

## Abstracts of Session 5a

# Controversies in ambulatory surgery

### 5a1

#### Adding short-stay capability to the ambulatory surgery center: creating postsurgical recovery care programs

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This session will offer a definition of postsurgical recovery care ("PRC") within the ASC environment and will review the various configurations of this care delivery model that have emerged. The initiative to add PRC to freestanding ASCs came about due in large part to the inability or unwillingness of US hospitals to create a 'user-friendly' product to deliver the changing nature of surgery, both ambulatory and short-stay. PRC emerged in the eighties via a demonstration project in California and is now being tested over a 5-yr term in the state of Illinois. These demonstrations, along with other individual efforts to establish short-stay in the surgery center taking place elsewhere, seek to test different models of PRC for the purpose of determining (a) its safety and effectiveness, (b) its cost-containment potential, (c) which models tested had the best combination of these first two features, and (d) how patients perceived the care they were given in these non-institutional settings. Data and analysis will be presented depicting the various PRC models that have been or are being tested.

### 5a2

#### Music in anaesthesia or anaesthesia in music a pilot study

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A main issue in managing day case surgery is the compressed patient course. In order to improve patient compliance, reduce stress response and maintain patient satisfaction music might positively influence these items significantly and subdue/calm/reduce patient anxiety. In order to get a comprehensive experience with music in a medical set up, we composed a study of 70 consecutive patients. The patients were admitted to hospital for routine surgical treatments (general s.,

gynaecological, ENT, orthopaedic). They were offered music by means of CD-player and earphones before induction of anaesthesia and the music was continued throughout the operation and discontinued after surgery in the PACU on the patient's demand. Anaesthesia time, lowest BP and HR in the OR and the PACU was recorded as well as pain score, PONV, dizziness as was general ratings by staff members and patients. Anaesthesia consisted of sevoflurane (Abbott) as induction and maintenance agent in combination with low dose remifentanyl (Glaxo Wellcome) according to patient needs.

None of the patients suffered major complications and all patients were discharged within 2 h of observation. Anaesthesia time varied between 17 and 135 min with a mean of 40. Lowest BP and HR during surgery was 77 and 44 respectively and after 30 min in the PACU (mean) 126 SBP, 64DBP and 68 HR. Twenty one Patients felt no pain and the remaining 59 made a mean VAS score of 4 (range: 0–10) all were treated with paracetamol and/or NSAID and left hospital scoring 0–2. Fifteen patients suffered some degree of PONV and three of these accepted treatment, no symptoms remained at discharge. Eight patients felt slightly dizzy, but none needed medication. The postoperative period was rated as good by  $n=63$ , acceptable by 4 and bad by 3. The music was considered as good by 66, mean by 4 and bad by 0. Patients' comments were positive with a broad spectrum of opinions. The nurses rated music as good in 55 cases, mean in 5 and bad for one patient (nine were not rated).

**DISCUSSION:** So far, music is not a regular part of the hospital treatment. It is, however, well known that music may attenuate stress response by lowering bloodpressure as well heart rate and research postulate a positive influence on the perception of pain as well. We looked at a randomly-selected group of orthopaedic-, abdominal-, ENT- and gynaecological-patients in order to get an overall experience with the use of music. By turning on music before induction of anaesthesia and continuing it through out surgery, we might stimulate CNS reflexes that improve the patient's stress management.

There were no unexpected events registered during surgery and vital signs were in accordance with regular anaesthesia without music.

In the PACU we observed very relaxed patients and this was further documented as the vital sign recordings were within normal range. In most cases the patients gladly accepted the music for comfort. Our incident of PONV was very low with only three patients needing treatment, but this study allows us to make no conclusions with regard to the effect of music on PONV. However, there might be a positive effect on pain control as shown by others. Those in pain scored low on the VAS scale and all were easily treated with ordinary analgesics, no opiodes were required. Nursing care was considered to be easier as music made patients more relaxed and, generally, they needed less physical attention.