

Review

Recent developments in ambulatory surgery in Portugal

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Day surgery has greatly increased all over the world since the 90's. Nevertheless, many European countries such as Portugal have not kept pace with this development in the surgical field. Having an almost completely free national health service (NHS) easily accessed by society, Portugal presents similar demographic data (percentage of population older than 65-year-old), health clinical indicators (infant mortality rate, life expectancy) or human resources (physician ratio) to the most developed countries of the world [1]—Table 1. However, costs within the health service have increased greatly in the last few years, making Portugal the fourth highest spender of its gross domestic production health in the European Community after Germany, France and Greece.

The hospital network is composed of 82 public surgical hospitals and 92 smaller private hospitals. Since 2001, there has been a change in the management of public hospitals. These hospitals have been divided into two main groups. One is called the SPA group (Public Administration Sector group) and is a continuity of the previous system. It includes 50 hospitals and the majority of the Portuguese University Hospitals (except Hospital Geral Santo António, at Porto). The other group is named the SA group (Anonymous Society group) and includes 32 hospitals. The SA hospitals, although not formally based on a profit enterprise management, were created with the intention of being more rational from an economic point of view and more effective in cost containment. After 3 years of experience, it seems that the SA hospital group has become more efficient and effective with lower costs than the same hospitals in the group in previous years [2]. However, a quality analysis has not yet been done and further studies should be performed in order to investigate the results of this Portuguese experience.

The last National Survey on ambulatory surgery (AS) [3], showed that 46,111 major surgeries were performed on a day surgery basis, that is, 14.6% of a total of 315,642 non-emergency surgeries. This represents a doubling of day surgery performed in the last 2 years and a three-fold increase in the period of 4 years, from 1999 till 2003—Table 2. Looking back to our last report on the Portuguese evolution of AS [4], this is an extraordinary increase especially because the major difficulties for the development of AS are still present. We still have a restrictive non-competitive legislation and financing of day surgery, where day procedures have a mean financing value between 50 and 60% of the same procedure performed as an inpatient. Moreover, there is a lack of Health Policy towards the promotion of day surgery, in spite of an increased waiting surgical list and increased health costs in the last couple of years.

The author stresses the fact that only major surgery was considered. Minor surgery performed with local anaesthesia without the presence of an anaesthesiologist, was not included in the data presented in Table 2, and this represented in 2003, 127,073 surgeries. If we had included minor surgery in our data we would have performed 173,184 surgeries on a day basis, representing 39.1% of a total of 442,715 non-emergency surgeries. This is a critical point when analysing data from national surveys as in the majority of cases all types of surgeries are included. Minor surgery can represent, as much as 40% of all non-emergency surgery introducing bias in national reports where there is no distinction between minor and major surgical cases.

In the 2001 National Survey very few hospitals had more than 30% of non-emergency surgery performed on a day surgery basis [5]. The 2003 National Survey showed that 12 Portuguese hospitals undertook more than 30% and 18 hospitals between 15 and 30% of non-emergency surgery, respectively, on a day basis. Almost 70% of all hospitals included (in a number of 80) had an AS programme running in their hospitals.

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Table 1
Demographic and health indicators of Portugal and the most developed countries of the world

	Portugal	Canada	France	Germany	Italy	Japan	United Kingdom	United States of America
Population (million)	10.4	31.4	59.5	82.5	58.0	127.4	59.2	288.4
Population >65 years (% total)	16.6	12.7	16.3	17.3	18.6	18.4	15.9	12.3
Infant mortality (deaths per 1000 live births)	5.0	5.2	4.2	4.3	4.7	3.0	5.3	6.8
Female life expectancy (in years)	80.5	82.2	82.9	81.3	82.9	85.2	80.4	79.8
Male life expectancy (in years)	73.8	77.1	75.6	75.6	76.8	78.3	75.7	74.4
Physician ratio (per 1000 inhabitants)	3.2	2.1	3.3	3.3	4.4	2.0	2.1	2.4
Health costs (in % of GDP)	9.3	9.6	9.7	10.9	8.5	7.8	7.7	14.6

OECD Data—2002.

Table 2
Results from the Portuguese National Surveys on ambulatory surgery

	1999	2001	2003	Difference 2003–2001 (%)
	N (%)	N (%)	N (%)	
Total performed surgery	376913	391701	428647	9.4
Total non-emergent surgery	269755	290597	315642	8.6
Total ambulatory surgery	14837 (5.5)	20870 (7.2)	46111 (14.6)	120.9

Other facts were relevant in this increase. The regions where day surgery was not developed had more significant increases than other regions. At the present time, AS is nationally and homogeneously developed in all regions of the country: north (13.6%), middle (17.4%), Lisbon and Tejo Valley (14.5%), Alentejo (17.1%) and Algarve (16.9%). The exceptions are still the Islands of the Azores and Madeira where day surgery has not yet begun.

Lathouwer and Poullier published [6] international data on day surgery from 29 OECD countries. There, for 18 basket procedures selected as the most significant for AS, Portugal had a rate of 9.9% (7693 in a total of 77,394 surgeries). In our last report [4], we found for the same group of procedures in 2001 a national rate of 15.7% (14,530 in a total of 92,585 surgeries). Two years later, the 2003 national survey pointed out a national rate of 21.9% (26,395 in a total of 120,642 surgeries), reflecting a continuous progression of day surgery in Portugal—Table 3.

There has been an important increase in the majority of surgical procedures. However, there is still an enormous difference between hospitals—Table 4.

Despite the difficulties, we think that the future looks promising for day surgery in Portugal. First, in spite of the financial barriers there was a three-fold increase in the last 4 years (1999–2003). Second, there has been a major increase in the awareness of AS among public and private health authorities, especially in the SA Hospital Group owing to the creation of a national commission for establishing adequate national guidelines and policies. Finally, there has been an improvement in the financing of day surgery, at least in the SA Hospital Group, where the average reimbursement value for day cases has been increased to 80% of the same Diagnosis related groups (DRG) for inpatients.

In spite of the recent developments of day surgery in Portugal, the Portuguese Association for ambulatory surgery's leaders do feel that there is still a long way to go in order to

reach the national rates that we can find in the majority of North America and western European countries. This potential development added to future governmental and financial pressures will increase the scope of AS by changing selection

Table 3
Results of 18 groups of interventions eligible as ambulatory surgery (results from the third National Survey in Portugal – 2003 – and comparison with the previous survey performed in 2001)

Surgical procedure	2003			2001 (%)
	Performed as outpatient, N	Total surgery performed, N	%	
Knee arthroscopy	89	4702	1.9	1.3
Extraction of teeth	426	952	44.7	17.7
Cataract surgery	8476	27122	31.3	29.6
Hernia repair	3252	22015	14.8	9.3
Dilatation and curettage uterus	2623	7531	34.8	11.5
Vein ligation	1274	9574	13.3	8.7
Tonsillectomy	668	7190	9.3	4.2
Adenoidectomy	602	3968	15.2	14.3
Myringotomy	554	3719	14.9	8.5
Laparoscopic sterilisation	620	2636	23.5	13.1
Squint surgery	442	1527	28.9	9.5
Submucous resection (ENT)	42	2660	1.6	1.2
Excision of breast lump	1082	3766	28.7	27.5
Anal procedures	313	2483	12.6	13.7
Circumcision	1730	4207	41.1	29.9
Dupuytren	266	1252	21.2	18.4
Carpal tunnel decompression	3096	7881	39.3	30.6
Orchidopexy-varicocele	580	1949	29.8	18.0
Implanted devices	260	5508	4.7	6.4
Total	26395	120642	21.9	15.7

Table 4
Upper and lower percentage of day surgery activity in NHS Hospitals for some examples of procedures

Surgical procedure	Best (%)	Worst (%)
Cataract surgery	87.1	0
Hernia repair	100.0	0
Vein ligation	97.0	0
Laparoscopic sterilisation	100.0	0
Circumcision	100.0	0
Carpal tunnel decompression	98.7	0

criteria policy to allow sicker patients to undergo more extensive surgery. Focus should turn then to quality issues in order to keep ambulatory surgery a very safe and effective way of performing surgery.

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