

Congress report

New Orleans: American College of Surgeons, 1992 Clinical Congress: Panel on Ambulatory Surgery

The title of the panel was 'Ambulatory Surgery for the 90s and Beyond' and the members of the panel were: Dr Michael Ribaudó, a plastic surgeon from St Louis, Missouri; Dr Ronald Landry, ophthalmologic surgeon, New Orleans, Louisiana; Dr Gustavo A Colón, plastic surgeon, New Orleans; and Dr William Matthews, anaesthesiologist, Newport Beach, California.

The multidisciplinary panel was primarily aimed at discussing the different aspects of ambulatory surgery as they exist today. The emergence and the historical concepts and evolution of outpatient surgery from the 1960s to the present were outlined. Dr Ribaudó, who is President and founder of Metropolitan Plastic Surgery Ltd. and owner of a multispecialty ambulatory surgical facility in St Louis, Missouri, discussed at length his experience in dealing with the multispecialty, large outpatient surgical facility which is primarily physician-owned and operated.

Dr Ribaudó emphasized the rapid growth that has taken place in this field; for example, the first freestanding unit appeared in 1970 and there are now more than 1700 in the United States. It is now possible to perform more than 2500 different surgical procedures on an outpatient basis, and 15 000 procedures per year are carried out in his unit. It is predicted that some 70% of procedures in the US will be performed on this basis by 1995. He feels very strongly that the evolution of his facility has occurred over the years and it is a very well-oiled machine that offers the patient a great deal of flexibility as well as safety, within an environment which is just short of having in-hospital care, because a 23 hour overnight recovery facility is also offered. The modern facilities that Dr Ribaudó uses in St Louis certainly demonstrate what is state-of-the-art for outpatient ambulatory multispecialty facilities in the 1990s. In the US, the ownership of such facilities is largely independent (67%), with 21% belonging to corporations and only 11% under hospital ownership.

Dr Landry, Medical Director of Eye Care Associates in Metairie, Louisiana, spoke about construction and design and a successfully run unispecialty facility for multiple ophthalmic surgeons. He stressed, in an era where decreased cost reimbursement for specific Medicare patients, particularly those

that are undergoing ocular surgery and the decreasing reimbursement to hospitals for cataract surgery, etc., that the need for an ophthalmic surgeon to create his own surgical facility was almost a competitive necessity. Dr Landry described the creation of his facility from design to completion to function, as well as the day to day care and operating of an outpatient ophthalmologic surgical facility that cares primarily for the elderly eye patient, stressing that this system of management offers closer monitoring than is possible in a general hospital.

Dr William Matthews discussed the necessity for appropriate critical care management, anaesthesia, and emergency care within an ambulatory surgical facility. He stated that all outpatient facilities are separate from the umbilical safety of a hospital setting and that every emergency criteria that one must adhere to in a hospital must be adhered to in an outpatient surgical facility. He feels very strongly that the era has passed where an outpatient surgical facility would not have the appropriate safety, anaesthesia and surgical standards to stand alone as a safe, well-qualified, accredited and standardized facility.

Dr Gustavo Colón, President of the American Association for the Accreditation of Ambulatory Plastic Surgical Facilities, discussed accreditation organizations, (including AAHC and JCHO). The AAAAPSF is the accrediting organization that accredits office surgical facilities for plastic surgeons. This organization has been in operation since 1979 and up to the present time has accredited well over 400 facilities.

The conclusion of the panel, with a great deal of input from the audience, was that ambulatory surgery is something that is here to stay and will increasingly affect general surgeons as more endoscopic surgical procedures are performed. These surgical procedures will certainly be brought out of the hospital arena into the outpatient surgical setting. It was felt by the audience present at the American College of Surgeons Panel that the members of the panel gave them insight into what ambulatory surgery is and what they need to look to if they plan to create an ambulatory surgical facility separate from a hospital setting from standards to the critical criteria for patient safety.

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