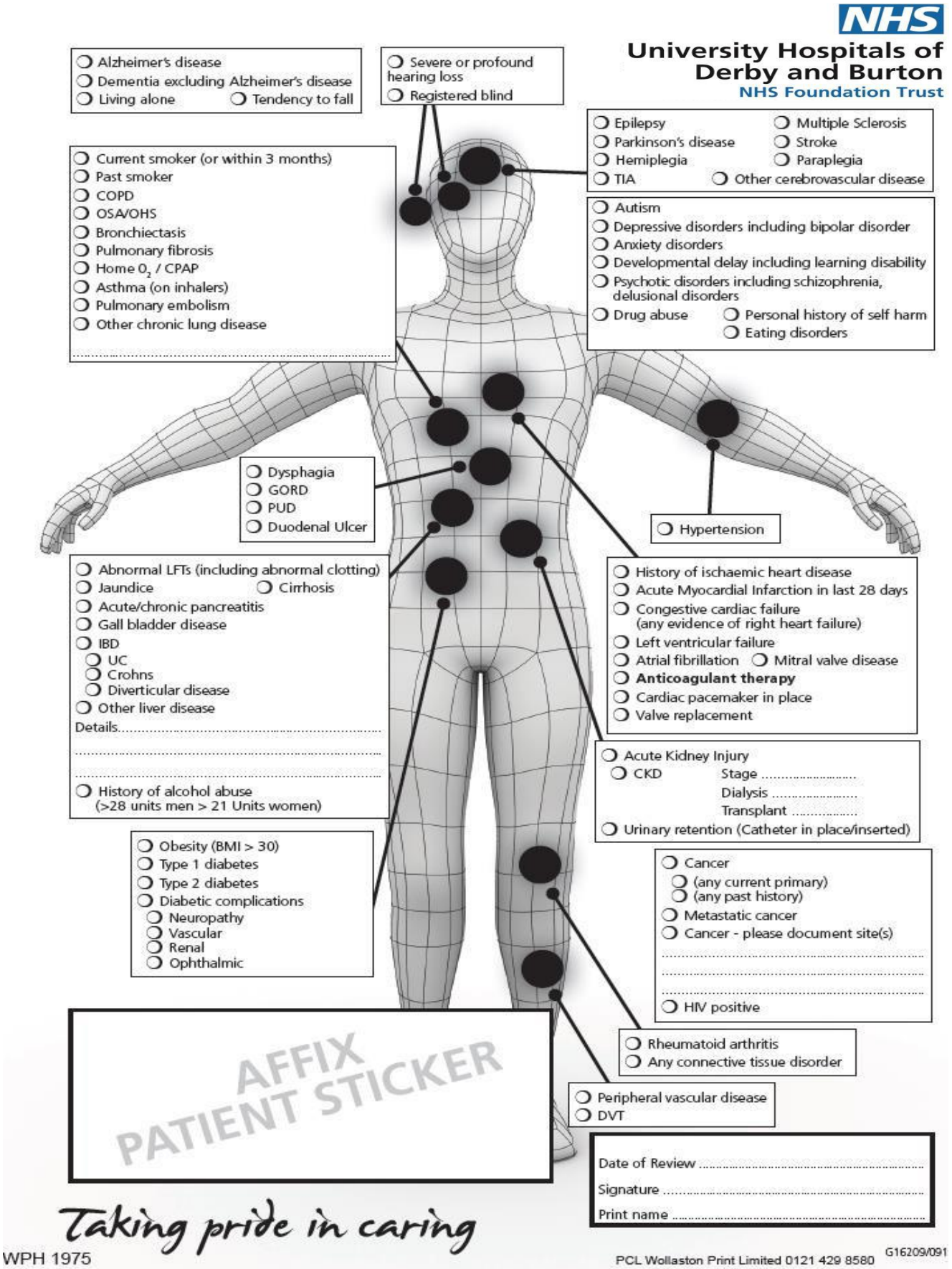
Day Case and Short Stay Surgery, The British Association of Day Surgery, May 2011.

Royal College of Obstetricians and Gynaecologists. *Obtaining Valid Consent*. Clinical Governance Advice No. 6. London: RCOG; 2008 [www.rcog.org.uk/womens-health/clinicalguidance/obtaining-valid-consent].

Royal College of Obstetricians and Gynaecologists. *Presenting information on risk*. Clinical Governance Advice No. 7. London: RCOG; 2008 [www.rcog.org.uk/womenshealth/clinical-guidance/presenting-information-risk].

WHO, Guidelines for Safe Surgery, 2009.

**Risk Assessment / Co-Morbidity** *(6 million dollar man)*




**FINAL DECISION ON BEST ROUTE OF SURGERY FOR THE PATIENT, PLEASE CIRCLE**

| | | | |
|---|---|---|---|
| SUITABLE FOR DAYCASE SURGERY | SUITABLE FOR DAYCASE BUTBOARDERLINE DECISION | UNSUITABLE FOR DAY CASE REQUIRES HOSPITAL ADMITTANCE | UNSUITABLE FOR ANY SURGERY |

**Documentation Control**

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|---|---|---|---|---|
| **Reference Number:**<br><br>Gynae/10:23/D1 | **Version:**<br><br>**UHDB 1** | | **Status: FINAL** | |
| Version / Amendment | Version | Date | Author | Reason |
| | 1 | July 2007 | Mr J Allsop. Consultant Obstetrician/Gynaecologist | New |
| | 2 | July 2014 | Sam Mills, Medical student<br>Mr Danny Hay Associate Professor / Consultant Obstetrician & Gynaecologist | Update/review |
| | 3 | Sept 2018 | Mr J Dasgupta – Consultant Gynaecologist | Review |
| UHDB | 1 | Feb 2023 | Dr N Pope - Consultant Obstetrician & Gynaecologist | Review / merge |
| **Intended Recipients:** Gynaecology Consultants and Registrars | | | | |
| **Training and Dissemination:**<br>Cascaded through lead doctors, senior nurses, published on Intranet (FLO) & Email: NHS.net circulation list | | | | |
| **To be read in conjunction with associated local guidelines:**<br>Peri-operative fasting protocol for adults – **CG-T/2010/013 /** Prevention and treatment of post operative nausea & vomiting in adults – **CG-T/2010/095** | | | | |
| Consultation with: | Gynaecology Staff | | | |
| Business unit sign off: | 07/08/2023: Gynae Guidelines Group: Miss B Purwar - Chair<br><br>22/08/2023: Gynae Development & Governance Committee: Mr J Dasgupta | | | |
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