



**Department of Anesthesia Techniques**  
**Title of the lecture: - day surgery**



**Dr. Bassim Mohammed**

**Dr. Hawraa Diaa**

**B.M.T. Montadher Talib**

# **day surgery**

(Practical Anesthesia)

3<sup>ed</sup> stage

By:

**Dr. Bassim Mohammed**

**Dr. Hawraa Diaa**

**B.M.T. Montadher Talib**

**day surgery: - admitted and discharge in the same day. Another Name**

- ✓ Ambulatory surgery
- ✓ Day-case surgery
- ✓ same-day surgery
- ✓ come and go surgery

**Day Case Anesthesia:** - Pt. who is admitted for operation on a planned non-resident basis. The pt. occupies a bed in a ward or unit set aside for this purpose.

**Outpatient surgery:** - not admitted to a ward facility.

### **Admission**

- Pts should be admitted to the ward in adequate time for history-taking and examination
- Any investigation requested as an out pts should be available and noted.
- The surgeon should ensure the indication for surgery is still present
- The consent form should be signed if not already done.
- The operation site should be marked
- A pregnancy test in women of fertile age.

### **Pre-operative Management**

1. Pre-operative Assessment.
2. Pre-operative Preparation.
3. Premedication.

### **The purposes of pre-operative visit.**

1. History taking.
2. Physical Examination
3. Investigation
4. Risk Assessment.
5. Common causes for postponing Surgery.

### **Premedication**

Not routinely prescribed for day cases, as it is usually unnecessary, include: -

1. Benzodiazepines
2. Antiemetic
3. Antacids
4. H<sub>2</sub>-antagonist (If there is a risk of acid reflux)
5. Analgesics

### **Intra-operative management: -Anesthetic technique**

- 1- **General anesthesia:** - propofol is the Iv agent of choice for induction with ketamine and one of muscle relaxant to achieve anesthesia effects for intubation. For Maintenance anesthesia using inhalational anesthetic drug such as desflurane and sevoflurane are used in facilitate early recovery.
- 2- **Regional anesthetic technique:** - spinal, epidural, peripheral nerve block for fast recovery from regional using mini-dose lidocaine (10-30 mg) bupivacaine (3-7 mg) or ropivacaine (5-10 mg).
- 3- **Incisional local anesthesia:** - infiltration of local is used for surgical procedure like hernia repair.

### **Factors that predict a more prolonged stay in the hospital**

1. Female gender
2. Advanced age
3. Longer operations
4. Large fluid or blood loss
5. Opioids use
6. Postoperative pain and PONV
7. Spinal anesthesia

### **Antagonist (Reversal) Drugs**

**Neostigmine:** - Antagonists may also produce unwanted side effects (e.g., dizziness, headaches, PONV) that should be considered before routinely using these drugs.

**Naloxone:** - Naloxone blocks or reverses the effects of opioid medication, including extreme drowsiness, slowed breathing, or loss of consciousness. An opioid is sometimes called a narcotic

**Flumazenil:** - Flumazenil is a benzodiazepine antagonist. It works by blocking receptors in the brain and central nervous system that benzodiazepines need to reach to be active, which helps reduce drowsiness and sedation.

### **Discharge criteria**

Guidelines for safe discharge from an ambulatory surgical facility includes

- Stable vital signs
- Return to baseline orientation,
- Ambulation without dizziness,

- Minimal pain and PONV,
- Minimal bleeding at the surgical site.

### **General Advises**

1. Pts should be advised against driving.
2. Pts should be advised that they may have pain, headache, nausea, vomiting, dizziness, that can't be attributed to the surgical incision.
3. It must be confirmed that a responsible adult will accompany (drive) the pt. home and if appropriate remain with the pt. for some period of time.
4. At some facilities, staff members telephone the pt. the next day to determine the progress of recovery.