DAY CASE GYNAECOLOGY UNDER GENERAL ANAESTHESIA

An Assessment

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SUMMARY: A series of fifty patients is used as a framework for an assessment of day case gynaecological surgery, as performed in this hospital. The opinions of staff and patients are considered and it is concluded that the practice has much to commend it.

Technique

It has been the policy for some time in this hospital to offer to patients requiring minor gynaecological surgery the opportunity to be day cases. The limitation in this offer has been the time it would take for a woman to reach hospital on the day of operation. Day case surgery is performed at the beginning of the Thursday morning list and has included D and C, Cautery and Biopsy of the Cervix, Tubal Insufflation and Introital Dilatation. Up to six cases have been accepted for each list. Patients are asked to attend the G.O.P.D. on the morning before operation, where they are seen by an anaesthetist, have a routine haemoglobin estimation, are warned against driving the next day and are given a suppository to insert that evening. On the Thursday morning they report to Reception by 08.30 hours, starved, with female 'small-kit' and are housed for the day on a ward staffed for that day from the adjacent Families Ward. No premedication is given and patients are not shaved. The anaesthetic consists of thiopentone, followed by nitrous oxide, oxygen and halothane and no postoperative sedation is ordered.

After returning to the Ward, and at the discretion of the ward staff, patients are allowed to dress and are given lunch at the normal time. They are seen by the gynaecologist, are permitted to go home during the afternoon and are reviewed six weeks later in G.O.P.D.

The writers were encouraged by the article of Ogg (1972), an erstwhile colleague, to investigate the reaction of patients to the day case procedure. To this end they were sent a proforma which they were invited to complete and return. A stamped addressed envelope was included and the anonymity of their answers was emphasized. The questions were so phrased as to evoke a 'yes/no' answer and these tabulated answers form the basis of the article. The investigation began in January 1973 and by mid-July fifty-seven proformas had been sent out and fifty returned. These fifty are condensed in Table I.

The proforma took the patient through a chronological set of questions. Firstly she was asked about whether she had been apprehensive either of the operation or of the anaesthetic. Then she was asked how she had felt in hospital, after returning home and on the next day. Then followed general queries about the quality of briefing and an invitation to make comments and criticisms. For most patients it was their first experience of being a day case and a third admitted to apprehension. After the operation and while still in hospital half felt well and hungry but the rest were very sleepy. A third were nauseated but few actually vomited. Over half had discomfort from the operation and some from

Table I
Percentage figures of those answering questions in the affirmative

Question	Before operation	Day of operation		Day after operation
		in hospital	at home	
Was it your first experience of day case surgery	94			
Were you frightened about a. the operation b. the anaesthetic	36 36			
Did you feel completely well		48	46	70
Did you feel hungry		46	30	
Did you feel very sleepy		50	36	
Did you feel sick		32	12	
Did you have any pain at all a. the operation site b. the injection site		54 8		44 10
Did you stay in bed			30	6
Did you do usual domestic work			26	78
Did you visit or call out your G.P.			0	0
Did you feel that you were a. told enough beforehand b. misguided beforehand				90 4
Would you be a day case again				90

the anaesthetic injection. After they had returned home half still felt unwell, a third went straight to bed and few did anything for the rest of the day. By next day two thirds felt well and had resumed normal domestic tasks although half still had some discomfort. None visited or called out their own General Practitioner. Of the sixteen who had jobs, eight returned to work that day and the remainder on the following Monday. The great majority of patients felt that they had been given an accurate account of what would happen, were satisfied with the result and would like to be day cases again if the necessity arose.

The remainder gave various reasons for disliking the procedure. Two had sufficient discomfort for them to wish that they had stayed overnight in hospital, two felt unwell for a day following the anaesthetic and one woman thought she had earned a forty-eight hour respite from domestic drudgery.

There were observations on some aspect from women who in general were content. Two would rather have been allowed up earlier but one felt she had been got up too soon. Similarly, two would have liked to leave earlier and one felt that she had been allowed home too early. Obviously one cannot please all the people all the time. One patient made the sensible comment that in the age of the vaginal tampon women need information about the sanitary towel which they would need and which many would

scarcely recognise. Several wrote that they would have preferred a light salad for lunch to the standard one which, though well cooked, was more suitable for fit soldiers than for their ailing wives.

Comment

Before its inception the procedure was viewed by the hospital staff with mixed feelings. Virtues were thought to include a reduction in the waiting list and a minimising of domestic dislocation and loss of earnings. It was assumed that patients would recover more rapidly in their own home surroundings. A major disadvantage was seen to be the increased load which would be thrown onto the ward staff. It was accepted that patients would have to be trusted to arrive starved as instructed, and to heed the advice not to drive on the day of operation. There was doubt about the presence of pubic hair as this was thought to preclude a clean surgical field.

As the routine became established some prognostications were validated and others disproved. The waiting list disappeared entirely—despite the Abortion Act—and women can now be given a firm date for admission when they are seen in G.O.P.D. Patients have largely been pleased as judged by individual comments and by the results shown in Table I. Many have remarked to the ward staff, often with surprise and always with pleasure, about not having a pubic shave. An increase in work load on the Families' ward staff has certainly occurred and modifications to the duty roster have been necessary. One or two patients have been observed driving away from the hospital despite the advice not to do so, but so far only one woman has vomited what was undoubtedly her breakfast. There has been nothing to suggest that pubic hair has contributed to infection since no sepsis has been seen. The dubious—including, it must be admitted, one of the writers—were probably guided more by prejudice or aesthetic dislike than by a dispassionate assessment.

REFERENCE

OGG, T. W. (1972). *Brit. med. J.* iv, 573.