

Evaluating ambulatory surgery: how it affects all surgeons

Extended Abstracts from a Session of the Postgraduate Programme at the Spring Meeting of the American College of Surgeons, Montreal, April 25–28, 1993

Introduction

At the spring meeting of the American College of Surgeons in Montreal a postgraduate course entitled 'Evaluating ambulatory surgery: how it affects all surgeons' was presented. This course described the types of ambulatory surgery units in the USA and Canada and suggested how they could be initiated. The scope of surgery, standards of care, accreditation and credentialing procedures, certification requirements, OSHA regulations, current legislation and education of house staff and medical students in ambulatory surgery were covered by this programme.

The rationale for this postgraduate programme was predicated on the enormous and increased importance of ambulatory surgery to patients, surgeons, hospitals and the economics of health care. In the USA in 1990 the volume of ambulatory surgery exceeded that of in-

patient surgery for the first time, and at present constitutes 60% of all surgical procedures performed. Plastic surgery, otolaryngology, orthopaedics, gynaecology, hand and oral surgery have led the way in the movement from inpatient to ambulatory surgery. Only now are general surgeons recognizing the advantages of utilizing ambulatory surgery to reduce the costs of health care and maximize the convenience and satisfaction of their patients.

The participants in this postgraduate course have provided us with a summary of their presentations which describe the USA and Canada's experience in ambulatory surgery, which includes surgeries performed in hospital-affiliated surgical ambulatory care facilities, surgical free-standing ambulatory care facilities, multidisciplinary ambulatory surgical facilities, unispecial ambulatory surgical facilities, and office-based surgeries.

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