

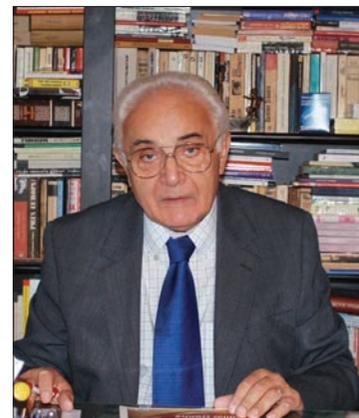
EDITORIAL

Rhinology and ambulatory surgery

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Development under constant enhancement of medical knowledge, the impressive technologization and improvement of the means of diagnosis, of therapeutic possibilities – especially of the surgical ones – have determined a new philosophy of therapeutic approach of the various diseases.

The current imperative for health systems is the efficiency - cost ratio, and not vice versa, which brings into the equation the ambulatory medicine, the preventive medicine and the quality of life, namely, an opening of the health system towards the patient and his needs under conditions as quick, cheap and efficient as possible.

In this context, in the last 20 years, ambulatory surgery has seen a well-deserved and important upsurge.

In 1995, I.A.A.S. (International Association of Ambulatory Surgery) was founded. The creators of the association were the Australians and the Americans who, subsequently, have been joined, in turn, by the Northern Europe countries, and today the association includes almost all EU countries.

Their experience up to the present has proven that more than two thirds of the surgeries performed so far by conventional surgery, with long-term hospital admissions, can be performed in very good conditions by ambulatory surgery.

Ambulatory surgery contributes to reducing hospital costs, prevents nosocomial infections, which complicate the surgical act in the hospital (something that we avoid talking about) and eliminates the dissatisfactions of the hospital admission both for the patient and the entourage.

In the ambulatory surgery, the patient goes home the same day, a few hours postoperatively, and only those who do not reside in the locality can be housed and observed for 24 hours.

In Romania, ambulatory surgery has begun to de-

velop along with the development of the private health system, better technically equipped, with sufficient staff, with international standard hospital conditions. Population requirements for such surgery are increasing in Romania. Several recent international statistics confirm that Romanians' orientation towards ambulatory medical care is increasing.

Ambulatory surgery is practiced in America in more than 80% of the surgery cases in ENT. In Denmark and the Nordic countries, it exceeds 73%, while in France and Portugal, the frequency fluctuates between 45-55%.

A British statistic evaluates the costs of this type of surgery, based on a 5-year study; thus, they are reduced between 3 and 4 years compared to conventional surgery.

The experience of the cited countries goes even further. It establishes that, in the field of ambulatory surgery, one can define three categories of interventions and attitudes: office-based surgery (laser, radiofrequency), 23-hour surgery, 72-hour surgery.

Every 5 years, I.A.A.S. analyzes the performance and the failures of the ambulatory surgery system, adjusting it according to the pathology and the society needs.

The advantages identified by I.A.A.S. regarding ambulatory surgery are the following:

- Success and patient satisfaction rates over 98%
- The risk of nosocomial infection decreases 5 times
- Hospitalization costs are reduced up to 3 to 5 times
- It is agreed by patients for its humanistic component.

According to the same association, in otorhinolaryngology, one can approach by ambulatory surgery:

- In otology – all otologic surgical pathology, except for otoneurosurgery, cochlear implant and otosclerosis

- In rhinology – fractures, septoplasties, rhinoseptoplasties, meatotomies, synechia, polypectomies, mucocele FESS, rhinopharynx biopsies, sinusitis. The only exception in this type of interventions is represented by the patients with severe sleep apnea who do not tolerate the nasal packing.
- In laryngology and cervical pathology, ambulatory surgery can be applied in phonosurgery, plastic surgery, skin tumors, cysts, ganglionic bi-

opsies, partial thyroidectomies, ablations of the salivary glands.

- In pediatric ENT, ambulatory surgery is suitable for adenoidectomies, adenotonsilectomies, otoplasties, insertion of transtympanic aerators, etc.

The proposals of the I.A.A.S. commission regarding the ways of practicing independent or hospital-connected ambulatory surgery are extremely interesting. We will present them in a subsequent editorial.