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Entrevista do mês

Marc Coppens, professor and member of the organization of the 14th International Congress of Ambulatory Surgery - IAAS 2022

“In less developed countries that are deprived of high quality health care, ambulatory surgery is all there is and patients are glad to be helped”

From the 30th of May to the 1st of June, the 14th International Congress on Ambulatory Surgery - IAAS 2022 takes place in Bruges, Belgium. Professor and one of the main responsible for the organization, Marc Coppens anticipates the highlights and draws a portrait on the development of outpatient surgery in the world.



**The 14th International Congress on Ambulatory Surgery - IAAS 2022
- is coming. What topics will be highlighted?**

Marc Coppens (MC) - Since long it will be the first occasion to meet in person again. This congress is organised by the International Association Ambulatory Surgery, together with the Dutch Association Day Care, the Short Stay and the Belgian Association Ambulatory Surgery. We offer a series of lectures from international key-note speakers, in 3 parallel sessions. Many of the speakers are presidents, former presidents, board members from highly appreciated scientific organisations in surgery, anesthesia and perioperative care. Nevertheless any single speaker has her/his own very good reason for believing in the benefits of ambulatory surgery and wishes to exchange ideas with a motivated audience. There are workshops and abstract sessions. The first abstracts are coming from all over the world, young researchers or clinicians who want to share their work and experience. The main topic is to maximise use of day surgery for vulnerable patients as well; ambulatory surgery is safe for older patients, children, children with special needs, mentally disabled... A multidisciplinary approach guarantees an invaluable safe and quick recovery in the patient's own environment.

How do you describe the development of outpatient surgery around the world?

MC - Ambulatory surgery is expanding very quickly and nowadays we do more and more complex procedures in one-day treatment. More than ever before quality and safety are important. Surgery became minimally invasive resulting in less tissue damage and post-operative pain and inflammation. This allows for many procedures to move to day-care setting for instance for knee arthroplasty, lumbar disc surgery and many more. But too often national regulations and financial issues preclude a shift to day surgery. In other less developed countries that are deprived of high quality health care, ambulatory surgery is all there is and patients are glad to be helped. Support of relatives is significantly different in these countries where the actual patient is well surrounded by many family members. Doctors from Pakistan, Thailand will witness during the congress on the place of day surgery in their countries. During the closing session on Wednesday we welcome the CEO of Mercy Ships. Mercy Ships as an international charity operates hospital ships providing free surgical care for the poorest people who do not have access to good healthcare.

What impact did the Covid-19 pandemic have on ambulatory surgery? What are the lessons to be learned? What achievements do you highlight, arising from the pandemic?

MC - There is a tremendous backlog of elective surgical care adding up for two years. In most countries elective day surgery was the first to be cancelled to limit exposure to patients, visitors, staff, avoid unnecessary travel during lockdown and which was very scary, to preserve supplies and protective equipment for the COVID-19 units. Moreover our doctors and nurses were summoned for assistance on the intensive care units. They worked in difficult circumstances, far away from their natural habitats. This came with a lot of consequences with nurses leaving health care and an even larger shortage of staff at a moment where now our ambulatory surgery units are urged to deal with the existing backlog. In the mean time ambulatory surgery has now shown that it does not impact the inpatient bed capacity nor the ICU capacity and many hospitals have now good screening protocols and selection criteria specifically for COVID-19 including telephone screening before the day of surgery, PCR testing protocols and safety issues in vaccinated and non-

vaccinated individuals. These time-consuming procedures together with the fact that waiting areas are sometimes not large enough to practice adequate social distancing measures, necessitates stricter operating room scheduling and organisation permitting the patient to spend a very limited time in the hospital, a real reduction in risk of infection.

Excess weight is a public health problem that affects millions of people around the world. What is the role of ambulatory surgery in the fight against obesity? And childhood obesity?

MC - In general obesity is no default contraindication for ambulatory surgery. Many co-morbidities are linked to obesity but a preoperative anesthetic assessment is essential for optimisation of the obese patient to allow safe treatment in day care. Yet another example of a vulnerable patient who cannot be denied ambulatory treatment. Good day care pathways exist in the literature to perform for instance for sleeve gastrectomy in day care. The current president of ESPCOP, the European Society for Perioperative Care for the Obese Patient, is one of the speakers on this topic.

Ambulatory surgery has experienced tremendous growth during recent years. How do you explain that growth?

MC - There is not only the advances in surgery becoming less invasive. There is something as the conversion of internal medicine towards more invasive treatments like in 'advanced interventional endoscopy'. Anesthesia is further developing towards perioperative care. Anesthetists are being seen outside the operating room as well. During preoperative assessment the anesthetist evaluates the eligibility of the patient for day-case treatment and if needed forsee in preoperative optimisation to make ambulatory surgery happen for that particular, vulnerable patient. The current president of SAMBA, the Society for Ambulatory Anesthesia, will highlight the modern role of the perioperative anesthesiologist. ERAS protocols (Enhanced Recovery After Surgery) initiated constant reduction of the length of hospital stay, so Ambulatory Surgery is in fact the ultimate form of ERAS. This challenged clinical practice and changed the attitude of the entire surgical team. The establishment of dedicated day-surgery facilities with dedicated nursing and management staff are the key to success. Cost control is interesting for governments as well. COVID-19 made many patients reluctant to see their doctors or seek treatment in the hospital but once treatment is foreseen they feel quite safe in the Ambulatory Surgery Unit.



Increasingly, Ambulatory surgery allows more complex procedures and treats more complex patients...

MC - In the early years of day surgery, transit times were shorter than they are now. More complex procedures necessitate longer stays in the Ambulatory Surgery Unit. Building new facilities should bear this in mind, foreseeing enough space and privacy for the patient. Orthopedic patients will have to show that they are mobile with minimal aid while pain must be treatable with simple analgesics. The primary care physician should be maximally involved in the treatment of the patient without being solely responsible for postoperative complications after opening hours of the ambulatory surgery unit. Anticipating in safe and timely discharge is an important task for the hospital team with clear instructions for the patient and close follow-up. Telehealth in ambulatory surgery is applicable during the early and intermediate recovery period and guarantees continuity of care once the patient is at home. There is a surge of telehealth applications from procedure-specific commercial smartphone apps to complete digital patient platforms offering many opportunities for postoperative follow up of ambulatory surgery patients.

What are the main obstacle that outpatient surgery will have to overcome this year?

MC - We are challenged now with dealing with the backlog in elective surgery that originated during this pandemic. Policy makers, hospital managers and local directors should focus on caring for the health workers in general, ambulatory surgery workers included. Most perioperative nurses are looking forward to resuming normal caseloads. But lets continue to listen to their situation as well, we are still recovering from demanding assignments on critical wards. Let's take care of one another in the first pace. So hospital leaders should institute effective but durable strategies for rapid reestablishing of surgical services. A realistic estimate of the total case backlog is essential, focusing on the most urgent procedures. Longer working hours or a 'Super Saturday' should be a shared decision agreed upon by the entire team because more then ever we need this team spirit to overcome this challenge. And only in this way we can assure good patient care.

What is the importance of the development and organization of ambulatory surgery in African countries?

MC - The situation in some developing African countries is still dramatic nowadays. Patients or their parents are very glad to get any medical treatment they can get during often short lasting medical missions from Europe. Patients face very long travel distances from remote areas to medical posts, waiting times are very long and medical resources are very scarce. European doctors have to adapt and work under difficult conditions with inferior drugs and very old equipment. Often they have to stay overnight in very basic conditions because they live at large distances while the patient depends on accompanying family members for nursing care and food during the first night. But again the patients are so very grateful. A sharp contrast with how ambulatory surgery is organised in our wealthy surroundings. During the congress we will highlight the current situation in other parts of the world. Revive is a non-profit organisation organising humanitarian missions in Africa and will be represented, as well as Mercy Ships Belgium, another non-profit organisation that finances a complete medical ship through public fund-raising and counting entirely on volunteers to offer surgical care to who needs it most. Their stories will highlight different issues.

List one or two technological advances that will impact in ambulatory surgery.

MC - Telehealth applications and digital innovation. Telemedicine permits follow-up of large volumes of patients with red flag detection as alarm for selected adverse events; it is a solution to record Patient-reported experience measures and Patient-reported outcome measures as 'big data' source used for continuous quality measurement and improvement; and when validated questionnaires are used benchmarking with peers is possible. It should be able to avoid to overload primary care physicians to deal with postop complications, but allowing them to take part as a full partner in the postoperative care of their patients. Moreover the patient will be more capable to be in control of his/her own recovery. Wearables can monitor vital signs in home-care... a huge amount of new digital technical possibilities but raising questions towards privacy, confidentiality of data, medicolegal responsibilities... Many of these issues will be dealt with during the congress.

What future do you anticipate for ambulatory surgery?

MC - Many countries have already excellent ambulatory surgery substitution rates while others are struggling with economic and regulatory barriers. Reimbursement should be more advantageous for hospitals and doctors when a certain procedure is performed as day case instead of overnight stay in the hospital. National regulations and legislation should promote a shift to day surgery. Surgical teams in both university and non-university have the knowledge and willingness to make this shift but are still hindered by hospital leaders choosing for the financial benefit of the hospital. There are still large differences in day care use between countries and within the same country between different regions or different hospitals. Ambulatory surgery should be the default option for many surgical procedures. National scientific organisations are happy to assist local authorities to expand 'baskets' of procedures eligible for day surgery.

What are the main skills that a health professional who works in outpatient surgery should have in the present? And in the near future?

MC - Health Professionals working in ambulatory surgery are multitasking. The care for several patients in different treatment stages, but all should have the same goal; discharge the patient as safely as possible and guarantee an uneventful recovery. They have to be innovative and keep up with new developments, they should broaden their minds and learn from others on an excellent occasion like the 14th International Congress on Ambulatory Surgery, Anaesthesia and Perioperative Care in Bruges, Belgium on 30 and 31 May and 1 June.

One last message that you consider relevant about IAAS 2022...

MC - Well we hope to offer everybody with a warm heart for ambulatory surgery, surgeons, anaesthetists, nurses, managers, primary care physicians, healthcare workers... a wonderful scientific program dealing with the newest trends in ambulatory surgery, anaesthesia and perioperative care. It is for many of us the first opportunity to meet together since our last Congress in Porto, which was a huge success; the scientific part was super and the hospitality from the Portuguese colleagues was heartwarming! For that reason we choose for Bruges, an ideal place for informal networking with friends and colleagues from all over the world, hopefully on a sunny terrace enjoying a mocktail or a Belgian beer but overall resulting in better and safer care for our patients in different parts of the world.

Garanta o seu lugar!

14.º Congresso Mundial de IAAS



O 14.º Congresso Mundial da IAAS (International Association for Ambulatory Surgery) vai realizar-se de 30 de maio a 1 de junho de 2022, e tem como tema as “Novas tendências em cirurgia ambulatória, anestesia e cuidados perioperatórios”.

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