

## Ambulatory surgery in Portugal The 2003 APCA report

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Day surgery has began in Portugal around the 90 decade of last century. Although publishing some documents and guidelines [1], the Portuguese Government had never define clear health policies in order to develop day surgery programmes. On the contrary, all the legislation and financing regulations published were restrictive and non-competitive from the ambulatory surgery point of view. In fact, different Governments from the last 6 years agreed on the important clinic, economical and social advantageous of day surgery on the Portuguese National Health Service (NHS). However, we observed a stagnant evolution of day surgery in Portugal, growing up from 5.5 to 7.2% of all non-emergent surgery from 1999 to 2001, respectively. Our 2001 National Survey on Ambulatory surgery [2], showed that 20,870 major surgeries were performed on a day surgery basis, on a total of 290,597 non-emergent surgeries. This figure represented an increase of 1.7% when we compare with the first National Survey done in 1999 (Table 1) [3].

Although the majority of the public hospitals have insignificant day surgery programmes, there are few hospitals where this regimen represents more than 30% of all non-emergent surgery [4].

Going back to some data published by De Lathouwer and Poullier in 1998 [5], we noticed that for a 18 basket procedures selected as the most significant for ambulatory surgery, Portugal had a rate of 9.9% (7,693 in a total of 77,394 surgeries), far beyond all other countries involved in the study. However, when we compare these numbers with the results of our 2001 National Survey, we realise that there was a great increase in day surgery in Portugal on that period of time: we found a rate of 15.7% in 2001 for the same

18 basket procedures (14,530 in a total of 92,585 surgeries; Table 2).

The major difficulties for a massive development of day surgery in Portugal are:

1. A restrictive non-competitive legislation and financing of day surgery. Portugal has a health finance system based on the Diagnosis Related Groups (DRG). Nevertheless, there are two different tables for financing the same procedure: one for inpatients and the other for outpatients (Table 3).
2. Lack of incentives for all: public hospitals, health professionals and even patients.
3. Shortage of interest and knowledge amongst all (politicians, managers, health professionals).

Bearing in mind these difficulties but being aware of the great advantages of day surgery that we all recognise, APCA undertook the enormous task to raise awareness of and interest in, the importance of ambulatory surgery among all healthcare partners.

The recent meetings of APCA with members of the Portuguese Health Ministry makes us believe that there will be profound changes in the NHS, namely at the financing system. We aim to achieve a unique DRG list of procedures financing equally in- and out-patient procedures, making a non-restrictive and competitive system between both regimens. We do hope that in the next future we will be able to develop day surgery.

1. Increasing the quantity of patients operated (improving efficiency, increasing accessibility, reducing waiting surgical lists).
2. Increasing quality, with the inclusion on day surgery programmes the universal clinical indicators.
3. Promoting education and raising the interest among health professionals.
4. Promoting clinical research to improve health clinical care in our hospitals.

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Table 1  
Results from the First and Second National Survey on Ambulatory surgery

	1999		2001		Difference 2001–1999
	N	Percentage	N	Percentage	Percentage
Total performed surgery	376913		391701		3.92
Total non-emergent surgery	269755		290597		7.73
Total ambulatory surgery	14837	5.5	20870	7.2	40.7

Table 2  
Results of 18 groups of interventions eligible as ambulatory surgery (results from the Second National Survey in Portugal, 2001)

Surgical procedure	Performed as outpatient (N)	Total surgery performed (N)	Percentage
Knee arthroscopy	47	3546	1.3
Extraction of teeth	166	936	17.7
Cataract surgery	5671	19180	29.6
Hernia repair	1961	20982	9.3
Dilatation and curettage uterus	524	4571	11.5
Vein ligation	754	8669	8.7
Tonsillectomy	230	5435	4.2
Adenoidectomy	428	2988	14.3
Myringotomy	229	2689	8.5
Laparoscopic sterilisation	321	2448	13.1
Squint surgery	152	1594	9.5
Submucous resection (ENT)	22	1792	1.2
Excision of breast lump	606	2201	27.5
Anal procedures	307	2244	13.7
Circumcision	966	3227	29.9
Dupuytren	209	1133	18.4
Carpal tunnel decompression	1485	4848	30.6
Orchidopexy-varicocele	295	1638	18.0
Implanted devices	157	2464	6.4
Total	14530	92585	15.7

Table 3  
The finance of six different type of surgery (based on the DRG system, prices for 2003)

Surgical procedure	DRG for inpatient (IN) (€)	DRG for outpatient (AS) (€)	Difference between AS and IN (%)
Cataract surgery	1730.65	855.63	49.4
Hernia repair	1512.94	876.64	57.9
Vein ligation	1793.45	951.38	53.0
Laparoscopic sterilisation	1732.60	1121.15	64.7
Circumcision	763.47	468.79	61.4
Carpal tunnel	1187.38	836.66	70.5

In the interest of patients and the Portuguese society, we hope to develop high-quality day surgery programmes and follow the good examples of North America, Australia and other members of the European Community.

## References

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