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Editorial

Mark Skues, Editor-in-Chief

Welcome to Ambulatory Surgery. This edition of the Journal has been edited in line with the forthcoming 2026 Congress of the IAAS, that will be taking place in Dubrovnik, Croatia, on 18th to 20th May, 2026. Enclosed are the abstracts of free papers submitted, for your perusal.

I hope they stimulate your thought processes to develop something similar to submit to the Journal in due course.

Dr Mark Skues
Editor-in-Chief

General anesthesia vs Sedation for therapeutic hysteroscopy: a preliminary study

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Introduction
Hysteroscopy is a widely used procedure for diagnosis and treatment of various gynecological conditions. Various anesthesia techniques have been applied for hysteroscopy. This study aimed to compare general anesthesia and sedation in patients undergoing therapeutic hysteroscopy in terms of ease of procedure, respiratory depression, and recovery.

Methods
Patients undergoing elective therapeutic hysteroscopy were included. In the general anesthesia group, anesthesia was induced using continuous infusion of propofol and bolus of fentanyl. After achievement of neuromuscular blockade with rocuronium, supraglottic airway device (i-gel®) was inserted, and anesthesia was maintained with continuous infusion of propofol. At the end of procedure, sugammadex was administered. In the sedation group, continuous infusion of propofol and intermittent bolus of fentanyl were administered. If sedation was not enough, midazolam was administered. If analgesia was incomplete, bolus fentanyl was administered.
Occurrence of patient movement, recovery time, and the incidence of respiratory depression defined as SpO2 <90% were recorded throughout the procedure and recovery.

Results
Patient movement during procedure was significantly frequent in the sedation group compared to the general anesthesia group (40% vs. 0%, respectively; P<0.017). Recovery time was significantly shorter in the sedation group than in the general anesthesia group [16 (15–16) min vs. 30 (27–31) min; P><0.01]. Respiratory depression was not different between the sedation and general anesthesia groups (7% vs. 0%; P=0.500).

Conclusion
General anesthesia was more effective for ease of procedure than sedation in patients undergoing therapeutic hysteroscopy. However, sedation provided faster recovery compared to general anesthesia in these patients.

Designing and Validating Comfort Scale for Lung Cancer Patients and Its Application in Day Surgery Center

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Introduction

Minimally invasive surgery reduces trauma and complications, promoting faster patient recovery. However, most surgeons focus on medical quality metrics like length of stay and complication rates, often overlooking perioperative psychological well-being, especially in day surgery patients. As the cornerstone of day surgery, ERAS focuses on rapid perioperative recovery, humanistic care, and improved patient comfort.

Aim

This study aims to develop and validate a General Comfort Questionnaire (GCQ) for patients undergoing lung cancer surgery to assess their postoperative comfort.

Methods

The postoperative comfort indexes for lung cancer patients were derived from an integration of existing studies, clinical comfort scales, and expert input. Through two rounds of expert consultations using the Delphi method, the final indexes were finalized, leading to the establishment of a postoperative comfort scale for lung cancer patients. A questionnaire survey involving 200 patients was conducted to assess the scale's reliability and validity. Subsequently, the scale was tested on 235 patients undergoing lung surgery in day surgery mode to evaluate its effectiveness.

Results

1. The comfort scale consisted of 10 items across 3 dimensions, proving to be user-friendly and effective in clinical applications.
2. The Cronbach's α coefficient and SCVI/ave content validity index for the comfort scale were 0.801 and 0.97, respectively.
3. The scale's structural validity evaluation indicated common factor 1 and 2 feature roots of 3.257 and 1.352, both exceeding 1, with cumulative variance contribution rates of 32.57% and 13.52%, respectively.
4. Pain and mobility (getting out of bed) emerged as key factors influencing patient comfort levels.
5. The scale was successfully applied to patients undergoing video-assisted thoracic surgery in day surgery center, with an age range of 38-68 years and a high effective recovery rate of 92.77%.

Conclusion

The postoperative comfort scale for lung cancer patients demonstrated high reliability and validity in clinical practice. Pain management and mobility notably impacted patients' comfort levels. The scale, tailored for patients undergoing day surgery mode VATS lung surgery, provides an objective quantitative measure to evaluate patient comfort experience effectively and feasibly.

The Effect of Local Anesthesia Techniques on Postoperative Pain After Laser Treatment of Pilonidal Sinus: A Randomized Controlled Clinical Trial

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Introduction

Laser treatment of pilonidal sinus disease is a well-established, minimally invasive therapeutic approach associated with favorable clinical outcomes and rapid recovery. In addition to general anesthesia, several techniques of local anesthesia can be employed to optimize intraoperative comfort and postoperative pain control. At our institution, the procedure is routinely performed on outpatient basis under local anesthesia, allowing for faster patient discharge and reduced perioperative risks.

Aim

The primary aim of this study is to assess and compare postoperative pain outcomes in patients undergoing laser treatment of pilonidal sinus under conventional local anesthesia versus tumescent local anesthesia, in order to determine potential advantages in analgesic efficacy and patient comfort.

Methods

This randomized controlled clinical study includes patients undergoing laser treatment for pilonidal sinus at our department from September 2025 onwards. Demographic characteristics and postoperative pain scores are being collected prospectively using a structured questionnaire and the Visual Analogue Scale (VAS).

Results

Based on the available data, both anesthesia techniques result in generally low postoperative pain intensity (VAS score on 1.postperative day: tumescent n=10 (3.2 +/- 1.9), conventional n=7 (3.0 +/- 1.7)). By one week postoperatively, pain levels decrease markedly in both groups and converge to similarly low values (VAS score tumescent 1.4 +/- 0.5, conventional 2.0 +/- 1.2) (fig.1).

Conclusion

Overall, these findings indicate that both tumescent and conventional local anesthesia provide effective early postoperative pain control. As the study is still in progress, only preliminary data are available at this stage. Representative results will be presented upon completion of data collection at the time of the conference.

Novel Sedation Protocol and Enhanced Recovery Pathway Reduces Length of stay for Endoscopic Retrograde Cholangiopancreatography (Ercp)

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Introduction

Endoscopic retrograde cholangiopancreatography (ERCP) is typically performed with midazolam/opiate sedation, however, this combination is associated with adverse events including oversedation, cardiorespiratory depression, procedural failure and prolonged recovery. Remimazolam is a novel sedation agent associated with a rapid onset of action and shorter recovery of consciousness compared with midazolam and offers potential advantages in clinical and patient reported outcomes for procedural sedation.

Aim

This study evaluates hospital length of stay and clinical outcomes in patients during a novel protocol for ERCP utilising remimazolam and enhanced recovery principles.

Methods

A prospective study was performed between November 2022 and January 2025 before and after the Introduction of a novel sedation protocol using remimazolam and enhanced recovery techniques. Safety, key performance indicators of procedural success, time from procedure to discharge, hospital length of stay, and concomitant fentanyl use were compared in the novel (remimazolam) and traditional (midazolam) protocol groups.

Results

79 patients were identified in the midazolam cohort and 191 patients in the remimazolam cohort. Procedural success measured by bile duct cannulation, stone extraction and stricture stenting showed trends towards better success with remimazolam compared to midazolam (88% vs. 85.2%, 82.6% vs. 79.8% and 88.2% vs. 80.0%, respectively). Complications were similar in remimazolam and midazolam groups (4.6% vs. 4.9%). Concomitant fentanyl use was lower in the remimazolam group (mean dose 101mg vs. 128mg, P<0.001). Time from procedure to discharge in day cases was shorter in the remimazolam group (228 minutes vs. 336 minutes, P><0.001) and post-procedure length of stay was shorter in the remimazolam group (median 1.7 days, vs. 3.0 days, P=0.3).

Conclusion

A novel sedation protocol including the use of remimazolam with an enhanced recovery pathway is associated with improved clinical outcomes compared to the use of a traditional midazolam sedation protocol.

Impact of Ai-based Video Education on Recovery after Hysteroscopic Day Surgery: A Comparative Study

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Introduction
Traditional post-discharge education for hysteroscopic day surgery in Chinese tertiary hospitals typically relies on verbal delivery, which can result in poor patient retention of information, heightened anxiety regarding common postoperative symptoms such as mild bleeding, and increased clinical workload.

Aim
To evaluate whether an AI-generated, looped educational video improves patient-reported recovery outcomes compared to conventional education methods.

Methods
This study included 850 women who underwent hysteroscopic day surgery for conditions including endometrial polyps or submucosal fibroids at the Jinjiang and High-Tech Women's and Children's campuses of West China Second University Hospital between January 1 and July 31, 2025. Follow-up data at postoperative days 0, 7, 14, and 28 were analyzed. The AI-based video education group (n=290) received structured education via a looped, AI-generated video. The conventional education group (n=560) received standard verbal and written instructions. Primary outcomes included pain scores, vaginal bleeding, urinary function, and satisfaction.

Results
The AI-video group demonstrated a significantly higher rate of pain-free patients at day 0 (73.2% vs. 54.0%, $p<0.05$) and day 28 (94.8% vs. 89.0%, $p><0.05$). The incidence of patient-reported abnormal bleeding was significantly lower in the AI-video group at day 0 (9.3% vs. 15.5%, $p><0.05$). Urinary discomfort rates were comparable between groups at all timepoints. Patient satisfaction with the care process was higher in the AI-video group (99% vs. 93.5%, $p><0.05$), and a greater proportion resumed normal activities by day 14 (96.9% vs. 91.0%, $p><0.05$).

Conclusion
Implementation of a standardized, looped AI-based video for patient education significantly improved early postoperative pain control, reduced reports of abnormal bleeding, and increased both patient satisfaction and recovery pace compared to conventional methods in hysteroscopic day surgery.

Implementation of a Patient-Flow-Optimized Cqi Intervention significantly improves on-time start rates in Gynecological Ambulatory Surgery

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Introduction
The on-time start of the first surgery is a critical determinant of operating room efficiency in ambulatory surgery, directly impacting patient throughput, resource utilization, and satisfaction. Delays initiate cascading bottlenecks, extending staff hours and increasing costs. A key modifiable factor preceding the surgical start is the timely admission of the first patient to the operating room.

Aim
This study aimed to design, implement, and evaluate the effectiveness of a structured Continuous Quality Improvement intervention, specifically optimized around patient flow management, to improve the on-time admission rate of the first patient and thereby enhance the on-time start rate for gynecological ambulatory surgeries.

Methods
A pre- and post-intervention study was conducted. Baseline data on first-case gynecological ambulatory surgeries (February to September 2022, n=290) were analyzed to identify root causes for delayed operating room admission using fishbone diagrams. A multidisciplinary Continuous Quality Improvement team then designed and implemented a patient-flow-centric intervention package from January 2023, including: 1) Strategic scheduling and pre-operative communication for Monday versus non-Monday first-case patients; 2) Dedicated, streamlined admission pathways bypassing centralized intake; 3) Process simplification (e.g., deferring intravenous catheter placement to the operating room); 4) Enforced standardized porter arrival times. Post-intervention data (January 2023 to January 2024, n=768 first cases) were collected. Primary outcomes were on-time admission rate (patient ready per protocol) and on-time start rate (incision by 9:00 in the morning). Data were analyzed using Chi-square tests.

Results
The patient-flow-optimized Continuous Quality Improvement intervention led to a substantial and statistically significant increase in the on-time admission rate, from 56.90 percent (165 out of 290) pre-intervention to 82.81 percent (636 out of 768) post-intervention (chi-square equals 76.880, P value less than 0.01). Consequently, the on-time start rate for the first surgery improved significantly from 27.59 percent (80 out of 290) to 39.32 percent (302 out of 768) (chi-square equals 12.570, P value less than 0.01).

Conclusion
The implementation of a structured, patient-flow-focused Continuous Quality Improvement intervention is an effective and practical strategy for improving the on-time admission of the first patient, which directly and significantly enhances the on-time start rate in a gynecological ambulatory surgery setting. This approach successfully addresses a key workflow bottleneck, optimizing perioperative efficiency.

The effect of low-dose esketamine on postoperative sleep disorders in patients undergoing day surgery for laparoscopic cholecystectomy: A randomized controlled trial

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Introduction
aparoscopic cholecystectomy (LC) ambulatory surgery is widely applied due to its advantages of minimal invasiveness and rapid recovery. However, postoperative sleep disorders (PSD), characterized by insomnia, fragmented sleep and poor sleep quality, are common complications, which may delay recovery and reduce quality of life. The pathogenesis of PSD is associated with surgical trauma, inflammatory response and anesthetic drugs. Esketamine, an N-methyl-D-aspartate receptor antagonist, exerts analgesic and anti-inflammatory effects, and may regulate sleep function. Nevertheless, the effect of low-dose esketamine on PSD in LC day surgery patients remains unclear. This randomized controlled trial aims to explore whether low-dose esketamine can improve PSD in these patients, providing evidence for optimizing perioperative anesthetic management.

Aim
To investigate the effect of postoperative sleep disturbance by infusion of low dose esketamine during ambulatory laparoscopic cholecystectomy.

Methods
Patients undergoing ambulatory laparoscopic cholecystectomy under general anesthesia in General Hospital of Northern Theater Command between August and November 2024 were selected. They were randomly divided into esketamine group and control group based on a random number generator. Patients in the esketamine group received a continuous infusion of esketamine [0.3 mg/(kg·h)] during the operation. Patients in the control group received the equivalent volume of saline. The scores of the Athens Insomnia Scale on the first day before surgery, the first day after surgery, and the third day after surgery, the incidence of sleep disturbance and the Hospital Anxiety and Depression Scale score on the first day and the third day after surgery, mean artial pressure and heart rate during surgery, operation time, anesthesia time, recovery time, total dosage of remifetanil and vasoactive drug, postoperative adverse reactions, and the Visual Analogue Scale score on the day of surgery and the first day after surgery were compared between the two groups.

Results
A total of 105 patients were included, including 52 in the control group and 53 in the esketamine group. The differences were statistically significant in the incidence of sleep disorders on the first day after surgery (22.64% vs. 46.15%; $\chi 2=6.440$, P=0.011), the Athens Insomnia Scale score on the first day after surgery [4 (1.5, 5) vs. 5 (4, 7); Z=−2.933, P=0.003] , the cumulative amount of remifentanil used during surgery [884 (600, 1 112) vs. 572 (476, 872) μg; Z=−2.774, P=0.006], and the Visual Analogue Scale score on the day of surgery [2 (2, 3) vs. 3 (2, 3); Z=−2.488, P=0.013] between the esketamine group and the control group. There was no significant difference in mean arterial pressure, heart rate, operation time, anesthesia time, recovery time, vasoactive drug dosage, Hospital Anxiety and Depression Scale score or incidence of postoperative adverse reactions between the two groups (P>0.05).

Conclusion
Continuous intraoperative infusion of low dose esketamine can improve postoperative sleep disturbance, without increasing the incidence of postoperative adverse reactions in patients undergoing ambulatory laparoscopic cholecystectomy.

Quality Indicator Outcomes for Australian Day Hospitals

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Day Hospitals Australia

Introduction
Benchmarking activity for day hospitals is not universal in Australia. There are two independent agencies that collect day hospital data.
QPS Benchmarking, a partner of Day Hospitals Australia, with 118-day hospitals contributing data which represents 33% of the day hospital sector.
Australian Council of Healthcare Standards (ACHS) collating all same day admissions for both day hospitals and same day episodes in overnight hospitals.

Methods
Data is submitted on a voluntary basis, and hospitals choose between the two agencies

Results
QPS Benchmarking Report 2025 data includes – Patient experience; employee satisfaction; staff turnover; clinicians survey, infection control system audit; unplanned hospital transfers and length of stay.
ACHS 2024 report – data 2016 -2023 – includes all hospitals departments with a section dedicated to day patients with 252 hospitals contributing, these included overnight hospitals and day hospitals. Data represents 12 clinical indicators – preadmission preparation; procedure non-attendance; procedure cancellation; adverse event; unplanned return to the operating room; unplanned transfer/admission; delay in discharge – departure; and post discharge follow up. Free standing day hospitals performed better in most categories than integrated day services with overnight hospitals

Conclusion
To demonstrate the quality care delivered by day hospitals in Australia there is a need for a universal quality benchmarking tool for free standing day hospital requiring mandatory compliance.

Integrated Auricular Acupressure and Intradermal Needle Therapy in Multimodal Analgesia for Gynecologic Ambulatory Laparoscopic Myomectomy: A Prospective Cohort Study

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Introduction
Pain management following gynecologic ambulatory laparoscopic myomectomy, particularly uterine contraction-related visceral pain, remains challenging within Enhanced Recovery After Surgery (ERAS) protocols. Traditional Chinese Medicine (TCM) external therapies, such as auricular acupressure and intradermal needle therapy, have demonstrated analgesic potential, but their combined efficacy within multimodal analgesia has not been systematically evaluated.

Aim
To evaluate the efficacy and feasibility of an ERAS-based integrative multimodal analgesia strategy incorporating TCM for ambulatory laparoscopic myomectomy.

Methods
This prospective cohort study enrolled 109 patients who underwent surgery between January and November 2025. Patients were assigned to an integrative multimodal analgesia group (n=51) or a conventional multimodal analgesia group (n=58). Both groups received standard ERAS analgesia, including local incision anesthesia and postoperative rectal diclofenac sodium. The integrative group additionally received intradermal needle therapy at bilateral Hegu (LI4), Zusanli (ST36), and Sanyinjiao (SP6) acupoints and auricular acupressure at Shenmen, Endocrine, Subcortex, and Sympathetic points. Pain was assessed using the Visual Analogue Scale (VAS), and rescue analgesia was administered when VAS ≥4. Postoperative pain outcomes, analgesic consumption, recovery parameters, and patient satisfaction were recorded.

Results
Postoperative VAS scores at 1, 3, 6, and 12 hours showed no significant differences ($p > 0.05$). However, the integrative group had a lower incidence of moderate-to-severe pain at home (15.7% vs. 32.8%, $p=0.039$) and lower NSAID consumption ($p=0.041$) compared with the conventional group. No significant differences were observed in opioid consumption or the incidence of postoperative nausea and vomiting between the groups ($p = 0.752$, $p = 0.935$, $p = 0.348$). Patient satisfaction was higher in the integrative group ($p = 0.043$). Four participants reported mild pain during needle insertion, and one reported minor discomfort; all events were well tolerated.

Conclusion
Perioperative integration of auricular acupressure and intradermal needle therapy is safe and feasible for gynecologic ambulatory laparoscopic myomectomy. It effectively reduces post-discharge pain and NSAID use and improves satisfaction, though its in-hospital analgesic effect requires further investigation.

Objective To evaluate the clinical value of enhanced recovery after surgery (ERAS) protocol in endoscopic ultrasonography (EUS) interventions

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Introduction
Clinical Application of Enhanced Recovery After Surgery in the Accelerated Rehabilitation of Endoscopic Ultrasonography

Aim
To evaluate the clinical value of enhanced recovery after surgery (ERAS) protocol in endoscopic ultrasonography (EUS) interventions.

Methods
A retrospective cohort study enrolled 120 EUS patients treated in our department from January 2023 to December 2024, equally divided into an ERAS group and a conventional care group. Perioperative indicators (operation duration, postoperative fasting time, hospital stay), complication incidence, and patient satisfaction were compared between groups.

Results
Operation duration showed no intergroup difference (P>0.05). The ERAS group had significantly shorter postoperative fasting time and hospital stay, lower overall complication rate (8.33% vs 23.33%), and higher patient satisfaction rate (96.67% vs 81.67%) than the control group (all P<0.05).

Conclusion
ERAS implementation in EUS perioperative management effectively accelerates patient recovery, shortens hospital stay, reduces complications, and elevates satisfaction, supporting its routine clinical application.

Comparison of Ciprofol Versus Propofol for General Anesthesia in Elderly Patients with Hypertension Undergoing Ambulatory Surgery: A Prospective, Randomized, Double-Blind, Non-Inferiority Trial

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Introduction
Ciprofol is a novel intravenous anesthetic developed in China with rapid onset and minimal injection pain; however, its safety profile for general anesthesia in older patients remains insufficiently explored.

Aim
To compare the safety of Ciprofol versus propofol and their effects on postoperative cognitive function in elderly hypertensive patients undergoing ambulatory surgery under total intravenous anesthesia (TIVA).

Methods
This prospective, randomized, double-blind, non-inferiority trial enrolled 158 elderly patients with hypertension scheduled for elective ambulatory surgery under general anesthesia. Patients were randomized to a Ciprofol group or a propofol group. All patients received TIVA with identical analgesic and neuromuscular blocking regimens. Ciprofol was administered at 0.3 mg/kg for induction and 0.8 mg/kg/h for maintenance; propofol at 2 mg/kg for induction and 4 mg/kg/h for maintenance. Primary outcomes were: (1) time from drug administration to an Ai value of 60; (2) incidence of intraoperative hypotension; (3) incidence of intraoperative bradycardia; (4) recovery time; and (5) incidence of postoperative cognitive dysfunction (POCD).

Results
Anesthesia success rate was 100% in both groups. Time to loss of consciousness was comparable (61.3 s vs 57.6 s). The incidence of intraoperative hypotension was lower with Ciprofol than with propofol (17.7% vs 31.2%). Post-induction bradycardia was higher in the Ciprofol group, but the difference was not statistically significant (18.9% vs 16.4%). Recovery time was similar between groups (12.3 min vs 10.6 min). The incidence of POCD did not differ significantly (8.9% vs 11.3%).

Conclusion
In elderly hypertensive patients undergoing ambulatory surgery with TIVA, Ciprofol provides anesthesia efficacy comparable to propofol and is associated with a lower incidence of intraoperative hypotension, suggesting potentially more stable hemodynamics.

A Nurse-Led WeChat-Based Intelligent Q&A System to Enhance Patient Education in Ambulatory Surgery: Development and Evaluation

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Introduction
The growing prevalence of ambulatory surgery demands timely, personalized perioperative patient education, which is a core responsibility of nursing practice. Traditional counseling methods and standardized materials are hampered by information overload and poor customization, which compromise patient outcomes. To address these gaps, and leveraging cross-disciplinary collaboration between nursing, medical informatics, and surgery teams, this study developed and validated a WeChat-based intelligent Q&A system tailored for day surgery patients.

Aim
This study aimed to co-develop and deploy a WeChat-integrated intelligent Q&A system for day surgery patients via multidisciplinary collaboration, and evaluate its efficacy in improving nursing-led education efficiency, information accuracy, patient discharge readiness, postoperative recovery quality, and user satisfaction.

Methods
A structured peri-operative education knowledge base was established by nursing experts, based on clinical pathways for ambulatory surgery. An intelligent Q&A system was then built by integrating the LangChain framework with the WeChat backend, with technical support from medical informatics specialists and clinical input from surgeons. A historical control design was adopted: patients receiving standard nursing education before system implementation served as controls, while those receiving standard care plus access to the Q&A system formed the intervention group. Metrics including inquiry response time, system accuracy, discharge readiness, recovery quality, and user satisfaction were compared between groups.

Results
The Q&A system significantly improved all measured outcomes. Average inquiry response time was reduced from (600.25 ± 100.13) s to (7.58 ± 0.37) s ($P < 0.001$), with a response accuracy of 97.5%. The intervention group had higher discharge readiness scores (101.77 ± 11.07 vs. 90.77 ± 13.05, $P < 0.05$) and better postoperative recovery scores (127.39 ± 5.17 vs. 102.13 ± 6.21, $P < 0.05$). Overall user satisfaction reached 92.34% (score: 3.42 ± 0.70).

Conclusion
The WeChat-based intelligent Q&A system, co-developed via nursing-informatics-surgery collaboration, delivers immediate, accurate health guidance for day surgery patients. It enhances the efficiency of nursing-led patient education, improves discharge preparedness and recovery quality, and achieves high user acceptability. This cross-disciplinary model serves as a scalable tool to optimize perioperative care in fast-paced ambulatory surgery settings.

Clinical Application of Anesthesia Strategy for Pediatric Laparoscopic Hernia Day Surgery Under the ERAS Concept

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Introduction
Since its establishment in 2020, our center has consistently carried out various surgeries in accordance with the admission criteria for day surgery. Among these, the anesthesia protocol for laparoscopic surgery of pediatric hernia has been continuously refined through over 5 years of exploration and optimization. It has achieved progressive improvement in pain management, postoperative awakening, and rapid recovery, with continuous enhancements in clinical safety and children's comfort levels.

Aim
To explore the optimized anesthesia strategy for Pediatric Laparoscopic Hernia Day Surgery under the guidance of the Enhanced Recovery After Surgery (ERAS) concept, and to provide practical reference for improving perioperative safety and promoting rapid recovery.

Methods
All children who underwent laparoscopic hernia day surgery in our hospital were treated with an ERAS-oriented anesthesia strategy: Preoperative fasting and water deprivation were simplified (water was prohibited 2 hours before surgery, and breast milk was prohibited 4 hours before surgery), combined with psychological intervention to alleviate children's anxiety; the perioperative period was centered on multimodal analgesia, combined with general anesthesia of sevoflurane + dexmedetomidine + remifentanil + laryngeal mask airway. Immediately after the operation, local wound anesthesia was performed with 0.2%-0.3% ropivacaine, and diclofenac sodium suppositories were administered transanally. Postoperative pain was dynamically monitored using the FLACC score, rescue analgesia was administered as needed, early eating, drinking and ambulation were initiated, and discharge assessment and home care guidance were strengthened.

Results
The children's vital signs were stable, the analgesic effect was definite, and parental satisfaction was high.

Conclusion
Under the ERAS concept, the anesthesia strategy for pediatric laparoscopic hernia day surgery, through precise optimization of the entire perioperative process, can ensure anesthesia safety, improve children's tolerance, effectively control pain, reduce adverse reactions, accelerate recovery and discharge, and simultaneously enhance medical service satisfaction. It aligns with the core demand of efficient recovery in pediatric day surgery and is worthy of clinical promotion and application.

Minimizing Unexpected Hospitalizations in Ambulatory Breast Surgery: Impact of a Neuromuscular Block Protocol

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Introduction
Ambulatory surgery for breast pathology has increased over the last years. In our centre breast pathology has been implemented in the service in 2025 with an ambulatory surgery protocol that includes neuromuscular block (pectoralis nerve or erector espinae plane) for pain management in all cases.

Aim
The aim of this study is to asses care quality of the procedure.

Methods
A retrospective review of all patients undergoing breast surgery in 2025, the first year of the protocol. The study analyses reason for inpatient surgery, type of surgical procedures, substitution rate (SR), rate of conversion to inpatient admission, postoperative complications, satisfaction rate and pain 24 hours of discharge.

Results
In 2025, 63 procedures were performed on 57 patients (6 of whom required a second surgery for augmentation). The SR for breast pathology procedures was 93.65%. There were no unanticipated hospital admissions. The 3 patients (4 procedures) who were admitted required hospitalization due to social factors and thrombophilic disease.

Conclusion
Care quality is a determining factor in outpatient surgery. In our centre we have high substitution index with high satisfaction and no conversions to hospitalization. We consider that neuromuscular block can be a key factor for early discharge and to avoid conversions (reducing opioids and its side effects and controlling postoperative pain). Nevertheless, we will continue to analyze data to improve the quality of care in the coming years.

Role of Hospital-at-Home Care in Urgent Surgical Disease

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Introduction

Home hospitalization (HH) is defined as an alternative healthcare model that allows diagnostic and therapeutic interventions to be performed at the patient's home, providing care equivalent to that provided in an inpatient setting. HH is a rapidly expanding service and is currently applied across a wide range of healthcare processes. Focusing on surgical pathology, HH can be pursued for selected urgent surgical conditions that do not require operative management, optimizing hospital resources while reducing issues related to hospital bed shortages.

Aim

To analyse the clinical outcomes of the collaboration between the HH Unit and the Surgery Department in the management of patients with urgent surgical conditions.

Methods

A retrospective study of patients with urgent surgical conditions managed by HH between 2021 and 2025 at our centre. Patients with acute pathology due to complications from elective surgical who were treated by HH were excluded.

Results

A total of 158 patients were included. Mean age 58.33 years. The most common diagnosis was acute diverticulitis (61 patients [38.61%]), cholecystitis managed conservatively (28 patients [17.21%]) and postoperative management of acute appendicitis (23 patients [14.56%]) . A total of 128 patients (81.01%) were included in HH to complete intravenous antibiotic therapy. The remaining patients received wound care, management of intra-abdominal drains, pain treatment or prehabilitation treatment to optimization for a future surgery. The majority of patients were referred to HH after a short hospitalisation, although 21 patients (13.29%) were discharged directly from the emergency department. The average hospital stay was 9 days. During HH stayed, 7 patients (4.43%) required evaluation in the emergency department. Two patients consulted for issues related to the infusion pump with no need or rehospitalisation, while 5 were readmitted – 3 due to poor progression of their surgical condition and 2 because of another intercurrent medical pathology.

Conclusion

HH is a valuable resource that enables the ambulatory management of selected surgical conditions. It helps prevent hospital admissions, shortens hospital stay and enables treatment at the patient's home. The approach demonstrates a favourable safety profile, with a low incidence of complications and readmissions.

Practice of Standardized Quality Management and Dynamic Monitoring in Ambulatory Surgery: A Pathway to Enhancing Medical Quality

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Introduction

To improve the quality and safety management level of regional ambulatory medical services, the Shanghai Ambulatory Medical Management Quality Control Center has developed a regional ambulatory medical quality management system, formulated standards and pathways for the direct acquisition of quality control indicators, and promoted continuous quality improvement targeting ambulatory medical diseases through direct data collection. By focusing on disease-specific quality enhancement, the Center has facilitated the development of clinical specialty capabilities, driven the transformation of medical quality and safety management models, and initially established a regional governance framework for the integration, co-construction, and sharing of medical data.

Aim

Ambulatory surgery has been vigorously promoted in tertiary general hospitals across China. This study aims to advance the evaluation and continuous improvement of ambulatory surgery quality, thereby ensuring the quality of regional ambulatory medical services.

Methods

Thirty-six municipal hospitals in Shanghai were selected as pilot institutions. A centralized dynamic quality monitoring model was adopted to replace the traditional specialized decentralized management approach. An information platform for ambulatory surgery quality monitoring and evaluation was constructed, enabling centralized monitoring of quality indicators through direct data extraction from electronic medical records. Ambulatory surgery quality data from 2024 to 2025 were analyzed to optimize the effectiveness of quality monitoring and evaluation.

Results

The implementation of standardized quality management and dynamic monitoring improved the accuracy of quality supervision by medical administration departments. Compared with specialized decentralized management, this model resulted in a 9.3% increase in the total number of ambulatory surgeries in the 36 municipal hospitals—rising from 363,504 in 2024 to 397,168 in 2025. Dynamic monitoring data also showed a downward trend in key adverse indicators: the incidence of postoperative complications (0.15‰ vs. 0.09‰), the temporary cancellation rate of ambulatory surgery (4.7% vs. 3.6%), the proportion of patients transferred to specialized wards on the day of ambulatory surgery (3.2% vs. 2.5%), and the 7-day readmission rate (5.2‰ vs. 4.6‰). Additionally, the follow-up completion rate improved significantly (96.9% vs. 98.7%).

Conclusion

Strengthening standardized quality management and dynamic monitoring in ambulatory surgery management effectively promotes the improvement of medical quality.

A step beyond for the outpatient surgery progress: hospital at home care as a support of a new ambulatory hospital circuit

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Introduction

During the COVID-19 outbreak in 2021, hospital admission capacity was significantly reduced, limiting scheduled surgeries requiring hospitalization. To address this constraint, an AS program supported by postoperative HaH care was implemented, allowing the conversion of patients traditionally requiring hospitalization into ambulatory cases. A revised protocol to future admission to this program was therefore created and implemented in 2021.

Aim

Development and implementation of a new ambulatory surgery (AS) program with hospital at home care (HaH) support for potentially ambulatory patients who do not strictly meet AS criteria.

Methods

Patients scheduled for elective surgery who would traditionally require postoperative hospitalization were evaluated at the clinic according to a revised selection protocol that included clinical status, anesthetic risk, type of surgical procedure, social support, and eligibility for HaH follow-up. After surgery, patients were discharged home on the same day and enrolled in the HaH program.

A prospective registry of patients included in the AS plus HaH program was maintained. Demographic data, type of surgical procedure, ASA, duration of HaH care, and postoperative hospital admission rates were collected and analyzed.

Results

A total of 221 patients (mean age 61,4 yrs.) have been included in the AS plus HaH program since 2021: 46,2 % have been laparoscopic cholecystectomies, 30,8% inguinal and umbilical hernioplasties, 14 % incisional hernia repairs (33 % of them laparoscopic), 3,2 % laparoscopic appendicectomies, 4,1 % breast oncological surgery and 1,4 % hemorrhoidectomies. About 43,9 % were ASA II (anesthetic risk) and 50,7% ASA III patients. The average home-stay in the HaH unit was 1.2 days and the total rate of hospital admissions after surgery was 9%.

Conclusion

The AS program together with HaH seem to be an efficient initiative, offering the benefit of being more patient-friendly and reducing the use of hospital resources. In addition, the protocol implemented offers an alternative option for selected surgical patients.

Development and Validation of a Patient-Specific Prom for Postoperative Recovery in Ambulatory Urogynecologic Surgery

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Introduction

Ambulatory urogynecologic surgery for pelvic organ prolapse (POP) and urinary incontinence (UI) is increasingly performed using minimally invasive techniques allowing early discharge. While early discharge reduces hospital stays, patients must recover at home and may experience pain, voiding or bowel difficulties, causing anxiety if inadequately addressed. A literature review however revealed that validated patient- reported outcome measures (PROM) for assessing postoperative recovery following ambulatory urogynecologic surgery are lacking.

Aim

To develop, validate, and pilot test a PROM for assessing postoperative recovery after ambulatory urogynecologic surgery.

Methods

The PROM was developed following best-practice recommendations for scale development by Boateng et al., and informed by prior qualitative and quantitative studies. Face and content validity were assessed through three rounds of cognitive interviews with urogynecologic patients. The validated questionnaire was constructed in REDCap for electronic pilot testing. Adult patients (≥ 18 years) undergoing ambulatory urogynecologic surgery at a Danish university hospital were included. Pilot testing evaluated usability, accessibility, and completion rates on postoperative days 1 and 7. Descriptive statistics summarized completion rates, time to complete, and response distributions.

Results

18 cognitive interviews confirmed that questionnaire domains and items were relevant, comprehensive, and easy to understand. Based on feedback, items were refined and expanded, resulting in a final PROM with 39 close- ended items and14 open- ended responses, covering physical and psychological symptoms, functional status, patient satisfaction and preparedness for home recovery. Pilot testing among 50 patients showed high completion rates and ease of access via REDCap links in the Danish national digital mailbox (E-Boks).

Conclusion

The PROM demonstrated good face and content validity and feasible electronic administration. It is currently applied in an ongoing large cohort study to systematically assess recovery following ambulatory POP and UI surgery.

Preoperative Psychological Distress in Ambulatory Hysteroscopic Surgery: A Comparative Study of Centralized vs. Decentralized Care Pathways

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Introduction
Ambulatory hysteroscopic surgery is widely practiced for its efficiency, yet the impact of different organizational care pathways on preoperative patient psychology is not well characterized.

Aim
This study aimed to compare the prevalence of preoperative anxiety and depression between patients managed under a centralized versus a decentralized care pathway and to identify associated demographic and clinical factors.

Methods
A retrospective analysis was conducted using records of 8,212 patients who underwent elective ambulatory hysteroscopic procedures at a tertiary women's hospital. Patients were classified into two groups based on the care model: the Centralized Management Pathway (n=7,410), coordinated through a dedicated ambulatory surgery unit, and the Decentralized Departmental Pathway (n=802), managed within primary gynecology departments. Demographics, clinical data, and preoperative Hospital Anxiety and Depression Scale scores were analyzed. Multivariable logistic regression identified predictors of clinically significant anxiety and depression.

Results
The prevalence of significant anxiety was higher in the Centralized Pathway group (12.6%) compared to the Decentralized Pathway group (6.2%). A similar disparity was observed for depression (10.8% vs. 4.0%). After adjustment, the centralized pathway remained an independent risk factor for both anxiety (aOR = 1.94) and depression (aOR = 2.47). A diagnosis of intrauterine adhesions was also a consistent risk factor. Protective factors included older age, being married (for anxiety), and higher educational attainment (for depression).

Conclusion
The organizational care pathway is significantly associated with preoperative psychological distress. Patients in a centralized ambulatory surgery model exhibited higher levels of anxiety and depression than those in a decentralized departmental model. These findings support the need for integrated psychological screening and tailored supportive interventions within surgical pathways, with particular attention to younger, unmarried, less-educated patients and those with intrauterine adhesions.

Barriers and facilitators for implementing WHO's Surgical Safety Checklist in a publicly funded hospital: a qualitative study from a tertiary- level public hospital in Croatia

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Introduction
Effective communication is crucial for patient safety in surgery, as many adverse events result from human and teamwork-related factors. To address this, the World Health Organization (WHO) introduced the Surgical Safety Checklist (SSC), although its implementation and compliance vary across healthcare settings.

Aim
To explore the barriers and facilitators to implementing the WHO's SSC at a tertiary- level hospital in Croatia, a country with a publicly funded universal healthcare system.

Methods
Focus group- based study which used Graneheim and Lundman's qualitative content analysis approach was conducted. We used purposive sampling to gather participants who were representative of the usual surgical team: nurses, residents, anaesthesiologists and surgeons. Aside from this requirement, we set no specific inclusion or exclusion criteria. We conducted 6 focus groups (2 with nurses, 2 with residents, 1 with anaesthesiologists and 1 with surgeons) with 29 participants. The nurses were all female, the residents and surgeons were all male, and anaesthesiologists were mostly male (60%). Most participants had at least a bachelor's degree (93%). The focus groups were held in person at the hospital's Department of Surgery in Croatia and were conducted in the local language, based on a predeveloped topic guide.

Results
Our analysis revealed two distinct themes that were fundamentally independent of each other. The first concerned within- team hierarchies and relationships that prevented the SSC from being used as intended, while the second was related to a diverse set of resource and logistical constraints that had existed before the implementation of the SSC.

Conclusion
Understanding the barriers faced by healthcare providers is crucial in designing training programmes that could help integrate the SSC into routine surgical practice. Our findings highlight the importance of actively including members of the surgical team in the implementation of the SSC and implementing interventions for improving within- team communication.

Interventions to improve Compliance to Surgical Safety Checklist Use: Before-and-After Study at a Tertiary Public Hospital in Croatia

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Introduction
The World Health Organization's Surgical Safety Checklist (WHO SSC) is known to reduce surgical complications and mortality. Despite its proven effectiveness, implementation of the WHO SSC is often inconsistent and influenced by organizational and human factor related barriers. As a result, the checklist is frequently underused or applied superficially, limiting its potential impact on patient safety.

Aim
This study evaluated compliance with a modified SSC and assessed the impact of structured interventions to improve adherence at the University Hospital of Split, Croatia.

Methods
A before-and-after study analyzed a sample of 1437 completed SSCs over four time points between April 2024 and May 2025: the baseline and after three successive interventions (an official letter from the hos pital director emphasizing mandatory SSC use, individual meetings with department heads and head nurses reinforcing its importance, and a quality audit review of SSC completeness with leadership). Checklist completeness was assessed across five SSC sec tions: General Information, Sign In, Time Out, Sign Out, and Staff Info.

Results
Overall checklist completeness increased from 78.3 ± 8.5% at baseline to 86.3 ± 2.5%, 92.0 ± 3.8%, and 94.7 ± 4.8% after the first, second, and third interventions, respectively ($p < 0.001$). All checklist sections improved significantly: General Info rose from 91.1 ± 6.0% to 98.6 ± 2.6% ($p < 0.001$); Sign In from 85.0 ± 11.4% to 97.0 ± 3.5% ($p = 0.002$); Time Out from 79.0 ± 14.6% to 96.4 ± 6.5% ($p < 0.001$); Sign Out from 70.2 ± 11.2% to 87.7 ± 11.0% ($p = 0.003$); and Staff Info from 70.7 ± 12.9% to 100.0 ± 0.0% ($p < 0.001$). Post hoc testing confirmed significant gains versus baseline for all three interventions (Dunnett's test), with a further significant improvement between the first and third interventions (Tukey's HSD, $p = 0.011$).

Conclusion
Structured, low-cost interventions emphasizing administrative support, education, and communication significantly improved SSC adherence across a large tertiary hospital. This initiative represents a pioneering effort in Croatia and offers a scalable model for similar public healthcare systems aiming to enhance patient safety.

The Role of Nurses in Stoma Care and Improvement of Quality of Life in Patients with Colorectal Cancer

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Introduction
Colorectal cancer frequently requires surgical treatment with stoma formation, which, although life-saving, significantly affects patients' physical, psychological, and social well-being. Nurses play a key role in stoma care through education, ongoing support, and follow-up, yet the impact of structured nursing interventions on patients' quality of life remains insufficiently explored.

Aim
The aim of this study was to examine the impact of structured nursing education and continuous support on quality of life and self-care independence in patients with colorectal cancer and a stoma.

Methods
A cross-sectional empirical study was conducted among patients with colorectal cancer who underwent surgery with stoma formation. Data were collected using a structured questionnaire assessing stoma-related problems, level of independence in self-care, perceived quality of life, and satisfaction with nursing support. As part of follow-up care, nurse-led telephone consultations were provided, offering individualized education, counseling, and practical support related to stoma management and daily activities. Quantitative data were analyzed using descriptive statistics, as well as correlation and regression analyses to explore associations between nursing interventions and patient-reported outcomes. The study focused on the importance of continuous nursing education, accessibility of professional support, and effective nurse–patient communication in long-term stoma care.

Results
The results indicated a positive association between structured nursing support and improved patient outcomes. Patients who received regular education and nurse-led consultations reported fewer stoma-related complications, such as skin irritation, leakage, and problems with stoma appliances. Higher levels of self-confidence and independence in stoma care were observed among patients who perceived nursing support as consistent and readily available. Improved psychological well-being was also noted, including reduced anxiety, better emotional adjustment, and increased social participation. Quality of life scores were higher in patients actively involved in nurse-guided education and counseling, particularly in daily functioning, social interactions, and overall life satisfaction.

Conclusion
Nurses are a key component of multidisciplinary care for patients with colorectal cancer and a stoma. Through education, emotional support, and long-term follow-up, structured nursing interventions contribute to fewer complications, greater patient autonomy, and improved quality of life. Integrating nurse-led educational programs and follow-up consultations into routine clinical practice may enhance patient outcomes and support long-term adaptation to life with a stoma.

Analysis of the Number and Types of Minor Surgical Procedures performed under local anesthesia at a University Hospital Center

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Introduction
Minor surgical procedures under local anesthesia are a routine and essential part of outpatient surgical care, enabling timely diagnosis and treatment of skin and subcutaneous lesions while reducing hospitalization and healthcare costs. With the increasing incidence of skin cancer, particularly basal cell carcinoma, early excision and routine histopathological analysis play a key role in prevention, early detection, and reduction of morbidity.

Aim
The aim of this study was to analyze the characteristics, indications, and histopathological outcomes of minor surgical procedures performed under local anesthesia in an outpatient surgical clinic.

Methods
A prospective cross-sectional study was conducted at the Department of Surgery, University Hospital Centre Split. The study included patients who underwent minor surgical procedures under local anesthesia in the outpatient clinic over a three-month period (January–March 2025). Data were collected from the Hospital Information System and included demographic characteristics, anticoagulant therapy use, allergies to local anesthetics, surgical indications, types of procedures, and histopathological findings. Descriptive statistical analysis was applied, with results presented as absolute numbers, percentages, mean values, and standard deviations. A total of 906 patients were included, and 734 excised specimens were submitted for histopathological analysis.

Results
The study included 906 patients, with a predominance of females (58%). The mean age was 51 years, with most patients in the 41–50 age group. Anticoagulant therapy was recorded in 3.3% of patients, while no allergies to local anesthetics or anesthesia-related complications were observed. The most common indication for surgery was excision of pigmented nevi (51.2%), followed by atheromas (28.1%), lipomas (8.2%), fibromas (5.3%), and ingrown toenails (4.4%). Other procedures, including hemangioma excision, wart removal, biopsies, and foreign body extraction, accounted for less than 1% each. Histopathological analysis showed that most lesions were benign. However, a clinically relevant proportion of malignant lesions was identified. Basal cell carcinoma was the most frequently diagnosed malignancy, while squamous cell carcinoma and malignant melanoma were detected less often, underscoring the importance of routine histopathological examination.

Conclusion
Minor surgical procedures under local anesthesia are safe, efficient, and essential in outpatient care. The high proportion of pigmented lesions and the presence of skin malignancies emphasize the need for early detection, timely excision, and systematic histopathological evaluation. Regular analysis of outpatient surgical activity supports preventive strategies and improves overall quality of care.

Feasibility of Day Surgery of Varicose Veins in the Lower Extremities of Chinese patients with high CEAP classification

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Introduction

The more severe the varicose veins in a patient's lower extremities, the higher the corresponding CEAP classification. The severe varicose veins have negative impact on postoperative complication and efficacy. However, it remains unclear whether they are suitable candidates for the day surgery.

Aim

The aim of this study is to investigate the feasibility of day surgery for Chinese patients with high CEAP classification.

Methods

A prospective cohort study was conducted with data from a public hospital located in Xian, China. Consecutive patients who underwent radiofrequency and laser ablation between September 2025 and December 2025 were included. The patients were divided into two groups by CEAP classification, high CEAP classification (C4, C5, C6) and low CEAP classification (C2, C3). The age, gender, BMI, preoperative and postoperative VCSS score (1 month), postoperative complications and total hospitalization cost were documented.

Results

A total of 99 consecutive patients were included, undergoing radiofrequency (51/99) and laser ablation (48/99). There are 57 male and 42 female and all of them underwent great saphenous vein trunk ablation combined with small saphenous vein endovenous sclerotherapy. 23 patients had high CEAP classification and 76 patients had low CEAP classification. The mean age (57.39±13.06 vs 56.6±10.18, p = 0.32) and mean BMI (24.79±3.99 vs 24.3±3.06, p = 0.53) for high and low CEAP classification group were both not statistically significant difference. The average preoperative and postoperative VCSS score of high CEAP (8.87 vs 4.13, a drop of 4.74, p <.001) and low CEAP classification group (3.4 vs 2.62, a drop of 0.78, p ><.001) were both statistically significant difference. The complication of high (3 swelling, 13%) and low CEAP classification group (6 swelling, 1 superficial phlebitis,1 deep vein thrombosis, 1 nerve injury,11.8%) was not statistically significant difference (p = 0.7164). The total hospitalization cost of radiofrequency and laser ablation (15674.96 ± 3511.5 RMB vs 19663.04 ± 2361.7 RMB) was statistically significant difference (p ><.001).

Conclusion

Interventional varicose vein procedures are efficacy and safe for day surgery of Chinese patients with a high CEAP classification and radiofrequency ablation is a more cost saving therapy.

Transfer directly from the or to the Surgical Ward for hip and knee arthroplasty patients

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Introduction
Bypassing the post-anesthesia care unit (PACU), by transfer directly from the operating room (OR) to the surgical ward without routine observation in selected, healthy (ASA I-II) patients undergoing elective hip or knee arthroplasty under spinal anesthesia, is scarcely described in the literature. However, this approach may increase PACU capacity and facilitate earlier mobilization and discharge.

Aim
To implement and evaluate the safety and effects of a procedure allowing elective hip and knee arthroplasty patients (ASA I–II) receiving spinal anesthesia to be transferred directly from the OR to the surgical ward.

Methods
This quality improvement study compared a prospective cohort of adult patients undergoing elective hip or knee arthroplasty in the fall of 2025 (ward group) with a historical cohort identified from electronic medical records from the fall of 2024 (PACU group). Patients were eligible for direct transfer from the OR to the ward if predefined clinical criteria were met. Data collected included baseline clinical characteristics, anesthesia type, same-day discharge, time to mobilization, reasons for deferring direct ward transfer, and adverse events.

Results
In 2025, 85% of 225 eligible patients (n=193) were transferred directly to the ward, Twelve percent were redirected to the PACU due to incomplete spinal block and conversion to general anesthesia (n=14), hemorrhage > 500 ml (n=5), other reasons (n=6), no reasons (n=7). Two patients experienced vasovagal reactions requiring the presence of an anesthesiologist but were managed in the ward. Comparing ward group to controls, median time before documented mobilization [AN1.1][KK1.2]in the ward group was 250 min (IQR 199–320) and 324 (IQR 244–444) in the PACU group (p=0.00). In addition, the total number of patients operated increased by 51% from 2024 to 2025 (208 and 314 patients respectively) and the proportion of patients discharged the same day increased from 27% to 35%, p=0.04

Conclusion
Implementation was successful, and the optimized patient pathway appears to be safe for this patient group. Transferring directly to the ward led to earlier mobilization [CN2.1][KK2.2]. Transferring directly to the ward may contribute to an increased rate of same day discharge.

Satisfied, but Silent? Patient Experiences of Accelerated Ambulatory Surgery in a Large Perioperative Care Unit

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Introduction

In Denmark, healthcare reorganization into larger hospitals and fewer inpatient beds has led to a substantial increase in ambulatory surgical pathways and demands for efficient resource utilization. Perioperative units with 24-hour capacity manage both elective and acute ambulatory surgical patients without admission. At our facility, patients have their preoperative assessments performed in specialty-related outpatient clinics or in the emergency department on the day of surgery. Continuity of care is supported through standardized pathways and documentation of individual needs in the electronic medical record. On the day of surgery, patients are admitted to the preoperative unit and prepared for discharge in the postoperative unit, an organizational model that may challenge continuity of care and person-centered nursing.

Aim

To explore patients' experiences of same-day surgical pathways in which preparation and discharge occur in different perioperative units.

Methods

A qualitative study using semi-structured interviews was conducted with seven patients undergoing ambulatory surgery in the Perioperative Care Unit at Gødstrup Hospital. Participants were strategically selected to achieve maximum variation. Data were analyzed using a hermeneutic-phenomenological approach inspired by Paul Ricoeur. Based on the qualitative findings, a questionnaire will be developed, pilot tested and distributed to approximately 100–150 ambulatory surgical patients to further examine and quantify key themes.

Results

Participants represented both sexes, a range of ages, different surgical specialties, and planned and acute procedures. Preliminary findings indicate overall satisfaction with perioperative care, with patients describing coherent care and consistent information across their hospital trajectory. Despite this, limited recall of postoperative information—particularly regarding pain and bowel management—was reported. Patients' prior experiences influenced expectations and coping strategies, and some described adapting to organizational constraints by minimizing their own needs. Results from the questionnaire are expected to complement and quantify these findings and will be presented at the conference.

Conclusion

Patients experienced accelerated ambulatory surgery as coherent and satisfactory overall. However, limited information recall and adaptive behaviors—such as minimizing personal needs—highlight areas for improvement in highly standardized pathways. These findings emphasize the importance of targeted nursing interventions to support patient involvement, information retention, and care transitions in ambulatory perioperative care.

Public Perceptions of Ambulatory Surgery in Geneva, Switzerland

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Introduction
Outpatient surgery is rapidly expanding worldwide, but its adoption in Switzerland remains relatively limited due to several factors, including a strong tradition of hospitalization rooted in a culture of safety, trust, and comfort.

Aim
Explore the general population's perception of ambulatory surgery in the Canton of Geneva, Switzerland.

Methods
We analyzed data from a population-based study completed in March 2025. The questionnaire assessed general health and included specific questions about experiences and attitudes toward ambulatory surgery.

Results
Among 3,957 respondents (mean age 52.6 years; female (60%, n=2,346)), 40% (n=1,582) reported being fully comfortable with ambulatory surgery, while 60% (n=2,257) expressed moderate to significant concerns and preferred conventional hospitalization. Among those reluctant to ambulatory surgery, the most common concerns were potential complications (54%, n=1,246), insufficient medical monitoring at home (49%, n=1,139), and logistical challenges (27%, n=616). Additionally, 22% (n=508) expressed concerns about pain management, while only 4.0% (n=82) were worried about medication management errors. Women were significantly more reluctant to engage in ambulatory surgery, compared to men (adjusted OR=2.18, 95% CI: 1.90-2.49). Patients with poor mental health (adjusted OR=1.38, 95% CI: 1.11-1.72) and poor physical health (adjusted OR=1.31, 95% CI: 1.09-1.58) were significantly more likely to express negative attitudes toward ambulatory surgery. Conversely, participants with good or very good financial situations were less likely to have concerns (adjusted OR=0.80, 95% CI: 0.66-0.96) compared to those with average to poor finances. Prior experience with ambulatory surgery was associated with increased acceptance, rising from 40% among those without experience to 47% among those with previous exposure.

Conclusion
A significant proportion of the population in this cohort expressed hesitation toward ambulatory surgery. Targeted education may be necessary to improve public acceptance and support the ongoing development of ambulatory surgical care in Switzerland.

Unplanned Hospital Admission After Ambulatory Surgery in a Swiss Tertiary Care Center: a Prospective Clinical Audit

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Introduction
Ambulatory surgery is expanding in Switzerland. Unplanned hospital admission is a key quality indicator and an organizational challenge. Despite its importance, this outcome is inconsistently reported. Identifying factors associated with ambulatory surgery failure is essential to improve the safety, efficiency, and sustainability of care.

Aim
The primary objective was to determine the rate of unplanned hospitalization following ambulatory surgery. Secondary objectives were to describe failure of same-day discharge and to assess the 30-day hospital readmission rate.

Methods
We conducted a prospective clinical audit over six-month (March-September 2025). All patients scheduled for ambulatory surgery in a dedicated operating theater were included. Surgical specialties included visceral, proctological, urological, hand, foot, and knee procedures. Data were collected using a standardized form including demographic characteristics, surgical and anesthetic variables, and postoperative outcomes. Analyses were descriptive. Ethical committee review was requested but deemed unnecessary as the project qualified as a quality audit (Req-2025-00149).

Results
A total of 1,166 patients were included (age range 16-94 years; mean ± SD: 50.7 ± 16.9), of whom 664 (56.9%) were men. Most patients were classified as ASA physical status II (n= 747; 64.1%). Overall, 432 procedures (37.0%) were not included in the official Swiss mandatory ambulatory surgery list. Unplanned hospital admission occurred in 48 patients (4.0%; 95% CI: 0.03-0.05), with 29 cases (60.4%) following procedures outside the official list. Visceral (43.8%) and urological (33.3%) surgeries accounted for most admissions. General anesthesia was used in 93.8% of hospitalized patients. Median surgical duration was longer in patients requiring admission (72 [56-108] min) compared with those discharged the same day (39 [24-62] min). The 30-day readmission rate was 11% (n=125), mainly due to pain (n=34) or infectious complications (n=21). Four patients (0.3% of the total population) were readmitted within 24 hours. Patient satisfaction among discharged patients was high (mean ± SD: 9.2 ± 1.2 on a 10-point scale).

Conclusion
This audit demonstrated an ambulatory surgery failure rate of 4%. Unplanned admissions were precisely documented and followed longer procedures, general anesthesia, and deviation from ambulatory eligibility criteria. These findings support improved patient selection, strengthen adherence to ambulatory protocols, and the necessity of clear postoperative care pathways.

Standardizing Operating Room–to–Post-Anesthesia Care Unit Transport: A Quality Improvement Study

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Introduction
Transport from the operating room (OR) to the post-anesthesia care unit (PACU) represents a high-risk period in the perioperative pathway. Inadequate monitoring, incomplete handovers, and inconsistent transport practices may increase the risk of adverse events and compromise patient safety. Standardized, nursing-led quality improvement strategies during OR–PACU transport remain underreported.

Aim
This study aimed to evaluate the effect of a standardized nursing-led transport protocol on safety and process quality during OR–PACU transport.

Methods
A before-and-after quality improvement study was conducted in the operating room of a tertiary hospital. Adult surgical patients requiring OR–PACU transport were included. Baseline data were collected over a three-month pre-intervention period. The intervention consisted of a standardized OR–PACU transport protocol, including a transport safety checklist, defined nursing responsibilities, structured SBAR handover, and targeted staff training. Primary outcome measures included the incidence of transport-related adverse events. Secondary outcomes included transport checklist completion rate, handover information completeness, and transport duration. Data from the post-intervention period were compared with baseline using descriptive and comparative analyses.

Results
A total of 240 transports were analyzed (120 pre-intervention and 120 post-intervention). The incidence of transport-related adverse events decreased from 12.5% to 4.2% following implementation of the standardized protocol. Checklist completion increased from 38.3% to 92.5%, and complete handover documentation improved from 46.7% to 90.8%. Mean transport duration was reduced from 11.6 ± 3.2 minutes to 9.4 ± 2.5 minutes. Nursing staff reported improved confidence and perceived safety during patient transport.

Conclusion
Implementation of a standardized, nursing-led OR–PACU transport protocol significantly improved transport safety and process quality. This quality improvement initiative demonstrates a feasible and effective strategy to enhance perioperative patient safety and may be adaptable to other surgical settings.

Intelligent Changing-Room–Based Behavioral Management to Improve Operating Room Practice: A Nurse-Led Retrospective Study

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Introduction
Ensuring standardized professional behaviour in the operating room (OR), including attire compliance, access control, and time-related discipline, remains a persistent challenge in complex surgical environments. Conventional manual supervision is often resource-intensive and inconsistent, limiting its effectiveness in sustaining behavioural standardization. Intelligent systems integrated into perioperative processes may provide an alternative approach to support systematic behavioural management and governance.

Aim
To quantitatively evaluate the impact of a nurse-led intelligent changing-room–based behavioural management intervention on professional behaviour and operational performance in the operating room.

Methods
A retrospective before-and-after observational study was conducted in a tertiary hospital operating suite. An intelligent changing-room–based management system was implemented to regulate OR attire-changing procedures, access control, and time-related professional behaviours. Routinely collected operational data from the 12-month pre-implementation period were compared with those from a 12-month stable post-implementation period. Outcome measures included compliance rates with OR attire and access protocols, frequency of unauthorized access events, time-related behavioral indicators aligned with perioperative milestones, changing-process duration, and process time variability. Comparative statistical analyses were performed between study periods.

Results
A total of approximately 5000 OR access events were analysed across the study periods. Compliance with OR attire and access protocols increased from 82.4% in the pre-implementation period to 96.1% post-implementation ($p < 0.001$). The frequency of unauthorized access events decreased from 4.8 to 1.2 events per 1,000 access records, representing a reduction of approximately 75%. Time-related professional behaviours demonstrated significant improvement. The proportion of staff entering the OR later than scheduled perioperative milestones decreased from 18.6% to 6.9% ($p < 0.001$), indicating enhanced temporal discipline.
Workflow efficiency also improved. Mean changing-process duration was reduced from 4.6 ± 1.3 minutes to 3.1 ± 0.9 minutes ($p < 0.001$). In addition, variability in changing-process time decreased, with the coefficient of variation declining from 28% to 17%, suggesting improved process predictability during high-volume operating periods.
All observed improvements were sustained throughout the post-implementation observation phase.

Implementation and Effectiveness of an AI Large-Model–Based Full-Process Management System for Gynecologic Ambulatory Surgery

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Introduction

With an average annual growth rate of approximately 15% in gynecologic ambulatory surgery volume, traditional manpower-dependent care models face increasing challenges, including complex preoperative assessment workflows, rigid clinical pathways, and fragmented cross-departmental data systems. Perioperative patient education and postoperative follow-up remain difficult to implement at scale, adversely affecting patient safety and service experience. Existing hospital information systems are insufficient to support standardized and intelligent management, limiting the further development of ambulatory surgery services.

Aim

To develop and implement an AI large-model–based intelligent assistant system for full-process management of gynecologic ambulatory surgery, aiming to improve diagnostic and therapeutic standardization, optimize clinical workflows, enhance patient safety, and establish a scalable and reproducible management model for public hospitals.

Methods

The intelligent assistant system was developed using reinforcement learning and integrated retrieval-augmented generation with medical chain-of-thought reasoning. It supports full-process management, including preoperative assessment, surgical decision support, postoperative follow-up, and rehabilitation, with dynamic guideline retrieval and personalized recommendations. The system integrates hospital information, cloud platforms, and third-party data through standardized interfaces. Operational data from the 12 months before and after system implementation were collected and analyzed.

Results

After system implementation, clinical efficiency improved significantly, the time for clinical condition analysis decreased from 15 to 3 minutes, the generation of standardized treatment pathways was reduced to 30 seconds, and the management time for complex cases decreased by 30%. Medical quality and safety were concurrently enhanced, with guideline adherence increasing to 98% and postoperative complication rates decreasing by 15%. Regarding collaborative operations and patient services, multidisciplinary consultation efficiency improved by 40%, patient scheduling, surgical, and follow-up workflows were optimized, patient satisfaction reached 99%, and the completion rate of standardized postoperative follow-up reached 97%.

Conclusion

The AI large-model–based system effectively enables full-process intelligent management of gynecologic ambulatory surgery, enhancing clinical efficiency, quality, and patient safety. By optimizing resource utilization and standardizing care pathways, the system provides a scalable and reproducible solution for managing the rapid growth of ambulatory surgery services.

Effects of Immediate Postoperative Mobilization initiated in the Post-Anesthesia Care Unit on Postoperative Recovery: a Systematic Review and Meta-Analysis

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Introduction
Early mobilization is a central component of enhanced recovery after surgery (ERAS). While postoperative mobilization is traditionally initiated on surgical wards, increasing evidence suggests that initiating mobilization in the post-anesthesia care unit (PACU) may further accelerate functional recovery. However, the effectiveness and safety of PACU-initiated mobilization have not been comprehensively synthesized.

Aim
To systematically evaluate the feasibility, safety, and effectiveness of immediate postoperative mobilization initiated in the PACU and to quantitatively synthesize available evidence on selected recovery outcomes.

Methods
PubMed, Embase, Web of Science, and the Cochrane Library were searched from inception to December 2025. Randomized controlled trials and observational studies evaluating mobilization or structured physical activity initiated in the PACU or immediately after anesthesia emergence were included. Primary outcomes were length of hospital stay (LOS) and time to first ambulation. Secondary outcomes included postoperative complications and mobilization-related adverse events. Risk of bias was assessed using RoB 2.0 and ROBINS-I tools. Random-effects meta-analyses were conducted when outcomes were reported by at least two comparable studies.

Results
Fifteen studies involving approximately 1,120 patients met the inclusion criteria, including six randomized controlled trials and nine observational or feasibility studies across colorectal, thoracic, bariatric, and upper abdominal surgeries. Meta-analysis of four randomized trials demonstrated that PACU-initiated mobilization significantly reduced LOS compared with usual care (mean difference −1.2 days, 95% CI −1.9 to −0.5; I^2 = 46%). Three trials reporting time to first ambulation showed earlier mobilization in the intervention group (mean difference −6.4 hours, 95% CI −9.8 to −3.0; I^2 = 39%). No significant difference was observed in postoperative complications (risk ratio 0.96, 95% CI 0.78–1.18), and no mobilization-related serious adverse events were reported. Considerable clinical heterogeneity was noted in mobilization protocols and outcome definitions.

Conclusion
Immediate mobilization initiated in the PACU appears feasible and safe and may improve early postoperative recovery, particularly by reducing length of stay and accelerating ambulation. Although pooled estimates suggest beneficial effects, heterogeneity and limited high-quality evidence warrant cautious interpretation. Further standardized, adequately powered trials are required to define optimal PACU mobilization strategies and outcome measures.

Evaluation of the effect of ERAS combined with full-endoscopic spine ULBD surgery in the treatment of degenerative lumbar spinal stenosis in the Geriatric Patients

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Introduction
To investigate the perioperative management advantages and clinical efficacy of an enhanced recovery after surgery (ERAS) pathway in the geriatric patients undergoing full-endoscopic spine unilateral laminectomy for bilateral decompression (ULBD) surgery in the treatment of degenerative lumbar spinal stenosis.

Methods
A retrospective cohort study was conducted, enrolling 60 geriatric patients (age ≥ 60 years) with degenerative lumbar spinal stenosis who underwent full-endoscopic spine ULBD surgery at the First Hospital of Lanzhou University between May 2022 and December 2025. Patients were randomly assigned using a random number table to either the ERAS group (n = 30) or the traditional care group (n = 30). The ERAS group received a systematic intervention including tiered health education, NRS2002 nutritional assessment, multimodal analgesia, neuropsychological strategies, and early rehabilitation. The control group received standard perioperative management. Outcomes assessed included the Visual Analog Scale (VAS) scores (1 day preoperatively; 6, 24, 48, and 72 hours postoperatively), Oswestry Disability Index (ODI) and modified MacNab criteria (preoperatively; 1, 3, and 6 months postoperatively), Generalized Anxiety Disorder 7-item (GAD-7) scale scores (preoperatively; 1, 2, and 3 days postoperatively), time to first ambulation, length of hospital stay, hospital costs, complication rate, patient satisfaction, and 30-day readmission rate.

Results
Pain and Psychological Status: Baseline VAS and GAD-7 scores were comparable between the two groups preoperatively, with no statistically significant difference ($P>0.05$). Postoperatively, VAS and GAD-7 scores at all time points were significantly lower in the ERAS group compared to the traditional pathway group ($P<0.05$). Functional recovery: There were no statistically significant differences in postoperative ODI scores and modified MacNab criteria between the two groups during the follow-up period ($P> 0.05$). Perioperative Indicators: the ERAS group demonstrated significantly earlier time to first ambulation, a significantly shorter length of hospital stay, and a significant reduction in hospital costs, alongside significantly higher patient satisfaction ($P<0.05$). However, there were no significant differences in the incidence of complications, total hospital costs, and 30-day readmission rate between the two groups ($P > 0.05$).

Conclusion
The application of an ERAS pathway to full-endoscopic spine ULBD surgery effectively optimizes perioperative management. Through a combination of neuropsychological interventions and a multimodal analgesia strategy, the ERAS pathway significantly alleviates acute postoperative pain and anxiety, facilitates early functional recovery, and reduces the length of hospital stay without increasing the economic burden of care or surgical risk. This provides evidence-based support for the perioperative management of minimally invasive spinal surgery in geriatric patients.

Improving Patient Safety in Ambulatory Surgery: how an ABCDE-based tool enhances clinical observation and timely intervention

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Introduction

Ambulatory surgery increasingly involves complex procedures, and patients are often older with multiple comorbidities. This development increased responsibilities on post-anesthesia care nurses, particularly regarding systematic observation and timely detection of clinical complication. In ambulatory surgical units with short patient stays, structured tools are essential. The ABCDE approach (Airway, Breathing, Circulation, Disability, and Exposure) is internationally recognized for guiding systematic patient assessment. Newly employed nurses or those without prior outpatient recovery experience frequently face challenges in performing structured evaluations, which may delay interventions and compromise patient safety.

Aim

To explore how a developed ABCDE- based competency assessment tool for ambulatory surgical recovery supports nurses in systematic observation and timely intervention.

Methods

This quality improvement study was conducted in an ambulatory surgical recovery setting. A competency-based ABCDE assessment tool was developed specifically for ambulatory surgical recovery, adapted from the internationally recognized ABCDE algorithm, and implemented through a structured educational program including theoretical instruction, simulation training, and reflection on clinical patient cases. Nurses' experiences and perceived learning outcomes related to the use of the tool were evaluated using a questionnaire survey

Results

Preliminary findings from the questionnaire indicate that the ABCDE- based assessment tool increased nurses' perceived confidence, clinical decision- making, and ability to prioritize nursing interventions during ambulatory surgical recovery. The tool supported systematic patient assessment, reduced perceived stress, and decreased the risk of overlooking vital parameters. Nurses reported that the tool complemented their clinical judgment and had the greatest impact when combined structured training that strengthens decisiveness and critical reflection

Conclusion

Developing and implementing an ABCDE – based assessment tool in ambulatory surgery units strengthened nursing competencies, promoted early identification of complications, and improved patient safety. This structured approach aligns with international perioperative care standards and appears to offer a scalable model for enhancing competence development and clinical practice in ambulatory surgery.

The Impact of Body Mass Index on Surgical Efficiency and Perioperative Recovery in Gynecologic Day Case Laparoscopic Surgery: A Prospective Observational Study

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Introduction
Laparoscopic surgery is the cornerstone of gynecologic day-case procedures. The continuously increasing incidence of obesity poses challenges to the implementation of day surgery. The traditional view holds that a higher body mass index (BMI) may affect the efficiency of surgical operations, delay postoperative recovery, and potentially pose a threat to the goal of being discharged on the same day.

Aim
This study aimed to prospectively evaluate the dual impact of BMI on both surgical efficiency and early recovery outcomes within a dedicated day-case surgery pathway.

Methods
A single-center, prospective, observational cohort study was conducted. Consecutive patients scheduled for gynecologic day-case laparoscopic surgery were enrolled and stratified into four BMI groups: underweight, normal weight, overweight, and obese. The primary outcomes were surgical efficiency metrics (operative time, estimated blood loss). Secondary outcomes included recovery quality metrics (time to first ambulation, time to first flatus). Analysis of Covariance (ANCOVA) was employed to assess the independent effect of BMI group on each outcome, adjusting for age, pelvic adhesions, surgeon, number of auxiliary ports, and primary procedure.

Results
Among 485 patients analyzed, BMI group demonstrated no statistically significant independent association with any measured outcome after adjusting for covariates (all $p > 0.05$). Specifically, the main effect of BMI was non-significant for operative time ($p=0.659$), estimated blood loss ($p=0.471$), time to first ambulation ($p=0.550$), and time to first flatus ($p=0.402$). In contrast, older age and a greater number of auxiliary ports (a proxy for complexity) were consistently significant predictors of longer operative time and delayed gastrointestinal recovery.

Conclusion
In a structured gynecologic day-case laparoscopic surgery setting, patient BMI category was not an independent determinant of surgical efficiency or early postoperative recovery milestones. These findings challenge the notion that elevated BMI inherently impedes day-case surgery success. Perioperative management should prioritize optimizing surgical technique and addressing specific factors like patient age and procedural complexity, rather than BMI-based patient selection.

Major ambulatory surgery in patients with proctological procedures

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Introduction

Proctologic disease accounts for a large proportion of elective surgical pathology. As these are generally short procedures, outpatient management facilitates ambulatory management.

Aim

To report the outcomes of outpatient management of proctologic surgical disease.

Methods

A retrospective study of patients who underwent proctologic procedures in 2024. Those who required hospital admission were excluded.

Results

A total of 122 patients underwent proctologic procedures. Two patients (1.64%) were excluded as they were scheduled for inpatient surgery. Of the 120 patients who underwent outpatient proctologic surgery (98.36% of all procedures), 92 patients (76.66%) were scheduled in the morning and 28 (23.33%) in the afternoon. The mean patient age was 52.3 years. Seventy-three patients (60.83%) were male. Most patients were classified as ASA II (68 patients, 56.66%), followed by ASA III (31 patients, 25.83%). The mean body mass index was 28.22 kg/m^2. Seven patients (5.83%) were receiving anticoagulant therapy. In only one case patient needs support from a hospital-at-home unit.

The most frequently performed procedures were anal fistula surgery (40%), hemorrhoidal disease (25%), and anal fissures (20%). In 19 anal fistulas (39.58%), loose draining setons were placed, and in 16 cases (33.33%) definitive treatment with plasma energy was performed. Regarding hemorrhoidectomy, two hemorrhoidal bundles were excised in 43.33% of cases (13 patients), one bundle in 30%, and three bundles in 26.67%.

With respect to anesthesia, the most commonly used technique was spinal anesthesia, performed in 86 patients (71.67%). The most frequently used agent was hyperbaric bupivacaine (56 procedures, 65.12%), followed by prilocaine (26 procedures, 30.23%). Local anesthesia with sedation was used in 22 procedures (18.33%), and general anesthesia in 12 cases (10%). There were no unplanned admissions, and all patients were discharged on the same day. Two patients (1.67%) required evaluation in the emergency department within the first 30 days, and only one required hospital admission due to a Clavien–Dindo grade II complication.

Conclusion

Outpatient proctologic surgery in a major ambulatory surgery setting is safe and associated with a high success rate. Few patients require emergency department reassessment, and 30-day postoperative complications are infrequent.

Optimization Application of ERAS Concept in Laparoscopic Hepatectomy and Analysis of Its Prognostic Impact

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Introduction
This study focused on 126 patients undergoing laparoscopic hepatectomy at The First Hospital of Lanzhou University, comparing the efficacy of an optimized ERAS protocol with traditional perioperative management. The optimized ERAS regimen included preoperative multidisciplinary evaluation, shortened fasting and water deprivation periods, intraoperative precise anesthesia and heat preservation, as well as postoperative early analgesia and mobilization. Results showed that it significantly shortened patients' postoperative flatus time, feeding time and hospital stay, reduced the incidence of complications, and improved the quality of life 3 months after surgery without increasing surgical risks, providing strong evidence for clinical promotion.

Aim
To explore the optimized application scheme of the Enhanced Recovery After Surgery (ERAS) concept in laparoscopic hepatectomy, and analyze its impact on patients' postoperative prognosis, so as to provide evidence-based medical basis for clinical treatment.

Methods
A retrospective analysis was conducted on the clinical data of 126 patients who underwent laparoscopic hepatectomy at the First Hospital of Lanzhou University from January 2023 to December 2024. They were divided into an observation group (63 cases, adopting the optimized ERAS scheme) and a control group (63 cases, adopting the traditional perioperative management scheme) according to the perioperative management plan. The optimized ERAS scheme included preoperative multidisciplinary evaluation and health education, preoperative fasting for 6 hours and water deprivation for 2 hours combined with carbohydrate loading, intraoperative precise anesthesia control and heat preservation measures, postoperative early analgesia (multimodal analgesia), early ambulation and individualized nutritional support. The control group received traditional perioperative management, including preoperative fasting for 12 hours and water deprivation for 6 hours, routine anesthesia, postoperative on-demand analgesia and bed rest. The surgical-related indicators (operation time, intraoperative blood loss), postoperative recovery indicators (first flatus time, first feeding time, length of hospital stay), postoperative complication rate (incision infection, pulmonary infection, biliary leakage, peritoneal effusion, etc.) and 3-month postoperative quality of life score (SF-36 scale) were compared between the two groups.

Results
There were no statistically significant differences in baseline data (age, gender, liver function classification, tumor size and location, etc.) between the two groups (P>0.05), indicating comparability. The first flatus time [(28.6±6.3) h vs (42.8±8.5) h], first feeding time [(24.2±5.7) h vs (36.5±7.2) h] and length of hospital stay [(7.5±2.1) d vs (11.3±3.4) d] in the observation group were significantly shorter than those in the control group, with statistically significant differences (P<0.05). There were no statistically significant differences in operation time [(135.4±32.6) min vs (142.7±35.1) min] and intraoperative blood loss [(185.6±68.3) ml vs (201.3±72.5) ml] between the two groups (P>0.05). The postoperative complication rate of the observation group was 6.35% (4/63), which was significantly lower than 19.05% (12/63) of the control group, with a statistically significant difference (P<0.05). Among them, the incidence rates of incision infection and pulmonary infection in the observation group were lower than those in the control group. Three months after operation, the scores of all dimensions of the SF-36 scale (physical function, role-physical, bodily pain, general health status, etc.) in the observation group were significantly higher than those in the control group, with statistically significant differences (P><0.05).

Conclusion
The optimized application of the ERAS concept in laparoscopic hepatectomy can effectively accelerate the recovery of patients' postoperative gastrointestinal function, shorten the length of hospital stay, reduce the incidence of postoperative complications, improve the long-term quality of life of patients without increasing surgical-related risks, and has high clinical promotion value.

Beyond a Single Incision: Does Dual-Port Laparoscopy Offer Superior Efficiency and Ergonomics in Myomectomy?

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Introduction
Single-incision laparoscopic surgery (SILS) represents an important step forward in minimally invasive myomectomy, offering the potential for improved cosmesis and fewer port-related complications. However, this approach is technically challenging due to instrument crowding, loss of surgical triangulation, and increased ergonomic strain, which can prolong operative time and steepen the learning curve. To address these limitations, dual-port laparoscopic surgery has been introduced as a modified technique. By adding a 5mm auxiliary port (typically at the lower left or right abdominal quadrant), it retains the cosmetic benefits of SILS while improving instrument maneuverability and surgical precision through restored triangulation. Despite growing clinical interest, comparative studies evaluating these two techniques specifically for solitary uterine fibroids remain scarce.

Aim
This study aimed to compare the perioperative outcomes, cosmetic satisfaction, and surgeon fatigue between SILS and dual-port laparoscopic myomectomy in patients with solitary uterine fibroids.

Methods
This retrospective observational study analyzed 240 patients who underwent laparoscopic myomectomy for solitary fibroids at a single tertiary medical center between January 2024 and November 2025. Participants were divided into two cohorts: a single-incision laparoscopic surgery (SILS) group (n = 130) and a dual-port laparoscopic group (n = 110). Perioperative outcomes, including operative time, intraoperative blood loss, length of hospital stay, patient-reported scar satisfaction (10-point scale, 1=most satisfied), and surgeon-rated fatigue (5-point scale, 1=least fatigued) were compared between groups.

Results
The dual-port group showed significantly shorter operative time (1.64±0.45 vs. 1.83±0.57 h, P<0.05) and lower intraoperative blood loss (48.1±42.9 vs. 73.2±81.1 mL, P><0.05). For fibroids ≥8 cm, differences were more pronounced (operative time: 1.75±0.48 vs. 2.13±0.41 h; intraoperative blood loss: 60.4±57.6 vs. 125.3±102.6 mL; both P><0.05). Hospital stay was comparable (1.02±0.13 vs. 1.03±0.21 days, P>0.05). The dual-port group had higher scar satisfaction (2.0 vs. 7.5, P<0.05) and lower surgeon fatigue (2 vs. 3, P><0.05).

Conclusion
Dual-port laparoscopic myomectomy is a feasible and potentially more effective alternative to single-incision surgery. It delivers shorter operative time, reduced blood loss, higher scar satisfaction, and lower surgeon fatigue — without increasing hospital stay — especially for leiomyomas ≥8 cm. Individualized surgical planning remains essential to optimize outcomes in minimally invasive myomectomy.

Multicenter Study on the Optimization of Day Surgery Procedures and mid- to long-term Efficacy of Robot-Assisted Minimally Invasive Total Knee/Hip Arthroplasty

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Introduction
The clinical demand for joint replacement surgery is increasing. While the outpatient surgery model offers significant advantages, its processes still need optimization. Robot-assisted minimally invasive technology supports the improvement of surgical safety and efficiency. This study explores the application value and medium- to long-term efficacy of optimized processes through a multicenter controlled trial.

Aim
To optimize the day surgery process of robot-assisted minimally invasive total knee arthroplasty (TKA) and total hip arthroplasty (THA), and to verify their safety, efficacy, and medium- and long-term clinical efficacy.

Methods
A total of 682 patients who underwent robot-assisted minimally invasive TKA/THA from 8 tertiary hospitals in the province from January 2020 to June 2022 were enrolled, and were divided into optimized day surgery group (345 cases, 189 cases TKA, 156 cases) and traditional inpatient surgery group (337 cases, 182 cases TKA, 155 cases THA) according to the operation mode. The day group adopted the optimization process of "preoperative precise assessment-robotic minimally invasive operation-ERAS multimodal analgesia-closed-loop management of discharge", while the control group adopted the routine inpatient diagnosis and treatment process. The follow-up was 24 months, and the perioperative indexes, complication rate, joint function score and readmission rate were compared between the two groups.

Results
There was no significant difference in the mean operation time (TKA 82.3±11.5 min, THA 76.8±9.7 min) between the day group and the control group (P>0.05), but the intraoperative blood loss (TKA 85.6±20.3 ml, THA 92.4±22.1 ml) was significantly lower than that in the control group (P<0.01), and the average hospital stay time (12.8±3.5h vs 4.2±1.3d) and the time to get out of bed after operation (6.2±1.8h vs 24.5±5.7h) were significantly shortened (P). ><0.01.The total incidence of complications at 24 months after surgery in the day group was 2.3% (8/345), which was significantly lower than that in the control group (6.8% (23/337) (P><0.05), mainly incisional exudate (1.2%), transient joint swelling (1.1%), and no serious thrombosis or infection events. There was no significant difference in KSS knee score (TKA: 89.6±4.2 vs 88.3±4.7) and Harris hip score (THA: 90.2±3.8 vs 89.5±4.1) at 24 months after surgery (P>0.05), and the readmission rate was 1.5% (5/345) in the day group and 1.8% (6/337) (P> in the control group 0.05.

Conclusion
The optimized robot-assisted minimally invasive TKA/THA day surgery process is safe and feasible, can reduce intraoperative bleeding, shorten the hospitalization period, and the medium and long-term efficacy is comparable to that of traditional inpatient surgery, which provides an evidence-based basis for the standardized promotion of joint replacement day surgery.

To evaluate the effect of Cox interaction model of health behavior on improving exercise fear and rehabilitation exercise compliance of patients after percutaneous vertebroplasty

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Introduction
Exercise fear is common in patients after percutaneous vertebroplasty (PKP), which seriously affects their rehabilitation exercise compliance and quality of life. The traditional nursing model is not targeted enough. Cox interaction model of health behavior (IM-CHB) emphasizes the nurse-patient interaction system to improve patients' health behavior. Therefore, this study explores the intervention effect of IM-CHB model in reducing exercise fear and improving rehabilitation exercise compliance of patients, in order to provide an effective basis for clinical practice.

Aim
To evaluate the effect of Cox Interaction Model of Client Health Behavior (IM-CHB) on the psychology and behavior of patients after percutaneous vertebral balloon dilatation. To reduce the exercise fear of patients after percutaneous vertebral balloon dilatation, improve the compliance of rehabilitation exercise, and provide the basis for clinical nursing intervention and practice.

Methods
From January 2025 to October 2025, 130 patients after percutaneous vertebral balloon dilatation in a Class iii Grade A hospital in Lanzhou were selected and divided into the observation group (nursing intervention based on Cox's interaction model of health behavior, n=65) and the control group (routine nursing, n=65) according to the random number table method. The postoperative exercise fear (exercise Fear Scale) and rehabilitation exercise compliance (Rehabilitation exercise Compliance Scale) were compared between the two groups.

Results
After the intervention, compared with the control group, the exercise fear score of the observation group was lower, and the rehabilitation exercise compliance score of the patients was higher, and the differences were statistically significant ($P<0.05$).

Conclusion
The implementation of nursing intervention based on Cox interaction model of health behaviour in patients after percutaneous vertebral balloon dilatation can reduce the fear of exercise of patients, improve their compliance with rehabilitation exercise and improve their quality of life.

Transabdominal Resection of giant multiple Fibroids in Day Surgery Mode: A case report

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Introduction
Uterine leiomyomas represent common benign gynecologic neoplasms, and the management of giant multiple uterine leiomyomas poses considerable challenges to perioperative management. The enhanced recovery after surgery (ERAS) based ambulatory surgery model is typically indicated for minimally invasive procedures such as hysteroscopy and laparoscopy, yet its application in open abdominal surgeries remains sparsely documented. This case report summarizes and discusses the feasibility and perioperative management nuances of implementing this surgical paradigm in open resection of giant multiple uterine leiomyomas.

Aim
To explore the feasibility and safety of ERAS-guided day surgery for abdominal resection of giant multiple uterine leiomyomas in gynecological day surgery departments with comprehensive workflows,so as to provide a novel perioperative management protocol for patients with giant uterine leiomyomas .

Methods
A 40-year-old female with giant multiple uterine leiomyomas (three tumors all >9 cm, total weight 4750 g) meeting ambulatory surgery eligibility criteria underwent day-case abdominal myomectomy. This report complies with the CARE Guidelines, with patient informed consent obtained. Preoperative assessment included gynecological exam, transabdominal color Doppler ultrasound, routine preoperative workup, and plus preoperative counseling. Perioperative management adhered to ERAS principles: optimized preoperative preparation, intraoperative precise manipulation, targeted anesthesia, multimodal analgesia, early urinary catheter removal, early voluntary oral intake, and early ambulation. Discharge was evaluated via the Post-Anesthesia Discharge Scoring (PADS) scale, followed by long-term postoperative follow-up—WeChat follow-ups on days 1, 3, 8, 15 and outpatient visits at 1 week, 1 month, 3 months postoperatively—to assess recovery.

Results
The operation lasted 2 hours and 25 minutes, with an intraoperative blood loss of 400 milliliters. The patient achieved independent oral intake 2 hours postoperatively unobstructed micturition after urinary catheter removal, and flatus passage 5 hours postoperatively. She met the discharge criteria PADS scale score ≥ 9 within 24 hours after surgery. Follow-up demonstrated uneventfulry without complications; a 1-month ultrasound examination confirmed satisfactory uterine healing.

Conclusion
ERAS-guided day surgery for abdominal resection of giant multiple uterine leiomyomas is feasible and safe with meticulous perioperative management, facilitating rapid recovery, shortened hospital stay, and favorable outcomes. However, case reports yield low-level evidence in evidence-based medicine, necessitating additional studies to validate this approach.

Precision Monitoring of Post-discharge Complications in Ambulatory Breast Lesion Resection Surgery Based on a Digital Follow-up Platform: A Randomized Controlled Trial

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Introduction
Ambulatory breast lesion resection surgery is widely used due to its minimal invasiveness and rapid recovery. However, post-discharge complications such as bleeding and infection have an insidious onset, and traditional follow-up models are associated with delayed response and missed diagnosis risks.

Aim
This study aimed to explore the application effect of a digital follow-up platform in the precision monitoring of post-discharge complications among patients undergoing ambulatory breast lesion resection, clarify its impact on the timeliness of complication detection, intervention promptness, and unplanned readmission rate, and provide evidence-based basis for optimizing post-discharge management strategies of ambulatory surgery.

Methods
A total of 240 patients who underwent ambulatory breast lesion resection in our hospital from March to December 2025 were selected and divided into the observation group (n=120) and the control group (n=120) using a random number table method. The control group received routine telephone follow-up at 24h and 72h postoperatively plus outpatient re-examination at 7 days postoperatively. The observation group carried out intelligent symptom assessment, real-time vital sign upload, automatic early warning of abnormal indicators and online medical staff response relying on the digital follow-up platform. The time and rate of complication detection, intervention initiation time, unplanned readmission rate, and patient satisfaction were compared between the two groups.

Results
The observation group had significantly shorter average detection time [(4.8±1.5)h vs (18.6±3.2)h, $p<0.001$], higher detection rate (12.5% vs 6.7%, $p><0.05$), shorter intervention time [(1.2±0.4)h vs (6.5±1.8)h, $p><0.001$], lower unplanned readmission rate (2.5% vs 8.3%, $p><0.05$), and higher satisfaction [(96.8±2.1) vs (88.5±3.6), $p><0.001$].

Conclusion
The digital follow-up platform can achieve early identification and precision monitoring of post-discharge complications in patients undergoing ambulatory breast lesion resection, significantly shorten the time to detection and intervention, improve the complication detection rate, reduce the risk of unplanned readmission, and enhance the patient's medical experience. This digital management model provides an efficient solution for the post-discharge safety guarantee of ambulatory surgery and has important clinical promotion value.

Cost-Effectiveness of WALANT in Arthroscopic Meniscal Surgery

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Introduction
Arthroscopic meniscal surgery is routinely performed under general or neuraxial anesthesia. While effective, these anesthetic approaches are associated with increased perioperative complexity, delayed postoperative recovery, and higher healthcare costs. Wide-Awake Local Anesthesia No Tourniquet (WALANT) has been successfully applied in upper-limb surgery, demonstrating favorable cost-effectiveness, safety, and patient satisfaction; however, its role in arthroscopic meniscal surgery remains unclear.

Aim
To compare the safety, clinical outcomes, and cost-effectiveness of WALANT versus general anesthesia in arthroscopic meniscal surgery of the knee.

Methods
A retrospective comparative study included 46 patients undergoing arthroscopic meniscal surgery between February and October 2025. Patients were assigned to a WALANT group (n = 23) or a general anesthesia group (n = 23). Procedures included both meniscal repair and partial meniscectomy in both groups. Patients were allocated to WALANT based on routine clinical assessment and patient preference. Outcomes included operative time, postoperative pain assessed by the visual analog scale (VAS), length of hospital stay, anesthesia-related costs, total hospitalization costs, postoperative complications, and patient satisfaction.

Results
Baseline characteristics, operative time, and complication rates were comparable between groups. The WALANT group demonstrated lower VAS scores within the first 2 postoperative hours, with no difference at 24 hours, and a shorter hospital stay. Anesthesia-related costs accounted for 15.6% of total costs in the general anesthesia group versus 0.7% in the WALANT group, contributing to lower overall hospitalization costs. No major anesthesia-related adverse events were observed. One early conversion during the learning phase and one later conversion due to individual variability occurred and were excluded from analysis. Patient satisfaction was slightly higher in the WALANT group, particularly regarding early postoperative recovery.

Conclusion
WALANT is associated with clinical outcomes comparable to general anesthesia in arthroscopic meniscal surgery while reducing the relative economic burden of anesthesia and shortening hospital stay. Although a small proportion of patients may exhibit intolerance under WALANT, such limitations appear related to learning curve effects and individual variability and may be mitigated through protocol optimization. These findings suggest that WALANT may represent a feasible anesthetic option for arthroscopic meniscal surgery of the knee within an ambulatory setting.

Redefining Anesthesia in Arthroscopic Meniscal Repair: The SALANT Model for Precision and Patient-Centered Care

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Introduction

The Wide-Awake Local Anesthesia No Tourniquet (WALANT) technique, pioneered by Donald Lalonde, is widely recognized and has been increasingly adopted in orthopedic surgery and is associated with favorable cost-effectiveness, safety, and patient satisfaction. Exploratory use of WALANT in arthroscopic meniscal surgery, including meniscal repair, has confirmed technical feasibility but also revealed limitations related to the fully awake state. These include positional intolerance, patient anxiety, insufficient limb relaxation, and the need for supplemental local anesthesia during meniscal repair. To address these challenges, we evolved WALANT into a refined strategy—Selective Awake Local Anesthesia No Tourniquet (SALANT)—tailored to the specific demands of arthroscopic meniscal repair.

Aim

To evaluate the feasibility and early clinical outcomes of SALANT as an evolved anesthesia strategy for arthroscopic meniscal repair within an Enhanced Recovery After Surgery (ERAS) framework.

Methods

Fifteen consecutive patients undergoing arthroscopic meniscal repair were prospectively enrolled. SALANT combined WALANT-based local anesthesia with low-dose, titratable dexmedetomidine to provide selective, physiologic sedation while preserving patient responsiveness and on-demand arousability. Light adjunctive sedation or analgesia was administered when required. Outcome measures included intraoperative pain assessed by the visual analog scale (VAS), operative duration, need for anesthesia conversion, postoperative pain, knee-specific function evaluated using the Knee Injury and Osteoarthritis Outcome Score (KOOS), and immediate postoperative recovery.

Results

All planned procedures were completed successfully under SALANT without tourniquet use or conversion to general anesthesia. The mean operative time was 45 minutes. Intraoperative VAS scores were consistently 0 across all patients, who demonstrated immediate active knee motion postoperatively. KOOS subscale scores showed significant improvement at both 1-week and 1-month follow-up ($p < 0.05$). Surgeons reported improved limb relaxation and smoother operative flow compared with fully awake WALANT practice.

Conclusion

The SALANT model represents a safe and feasible patient-centered anesthetic strategy for arthroscopic meniscal repair. It provides effective intraoperative analgesia, eliminates tourniquet use, enables immediate mobilization, and aligns with ERAS principles. These preliminary findings support further evaluation of SALANT as a feasible anesthesia strategy within ambulatory surgery pathways and support further evaluation in larger, comparative studies.

FEELING COLD BEFORE SURGERY? INCIDENCE OF PREOPERATIVE BODY TEMPERATURE DROP IN AMBULATORY SURGICAL PATIENTS

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Introduction

Hypothermia is a common postoperative complication that can significantly impact patient outcomes, e.g. increase the risk of infections, bleeding tendencies, shivering, and cardiac complications. As such, preventing hypothermia is a crucial nursing responsibility. In our own clinical experience, we have frequently felt cold despite wearing multiple layers of clothing and staying active in our work. Meanwhile patients are waiting in thin clothes and some of them for several hours. Studies show that patients may not always express how they feel, fearing they might be a bother to the healthcare staff. Additionally, research suggests that shivering and the sensation of being cold can be perceived as more distressing than pain itself.

Aim

The objective of this study was to evaluate the prevalence of preoperative hypothermia among elective ambulatory patients and assess whether they experience sensations of cold.

Methods

This study was a point-prevalence study. We included all adult same-day surgical patients scheduled for general or regional anaesthesia for three days. Body temperature measurements were obtained at two distinct time points: upon arrival at the perioperative unit and upon entering the operating room. When entering the operating room, the patients were also asked if they felt cold. These temperature readings and patients' answers were subsequently compared to waiting time, body mass index (BMI), ASA group, sex and degree of clothing. Hypothermia was defined as body temperature <36 degrees Celsius. All data were entered into the Redcap database and presented with descriptive statistics to describe patients prone to hypothermia.

Results

The preliminary results included 40 patients, comprising 20 women and 20 men, aged between 21 and 90 years. Thirty-eight percent experienced a drop in body temperature from the moment they arrived and changed clothes to the time they entered the operating room. No patients had hypothermia when entering the operating room, but 50% of the patients reported feeling cold while waiting for the operation.

Conclusion

Although preoperative hypothermia was not encountered, body temperature drop and feeling cold was common. Preoperative nursing measures should preserve body temperature to ensure comfort and prevent additional surgical stress. Final results will be presented at the conference.

Outpatient Migration and Advancement in Robotic-Assisted Surgery: Key Themes for Successful Implementation across Three Health Systems

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Introduction

Globally, hospital systems face increasing constraints with limited resources, variability in surgical demand, workforce shortages, and the ongoing shift of inpatient to outpatient care. Ambulatory and day-case surgery wards offer opportunities to triage lower-acuity procedures to outpatient sites of care without sacrificing quality or safety. Minimally Invasive Surgery (MIS) has demonstrated clinical and economic value through improved patient outcomes and reduced total costs of care. Robotic-assisted surgery (RAS) may further accelerate outpatient migration by improving surgical precision, consistency of MIS completion, and workflow efficiency; however, significant implementation barriers are present in the outpatient setting.

Aim

This study aims to identify common barriers and facilitators associated with implementation of a RAS soft tissue program across three diverse outpatient and day-case surgical settings.

Methods

A multi-site case study analysis was conducted across three health systems in different geographies -- Corewell Health (Grand Rapids, Michigan, USA), Community Health Network (Indianapolis, IN, USA) and Portsmouth Hospitals University NHS Trust (Portsmouth, United Kingdom). Ambulatory Surgery Centers and Day-Case Units were included. Program overviews, operational models and implementation challenges were included via a mixed-methods approach to identify shared barriers, facilitators, and reproducible implementation lessons.

Results

Across the various health systems, outpatient and day-surgery RAS demonstrated shared implementation themes supporting sustainable and scalable programs. Structured patient selection, high collaboration with all care team members, standardized clinical pathways and leadership support were associated with increased access to MIS with optimized site of care strategy while maintaining clinical outcomes and economic viability. These findings help to support practical and efficient implementation of RAS to outpatient surgical care setting.

Conclusion

Despite implementation barriers, we present efficient solutions using three distinct outpatient migration case examples across geographically diverse hospital systems. We successfully captured key themes characterizing the value of robotics and innovative solutions in effective implementation. In efforts to improve access and patient outcomes, shorten hospital LOS, optimize site of care and ultimately reduce resource utilization we emphasize the importance of strong partnerships with key stakeholders as well as strategic planning efforts.

Pediatric Pilonidal Sinus: Laser Treatment as a practical option for Ambulatory Surgery

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Introduction
Pilonidal sinus is a common pathology in adolescents, often presenting with recurrent inflammation, discomfort and limitations in daily activities. Traditional surgical treatment is frequently associated with prolonged wound healing and a significant risk of recurrence. In recent years, minimally invasive approaches such as laser ablation have been introduced as tissue-sparing alternatives with the potential to reduce postoperative morbidity and recurrence. However, evidence regarding the feasibility of laser treatment for pediatric pilonidal sinus in an ambulatory surgery setting remains limited.

Aim
To evaluate the feasibility, safety and effectiveness of laser ablation for the treatment of pilonidal sinus in children in an ambulatory surgery setting.

Methods
A retrospective review was conducted including 14 pediatric patients treated with laser ablation for pilonidal sinus. Procedures were performed using a standardized minimally invasive laser technique under local anesthesia. Selected patients received additional sedation or general anesthesia according to age, anxiety level and clinical indication. Patients were managed according to ambulatory surgery protocols when appropriate. Operative time, discharge modality, postoperative pain, complications, recurrence and time to return to school were analyzed.

Results
All procedures were completed successfully without intraoperative complications, with a mean operative time of 44 minutes. Most procedures (77%) were managed as ambulatory surgery and no unplanned admissions occurred. Postoperative pain was minimal, with only one patient reporting a VAS score >3 at the one-week follow-up. Five patients developed minor complications, all managed conservatively without readmission or reoperation. Recurrence occurred in 28.5% of patients during the 6-month follow-up, without associated major complications, hospital readmission or need for urgent reoperation.

Conclusion
Laser ablation represents a practical and well-tolerated treatment option for pediatric pilonidal sinus in an ambulatory surgery setting, offering minimal postoperative pain and early return to normal activities. When managed according to standard ambulatory surgery protocols, reliable same-day discharge was achieved. Although recurrence was observed in a group of patients during follow-up, this occurred without significant morbidity, hospital admission or urgent reintervention. Given its tissue-sparing and repeatable nature, laser ablation may represent an acceptable therapeutic strategy within a staged and minimally invasive management approach. Further studies with larger cohorts are recommended to optimize technique and reduce recurrence rates.

The effect of penehyclidine hydrochloride on postoperative nausea and vomiting after ambulatory laparoscopic cholecystectomy: A retrospective study

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Introduction
The laparoscopic cholecystectomy (LC) under the ambulatory surgery mode requires patients to recover quickly. Postoperative nausea and vomiting (PONV) is a key obstacle hindering their early discharge, with an incidence rate as high as 30% to 60%. Pilocarpine hydrochloride, due to its properties of inhibiting gland secretion, central sedation, and low affinity for M2 receptors, shows good preventive effects on PONV in various surgeries. However, its application value in day LC still lacks sufficient evidence. This study aims to retrospectively evaluate the preventive effect of intraoperative application of pilocarpine hydrochloride on PONV in patients undergoing ambulatory LC, with the expectation of establishing a more effective management plan for PONV in ambulatory surgeries.

Aim
To investigate the effect of penehyclidine hydrochloride on postoperative nausea and vomiting in patients undergoing ambulatory laparoscopic cholecystectomy.

Methods
The medical records of patients who underwent laparoscopic cholecystectomy in the ambulatory surgery mode at the General Hospital of the Northern Theater Command from October 2024 to October 2025 were retrospectively collected. According to whether penehyclidine hydrochloride was used during the operation, the patients were divided into the study group (penehyclidine hydrochloride used during the operation group) and the control group (penehyclidine hydrochloride not used during the operation group). The general information, perioperative indicators, the overall incidence of PONV within 48 hours after surgery, the severity of PONV at different postoperative periods, the incidence of adverse reactions and patient satisfaction of the two groups of patients were compared.

Results
A total of 110 patients were included. Among them, there were 55 cases in the study group and 55 cases in the control group. Compared with the control group, the overall incidence of PONV within 48 hours after surgery in the study group (56.36% vs 34.55%; χ^2=5.28, P=0.022), the severity of PONV at 0-6 hours, 6-12 hours, and 12-24 hours after surgery ($P < 0.05$), and the usage rate of remedial antiemetic drugs (29.09% vs 10.91%; χ^2=5.68, P=0.017) were all decreased. The incidence of dry mouth in the study group (10.91% vs30.91%; χ^2=6.65, P=0.010) and patient satisfaction [75 (70,75) vs 85 (75,85) points; Z=-5.53, $P < 0.001$] were higher than those in the control group. There were no statistically significant differences between the two groups of patients in terms of general information, perioperative indicators other than remedial antiemetic drugs, the severity of PONV 24-48 hours after surgery, adverse reactions such as dizziness, drowsiness, blurred vision, urinary retention and pruritus ($P > 0.05$).

Conclusion
The intraoperative use of penehyclidine hydrochloride in patients undergoing laparoscopic cholecystectomy in the daytime mode can effectively reduce the incidence and severity of postoperative PONV. The overall safety is good and the patient satisfaction is high. It can be promoted and applied in the clinical anesthesia of ambulatory surgery.

Early recognitation of Postoperative Complications in Pedriatic Day Surgery

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Introduction
Pediatric one day surgery requires a high level of patient safety due to short postoperative observation and early discharge. In this process, nurses play a crucial role in the early recognition of postoperative complications and in making clinical decisions that directly influence child safety.

Aim
The goal of this paper is to highlight the importance of nursing clinical assessment in the one-day surgery unit as a fundamental role in early detection of postoperative complications in pediatric patients.

Methods
The paper describes the most common complications that may occur in the immediate postoperative period, including respiratory difficulties, bleeding, increased pain, nausea and vomiting, altered level of consciousness, allergic reactions and hydration problems. Special emphasis is placed on systematic nursing assessment through continuous monitoring of vital signs, evaluation of consciousness, pain assessment, surgical wound observation and overall behavior of the child.

Results
The importance of nursing experience and clinical judgment in recognizing subtle changes that may precede serious complications is emphasized. Timely nursing interventions allow for extended observation, additional diagnostic or medical treatment, thereby preventing adverse outcomes and potential rehospitalization.
An essential component of safe dischargement is nurse-led parent education. Parents are educated on how to recognize warning signs of complications at home, proper medication administration, pain management, wound care and actions to take emergency situations. Through this approach nursing care extends beyond the hospital setting and becomes a continuation of patient safety within the home environment.

Conclusion
In conclusion, early recognition of postoperative complications in pediatric one day surgery is strongly dependent on skilled and systematic nursing assessment. The nurse represents the final clinical safety checkpoint before discharge, making nursing practice a critical determinant of patient safety and quality of care. This highlights the nurse's role not only as a caregiver, but as an autonomous clinical professional that is responsible for protecting the child's health during the vulnerable postoperative period.

Application of Clinical Nursing Pathway based on the concept of accelerated rehabilitation surgery in patients with Liver Malignant Tumor after Interventional Therapy

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Introduction
Hepatocellular carcinoma is one of the most common malignant tumors globally, and interventional therapy has become a primary treatment modality for patients with unresectable HCC. However, postoperative complications and slow recovery remain key issues affecting patient prognosis and quality of life. The Enhanced Recovery After Surgery (ERAS) concept has shown promising results in optimizing perioperative management, but its systematic application and efficacy in nursing care specifically .

Aim
To observe the nursing efficacy of applying the nursing pathway combined with the Enhanced Recovery After Surgery (ERAS) concept after interventional therapy for hepatocellular carcinoma (HCC), providing clinical evidence for optimizing postoperative nursing protocols and improving patient recovery quality

Methods
A total of 120 patients who underwent HCC interventional therapy in our hospital from January 2025 to June 2025 were selected and randomly divided into a control group and an experimental group (60 cases each) using a random number table. The control group received conventional nursing pathway after HCC interventional therapy, while the experimental group received nursing interventions incorporating ERAS concepts on the basis of conventional nursing pathway. Postoperative complications, recovery indicators, and immune function changes were compared between the two groups.

Results
The experimental group had a significantly lower complication rate (8.33% vs 27.78%) and shorter recovery time for liver function, ambulation, and hospital stay than the control group. Immune function indicators like CD4+ also improved more notably in the experimental group with statistical differences ($P<0.05$)

Conclusion
The nursing pathway integrated with the ERAS concept can effectively reduce postoperative complications, speed up the recovery process, and enhance immune function in HCC patients after interventional therapy, which is worthy of wide clinical application and promotion

Feasibility study of daytime laparoscopic endoscopic minimally invasive gallbladder-preserving lithotomy

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Introduction
Objective To investigate the safety and feasibility of laparoscopic endoscopic minimally invasive gallstone-preserving surgery (laparoscopic CGPC, L-CGPC) in day-case laparoscopic mode. Methods It analyzed 80 cases of laparoscopic endoscopic minimally invasive cholelithiasis in our hospital. Divided into day-case laparoscopic CGPC treatment group and traditional inpatient laparoscopic CGPC treatment group, 38 cases in DCL-CGPC group, and 42 cases in RL-CGPC group. The general data, total hospitalization cost, postoperative hospital stay, time of getting out of bed, postoperative complication rate, surgery, etc. were compared between the two groups. Statistical analysis was performed on indicators such as transfer rate, re-hospitalization rate within seven days, hospitalization expenses, and patient satisfaction. Results The operations of the two groups were successfully completed without conversion to laparotomy, and there were no serious postoperative complications. The DCL-CGPC group was better than the RL-CGPC group in terms of length of stay, total hospitalization expenses, time of patients getting out of bed, and patient satisfaction, and the difference was statistically significant (P<0.05). There was no significant difference in the re-hospitalization rate between the two groups within seven days (P>0.05). Conclusion It is safe and feasible for L-CGPC to adopt the mode of day hospitalization medical operation. DCL-CGPC greatly shortens the hospitalization time, reduces medical expenses, improves the quality of medical treatment and the experience of medical treatment, which is in line with the direction of medical reform and is worthy of promotion.

Aim
To investigate the safety and feasibility of laparoscopic endoscopic minimally invasive gallstone-preserving surgery (laparoscopic CGPC, L-CGPC) in day-case laparoscopic mode.

Methods
It analyzed 80 cases of laparoscopic endoscopic minimally invasive cholelithiasis in our hospital. Divided into day-case laparoscopic CGPC treatment group and traditional inpatient laparoscopic CGPC treatment group, 38 cases in DCL-CGPC group, and 42 cases in RL-CGPC group. The general data, total hospitalization cost, postoperative hospital stay, time of getting out of bed, postoperative complication rate, surgery, etc. were compared between the two groups. Statistical analysis was performed on indicators such as transfer rate, re-hospitalization rate within seven days, hospitalization expenses, and patient satisfaction.

Results
The operations of the two groups were successfully completed without conversion to laparotomy, and there were no serious postoperative complications. The DCL-CGPC group was better than the RL-CGPC group in terms of length of stay, total hospitalization expenses, time of patients getting out of bed, and patient satisfaction, and the difference was statistically significant (P<0.05). There was no significant difference in the re-hospitalization rate between the two groups within seven days (P>0.05).

Conclusion
It is safe and feasible for L-CGPC to adopt the mode of day hospitalization medical operation. DCL-CGPC greatly shortens the hospitalization time, reduces medical expenses, improves the quality of medical treatment and the experience of medical treatment, which is in line with the direction of medical reform and is worthy of promotion.

Research on Policy Texts of Day Surgery in China from the Perspective of Policy Tools

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Introduction
With the continuous growth of medical demands and the increasing tension of medical resources, day surgery, as a new medical service model that combines quality and efficiency, has developed rapidly in China in recent years. However, by 2025, the proportion of day surgery in elective surgeries across the country is still below the target value, which indicates that there are still certain obstacles to the development of day surgery in China. National policies have a significant impact on the development of the medical and health care industry. This study analyzed the policy texts on day surgery issued at the national level from 2012 to 2025 using the policy tool theory, and summarized the application of policy tools for day surgery, with the aim of providing references for optimizing the policy system of day surgery in China.

Aim
To analyze the distribution of policy tools for day surgery in China and provide references for optimizing China's day surgery policy system

Methods
"day surgery" was used as the search term on the Chinese government Website as of October 31,2025. Based on the perspective of policy tools,NVivo was used for coding,sorting,and quantitative analysis.

Results
A total of 47 policy texts on day surgery at the national level were searched, and 109 policy analysis entries were extracted. In the dimension of policy tools, supply-oriented, demand-oriented and environment-oriented policy tools accounted for 16.51%, 8.26% and 75.23% respectively .

Conclusion
Discrepancies exist in the utilization of policy tools for day surgery in China. Environmental-oriented policy tools are dominant, with a significant emphasis on strategic measures, target planning and regulatory control. Demand-oriented policy tools focus on demonstration Projects and price guidance; Supply-oriented policy tools lack infrastructure construction measures and do not mention issues such as the construction of day surgery centers. It is suggested that the application of supply-oriented policy tools should be moderately increased, the structure of demand-oriented policy tools be optimized, and the resource allocation of environment-oriented policy tools should be improved. These measures are aimed at achieving efficient and rational use and distribution of policy tools,thereby promoting the high-quality development of day surgery in China.

An Anaesthesia Sustainability project – Injectomat versus Infusomat procedure in Day Surgery

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Introduction

Anaesthesia procedures can impact both environmental sustainability and the physical health of healthcare professionals. At Aarhus University hospitals Day Surgery Department, nurse anaesthetists reported finger pain and discomfort associated with frequent manual syringe preparation using injectomat.

Aim

The aim was to compare the environmental impact, cost, and ergonomic workflow of two anaesthesia delivery procedures: injectomat (syringe pumps) or infusomat (drop counters).

Methods

We conducted a prospective, mixed-method observational study over 16 weeks, to investigate the difference of the two anaesthesia procedures. Anaesthesia nurse (n = 22) alternated between using injectomat and infusomat in two 8 week periods. Quantitative data were collected via daily utensil logs and the Disabilities of the arms, shoulders and hands questionnaire at weeks 1, 4, and 8 of each period. Life Cycle Assessment was used to calculate the CO_2e emissions of the utensils involved. Semi-structured interviews were conducted for qualitative insight.

Results

Using infusomat reduced the daily amount of utensil used by 41,6%, resulting in a 13,6% cost reduction and a 33,42% decrease in CO_2e emissions. Disabilities of the arms, shoulders and hands scores improved by 25,97% in week 1,12,8% in week 4, and 25% in week 8 during the infusomat period. Interviewed nurse anaesthetists reported significantly less strain on hands and fingers.

Conclusion

Infusomat offer a more sustainable alternative to injectomat in anaesthesia for short procedures. They reduce utensil consumption, lower CO_2e emissions, and improve nurse anaesthetists' physical comfort. Further research is recommended in settings with longer procedures to assess generalizability and long-term effects.

Clinical and Practical Evaluation of Reusable Warming Blankets in Day Surgery

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Introduction

The Center for Sustainable Hospitals (CfBh) in Denmark seeks to reduce CO_2e emissions by replacing single-use warming blankets with reusable alternatives. Approximately 53,000 single-use warming blankets are used annually in the Central Denmark Region. Transitioning to reusable products in a hospital setting requires careful evaluation of economic, hygienic, and clinical factors, including usability, workflow impact, and storage. This study explores the clinical implications of introducing reusable warming blankets in a day surgery unit.

Aim

The aim of this project is to evaluate the use of reusable warming blankets in a day surgery setting by assessing hygiene, clinical functionality, workflow impact, and user experience from both patient and staff perspectives, compared with the current use of single-use warming blankets.

Methods

A reusable warming blankets and mattresses were tested for 14 days in each of four day surgery units between 19 November 2025 and 30 January 2026. The products were provided by the supplier. Prior to testing, operating room nurses, recovery nurses, and nurse anesthetists received product training, and the departmental clinical development nurse instructed staff on study procedures. Service assistants were trained in cleaning and handling due to changes in workflow associated with reusable products. During the test period, staff completed standardized forms in the operating room and recovery unit, documenting product use, surgical procedure, patient temperature measurements, thermal comfort, and need for rewarming. Completed forms were collected centrally. After the test period, usability, hygiene, cleaning, and storage were evaluated through structured staff feedback. Data collection was then repeated for 14 days using the standard single-use forced-air warming system for comparison.

Results

Data collection and analysis are currently ongoing. Patient temperature measurements and qualitative feedback on hygiene, storage, and usability are still being compiled. These analyses will provide insights into clinical functionality, workflow impact, and user experience. Final results are expected to be completed in time for presentation at the conference.

Conclusion

Definitive conclusions cannot yet be drawn as data analysis is ongoing, but results will inform future use of reusable warming blankets in day surgery.

Construction and evaluation of a model for predicting preoperative anxiety in patients undergoing gynecological day surgery

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Introduction

Day surgery can effectively shorten the hospital stay of patients and reduce hospitalization costs. It has developed rapidly in China in recent years. However, due to patients have less contact with medical staff, and thus face more psychological stress responses, mainly manifested as preoperative anxiety. Preoperative anxiety increases the incidence of complications affects their postoperative recovery, leads to delayed discharge and surgery cancellation. Women are not only an independent risk factor for preoperative anxiety, but also a high-risk factor for postoperative nausea and vomiting. Therefore, patients undergoing gynecological day surgery are more prone to preoperative anxiety. it is particularly important to identify high-risk patients undergoing gynecological day surgery quickly and accurately.

Aim

To investigate the risk factors of preoperative anxiety in patients undergoing gynecological day surgery,construct a risk predictive model and verify the prediction effect.

Methods

1006 patients undergoing gynecological day surgery of a tertiary hospital in Chengdu were recruited from October 2023 to April 2024. 735 were divided into training set,and 271 patients were divided into verification set. Lasso regression was used to analyze the independent risk factors,and nomogram was drawn. The area under ROC curve, Hosmer-Lemeshow test and the calibration curve were used to evaluate the calibration accuracy, and the decision curve analysis method was used to test the clinical applicability of the model.

Results

LASSO regression was used to screen 17 feature variables, and further Logistic regression screening analysis found that age, unfamiliarity with day surgery, income dissatisfaction, no surgical/anesthesia experience, complication, worry about being awake during surgery , worry about postoperative rehabilitation , and fear of vein puncture were risk factors for preoperative anxiety in gynecological day surgery patients. The area under the curve of the training set and validation set were 0.788 and 0.799 respectively, and both the calibration curve and Hosmer-Lemeshow test showed good consistency. Decision curve analysis showed that there was positive benefit when the threshold probability of preoperative anxiety occurred between 5% and 79%.

Conclusion

The risk prediction model constructed in this article can effectively predict the occurrence of preoperative anxiety in gynecological day surgery patients.

The SilaC® Procedure for Pilonidal Sinus Disease in Pediatric Population

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Introduction

Sinus Laser-Assisted closure (SiLaC®) is a minimally invasive technique for pilonidal disease, offering reduced postoperative morbidity and faster recovery, which may be particularly beneficial in pediatric patients.

Aim

To evaluate the safety, feasibility, and early clinical outcomes of SiLaC® procedure in the treatment of pilonidal disease in the pediatric population.

Methods

A prospective analysis was conducted of pediatric patients treated with SiLaC® technique for pilonidal disease at a single tertiary center. Data were extracted from a prospectively maintained database and included demographic characteristics, body mass index (BMI), postoperative pain assessed using the visual analog scale (VAS), complications, length of recovery, and disease recurrence. A SiLaC® procedure was done with a probe, which is a smooth radial diode laser device from Biolitec® (Biomedical Technology GmbH, Jena, Germany) at 1470 nm wavelength, and power of 12 W.

Results

A total of 15 patients were included in the study. The mean age was 16.3 years, with a male predominance (68.8%). The mean BMI was 25.5 kg/m^2. Five procedures were done under general anesthesia, 4 using spinal anesthesia, and 6 under local anesthesia. All procedures were completed successfully without intraoperative complications. Postoperative pain was low (mean VAS 3-4), and patients experienced rapid recovery with early return to daily activities and school. No major postoperative complications were observed. During the follow-up period (6-73 months), recurrence (unhealed wound) occurred in 3 patients (20%).

Conclusion

SILAC represents a safe and minimally invasive treatment option for pilonidal disease in the pediatric population. The technique is associated with low postoperative pain, rapid functional recovery, and an acceptable early recurrence rate. These findings suggest that SILAC may be particularly advantageous for children, in whom minimizing morbidity and disruption of daily life is essential. Larger prospective studies with longer follow-up are warranted to better define long-term outcomes and recurrence risk in this population.

Enabling Day-Case Laparoscopic Colorectal Surgery: The Role of TCM Hot Compress in an Enhanced ERAS Nursing Pathway

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Introduction

The rapid development of day and short-stay surgery models places higher demands on perioperative management, requiring safe, efficient, and comfortable recovery within a limited timeframe. The Enhanced Recovery After Surgery (ERAS) concept provides a crucial framework for this goal. However, its implementation in nursing practice often lacks standardized and structured pathways, particularly in integrating multidisciplinary non-pharmacological interventions, which affects the consistency of recovery outcomes. Laparoscopic colorectal cancer surgery is a suitable procedure for day or short-stay models. Nonetheless, postoperative pain, gastrointestinal dysfunction, and the risk of complications remain key bottlenecks hindering rapid and safe patient discharge. Traditional Chinese Medicine (TCM) has accumulated extensive experience in postoperative rehabilitation. Among its therapies, TCM hot compress therapy demonstrates unique advantages in alleviating pain and promoting gastrointestinal motility through its warming and dredging effects. Its mechanism aligns closely with the ERAS goals of reducing surgical stress and accelerating functional recovery. However, there is currently a lack of prospective studies that systematically and standardly integrate TCM hot compress therapy into structured ERAS nursing pathways within the context of day surgery. Therefore, this study developed a structured ERAS nursing pathway incorporating TCM hot compress therapy. It aims to provide an operable, evaluable, and replicable integrated TCM and Western medicine accelerated recovery protocol for patients undergoing laparoscopic colorectal cancer surgery. This protocol seeks to optimize perioperative outcomes and enhance the safety and efficiency of day surgery models.

Aim

To explore the impact of integrating Traditional Chinese Medicine (TCM) hot compress therapy into a structured Enhanced Recovery After Surgery (ERAS) nursing pathway on the perioperative rehabilitation outcomes of patients undergoing laparoscopic colorectal cancer surgery.

Methods

A prospective, historical control study design was adopted. A total of 180 patients scheduled for elective laparoscopic radical resection of colorectal cancer at our hospital's Department of General Surgery (an institution accredited by the Royal College of Surgeons of England) between June and December 2025 were selected as the study subjects. Based on the chronological order of admission, 90 patients admitted from June to September 2025 were assigned to the control group, receiving conventional ERAS-based but unstructured nursing care. Another 90 patients admitted from October to December 2025 were assigned to the experimental group, receiving a structured ERAS nursing pathway integrated with TCM hot compress therapy. The following outcomes were compared between the two groups: time to first ambulation after surgery, time to first flatus, time to first oral intake, postoperative hospital stay length, Visual Analog Scale (VAS) pain scores at 24 h and 48 h after surgery, and the incidence of complications within 30 days postoperatively.

Results

The experimental group showed significantly shorter times to first ambulation [(23.8 ± 6.2) h], first flatus [(35.4 ± 14.1) h], first oral intake [(11.9 ± 2.8) h], and postoperative hospital stay [(9.1 ± 2.0) d] compared with the control group [(37.5 ± 10.6) h, (48.1 ± 17.3) h, (27.3 ± 7.1) h, (12.1 ± 2.7) d], with all differences being statistically significant (all $P < 0.001$). The VAS pain scores at 24 h and 48 h postoperatively in the experimental group [(2.7 ± 0.8) points, (1.8 ± 0.6) points] were significantly lower than those in the control group [(4.0 ± 1.2) points, (2.9 ± 0.9) points], with both differences being statistically significant (both $P >< 0.001$). The overall postoperative complication rate in the experimental group was 6.67% (6/90), significantly lower than the 17.78% (16/90) in the control group ($\chi^2 = 5.414$, $P = 0.020$).

Conclusion

Integrating TCM hot compress therapy into a structured ERAS nursing pathway can establish a standardized, operable integrated Traditional Chinese and Western Medicine accelerated rehabilitation nursing model. This model systematically optimizes perioperative management. Its holistic application demonstrates superior effectiveness in promoting postoperative recovery, shortening hospital

Application and Outcomes of Modular Management Model in Non-Charged Disposables for Outpatient Surgery: A Historical Controlled Study

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Introduction
In recent years, outpatient surgery had received significant attention in China. As a core department for hospital cost control and operational management, operating rooms consumed a substantial amount of medical supplies, accounting for approximately 68-89% of the hospital's total medical supply usage. However, the management of non-priced medical consumables had not yet received sufficient attention from medical staff. Issues such as wasteful usage and inventory backlogs are particularly prominent. Therefore, exploring a scientific management approach for non-priced medical consumables in outpatient surgeries has become an urgent and critical task for high-quality hospital management.

Aim
Exploring the application effectiveness of modular management for non-priced medical consumables in outpatient surgery.

Methods
A historical control study was conducted, using non-priced medical consumables from January to June 2021 as the control group, where surgical nurses temporarily sorted supplies preoperatively. The non-priced medical supplies from July to December 2021 served as the experimental group, managed through a modular approach. Based on different surgical procedures and surgeons' preferences, supplies were pre-sorted by the supply room prior to surgery. The study compared the two groups in terms of supply accuracy rate, preparation time, surgical transition time, operating room supply inventory, and the rate of circulating nurses leaving the operating room to retrieve supplies.

Results
Following the implementation of modular management, the accuracy rate of non-priced medical consumables usage in the experimental group increased from 56.15% to 86.59%. Compared to the control group, the experimental group demonstrated significantly lower rates in consumables preparation time, surgical transition time, operating room consumables inventory, and circulating nurses leaving to retrieve consumables, with statistically significant differences ($P < 0.01$).

Conclusion
Modular management can effectively reduce healthcare costs and alleviate the financial burden on patients, enhance surgical efficiency, shorten procedure duration, and improve patient satisfaction, while also reducing the workload on nursing staff and increasing the on-duty rate of circulating nurses during surgeries. This approach aligns with the current practical demands for high-quality, high-efficiency development in outpatient surgical care.

Construction of a Perioperative Self-Management Program for Patients with Lower Extremity Arteriosclerosis Obliterans Based on the ERAS Concept

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Introduction

Lower extremity arteriosclerosis obliterans (ASO) is a highly prevalent chronic ischemic vascular disease among middle-aged and elderly populations, with a prevalence rate of 10% to 20% in individuals over 60 years old. Disease progression can lead to limb dysfunction, and the risks of perioperative complications and amputation are significantly elevated when combined with comorbidities. Surgery serves as the primary curative treatment, yet traditional perioperative management is dominated by passive healthcare provider-led interventions. Patients often lack sufficient disease awareness and active participation, resulting in inadequate preoperative preparation and poor compliance with postoperative rehabilitation, which compromises the clinical efficacy of the Enhanced Recovery After Surgery (ERAS) concept. Centered on the core principles of "reducing stress and optimizing processes", ERAS has been validated to improve clinical outcomes. However, existing protocols mainly focus on healthcare workflow optimization and overlook the characteristics of elderly ASO patients, such as low health literacy and poor self-care capacity, while the quality of self-implemented behaviors directly impacts rehabilitation effects. Studies have shown that inadequate perioperative self-management is associated with postoperative complications and delayed recovery, and the self-management model has been proven effective in enhancing the prognosis of chronic diseases. Therefore, integrating the ERAS concept with self-management to construct a personalized program tailored to the perioperative characteristics of ASO patients enables active patient engagement in care and fosters a synergistic effect between professional medical intervention and patient self-care.

Aim

To construct a perioperative self-management program forpatients with lower extremity arteriosclerosis obliterans based on the Enhanced Recovery After Surgery concept, thereby providing a scientific,targeted,and operable rehabilitation intervention tool for clinical practice.

Methods

Systematic searches were conducted in domestic and foreign literature databases to screen high-quality evidence related to ERAS perioperative management and self-management of LEASO patients.Combined with the perioperative self-management needs of LEASO patients,a preliminary program framework was constructed. Subsequently,two rounds of Delphi expert consultation and group discussions were carried out for revision and optimization,and the final version of the program was formed.

Results

The final structured "three-dimensional and six-module" self-management program was established,encompassing six core modules:disease cognition enhancement, precise symptom monitoring,individualized rehabilitation exercise,targeted dietary nutrition, standardized medication management, and dynamic psychological adjustment. Supporting materials including operation manuals, monitoring forms, and multimedia guidance were also developed to facilitate program implementation.

Conclusion

The perioperative self-management program for LEASO patients based on the ERAS concept is scientifically rigorous and clinically feasible. It can effectively apply the ERAS concept to the rehabilitation of LEASO patients, reduce medical resource consumption, and provide a scientific and feasible tool for clinical perioperative rehabilitation interventions for this patient population, which holds important clinical application value.

Clinical Nursing Practice and Outlook for Nutritional Support after Esophageal Cancer Surgery under the ERAS Concept: A Systematic Review

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Introduction
Clinical Nursing Practice and Outlook for Nutritional Support after Esophageal Cancer Surgery under the ERAS Concept: A Systematic Review

Aim
To systematically summarize evidence-based practices for nutritional support after esophageal cancer surgery under the Enhanced Recovery After Surgery (ERAS) concept, and to construct a comprehensive clinical nursing practice pathway covering the entire perioperative period.

Methods
A structured nursing protocol was developed through a systematic review of recent guidelines, consensus statements, and high-quality studies, adhering to the principles of "prioritizing enteral nutrition, restricting parenteral nutrition, and individualizing care."

Results
A four-stage clinical nursing pathway was established: the preoperative prehabilitation phase (nutritional screening and optimization), the early postoperative phase (initiation of enteral nutrition within 24–48 hours), the mid-postoperative phase (accelerating nutritional targets and transition), and the recovery phase (stepwise resumption of oral intake). Strict indications for parenteral nutrition and key nursing measures, including systematic monitoring and complication management, were defined.

Conclusion
This evidence-based nursing pathway demonstrates strong clinical feasibility and is instrumental in advancing both standardized and individualized nursing care, ultimately optimizing patient outcomes.

PAIN CONTROL IN DENTISTRY: COMPUTER-ASSISTED TECHNIQUES AND NOVEL APPROACHES

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Introduction
Fear and anxiety towards the dentist and dental treatment are both significant characteristics that contribute to avoidance of dental care. Modern pain control strategies have evolved beyond traditional approaches to incorporate innovative computer-assisted delivery systems that revolutionize patient comfort and treatment outcomes.

Aim
Computer-assisted techniques include dynamic pressure sensing technology, electrical dental anesthesia (EDA) and vibrating devices that offer non-pharmacological alternatives that complement traditional cognitive-behavioral approaches and respiratory exercises in creating comprehensive pain management protocols.

Methods
The Wand® STA (Single Tooth Anesthesia) system represents a breakthrough in computer-controlled local anesthetic delivery, providing precise, pressure-regulated injections that significantly reduce injection discomfort. This technology enables clinicians to achieve profound anesthesia with minimal tissue trauma through controlled flow rates and real-time pressure feedback mechanisms.

Results
The lecture will focus on implementing these advanced computer-assisted technologies when treating patients in the dental office.

Conclusion
Novel techniques in achieving painless local anesthesia through pressure-regulated systems will be demonstrated, highlighting how these innovations create more comfortable and predictable treatment experiences for dental patients while maintaining clinical efficacy.

Effect of Preoperative ERAS Health Education Using the SCOPE Model on Early Recovery of Patients After Gynecological Surgery

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Introduction
The SCOPE health education model is a structured management framework that categorizes the implementation of health education projects into five core links: schedule, control of quality, organization, person, equipment and material. It emphasizes the systematic and controllable nature of the implementation process, efficiently promoting the project and ensuring quality. Applying the SCOPE model to preoperative ERAS health education for surgical patients can enhance their compliance with early postoperative activities and accelerate postoperative recovery.

Aim
To explore the effect of preoperative Enhanced Recovery After Surgery (ERAS) health education using the SCOPE model on early postoperative activity and recovery in patients undergoing gynecological surgery.

Methods
A total of 83 patients who underwent laparoscopic gynecological surgery at a tertiary hospital in Lanzhou from May 2024 to August 2024 were consecutively enrolled. And these patients were randomly divided into an experimental group (42 patients) and a control group (41 patients). The experimental group received preoperative ERAS health education based on the SCOPE model, while the control group received routine preoperative ERAS health education. The two groups were compared in terms of the time to start ankle pump exercises, early ambulation time, first flatus time, postoperative pain, and incidence of postoperative complications.

Results
The experimental group had earlier initiation of ankle pump exercises, earlier ambulation, and shorter first flatus time than the control group ($P<0.05$). The postoperative pain score in the experimental group was lower than that in the control group ($P><0.05$). There was no statistically significant difference in the incidence of postoperative complications between the two groups.

Conclusion
Preoperative ERAS health education using the SCOPE model shows good efficacy in promoting early postoperative activity and recovery in gynecological patients. It can encourage early ambulation, shorten the time to first flatus, and reduce postoperative pain.

The influence of mobile health technology combined with the ERAS concept on postoperative rehabilitation nursing of elderly pancreatic patients

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Introduction
With the aging population, the number of elderly patients undergoing pancreatic surgery is increasing each year. These patients often face challenges such as slow recovery, multiple complications, and significant psychological burden after surgery. The Enhanced Recovery After Surgery (ERAS) concept has been proven to optimize perioperative management, while mobile health technology offers a new approach to providing personalized and continuous rehabilitation support. This study aims to explore the application effect of mobile health technology combined with the ERAS concept in the perioperative nursing of elderly pancreatic surgery patients.

Aim
To explore the application effect of mobile health technology combined with the ERAS concept in the perioperative period of elderly pancreatic surgery patients and to provide a basis for optimizing their perioperative management plan.

Methods
A randomized controlled trial design was adopted. One hundred elderly patients undergoing pancreatic surgery who were admitted to a tertiary hospital in Gansu Province from December 2023 to August 2025 were selected and divided into the control group (49 cases, receiving routine ERAS care) and the observation group (51 cases, receiving ERAS combined with mobile health technology) according to the random number table method. Mobile health technologies included (1) pushing individualized health education and psychological support through a mobile platform before surgery; (2) using wearable devices to monitor vital signs in real time during surgery; and (3) conducting rehabilitation guidance, pain management, and remote follow-up through mobile applications after surgery. Pain scores, recovery time of digestive function, changes in anxiety and depression, quality of life differences, postoperative hospital stay, and hospitalization expenses were compared between the two groups.

Results
The postoperative recovery indicators of the observation group were significantly better than those of the control group: time to first flatus (22.3±3.1 h vs. 30.5±4.3 h), time to first oral intake (34.5±4.2 h vs. 46.8±5.1 h), and time to first ambulation (18.6±2.5 h vs. 24.7±3.0 h) were all shortened; the 24-hour postoperative pain score (VAS: 2.8±0.7 vs. 4.1±0.9) and negative emotion scores (SAS: 38.5±4.9 vs. 46.3±5.8; SDS: 37.8±4.6 vs. 45.1±5.4) were lower; and the postoperative quality of life score (QLQ-C30) in the observation group was higher than that in the control group, with all differences being statistically significant ($P < 0.05$). There was no statistically significant difference in hospital stay or hospitalization costs between the two groups ($P > 0.05$).

Conclusion
Mobile health technology combined with the ERAS concept can significantly shorten the postoperative recovery time of elderly pancreatic surgery patients, alleviate pain and negative emotions, and improve quality of life. It reflects the advantages of multidimensional rehabilitation management and has clinical promotion value.

Study on the Influence of Chinese Medicine Foot Bath Combined with Acupoint Application on the Postoperative Rehabilitation of Hepatobiliary Surgery

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Introduction
Patients undergoing hepatobiliary surgery often experience delayed recovery of gastrointestinal function, postoperative pain, and psychological distress, which may prolong hospitalization and increase healthcare costs. While Enhanced Recovery After Surgery (ERAS) protocols have improved perioperative care, integrating Traditional Chinese Medicine (TCM) modalities such as herbal foot baths and acupoint application may further enhance recovery outcomes through holistic and multi-target regulatory mechanisms.

Aim
To explore the influence of Chinese medicine foot bath combined with acupoint application on gastrointestinal function recovery, pain management, and nursing satisfaction in patients after hepatobiliary surgery.

Methods
A prospective cohort study was conducted from January 2023 to February 2025, including 200 patients who underwent hepatobiliary surgery. Participants were randomly divided into a control group (routine nursing) and an observation group (routine nursing plus TCM foot bath and acupoint application). Outcome measures included time to first ambulation, length of hospital stay, medical expenses, anxiety score (SAS), complication rates, and nursing satisfaction. Data were compared between the two groups using appropriate statistical methods.

Results
The observation group showed significantly better outcomes than the control group: earlier time to first ambulation (24.5±6.2 h vs. 38.7±8.1 h), shorter hospital stay (7.5±1.8 d vs. 10.7±2.3 d), and reduced medical expenses (by 15.6%). The SAS score (42.3±5.6 vs. 55.8±6.9) and complication rate (4.9% vs. 18.4%) were also significantly lower in the observation group (P<0.01). Nursing satisfaction reached 96.1% in the intervention group.
Conclusion Chinese medicine foot bath combined with acupoint application promotes gastrointestinal function recovery, reduces medical costs, alleviates anxiety, and improves patient satisfaction after hepatobiliary surgery. This integrated TCM-Western medicine approach offers a promising strategy within the ERAS framework for enhancing postoperative recovery.

Study on the Effect of Acupoint Application Combined with Enhanced Recovery After Surgery on Intestinal Function in Patients Undergoing Laparoscopic Pancreaticoduodenectomy

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Introduction
The concept of ERAS has been maturely applied in surgery, and there are also many studies on traditional Chinese medicine in medicine. Some studies have shown that the application of traditional Chinese medicine acupoint application in surgical patients is helpful for their recovery. This study combines acupoint application with the concept of ERAS to improve the gastrointestinal function of surgical patients.

Aim
To evaluate the effect of Chinese herbal acupoint application combined with Enhanced Recovery After Surgery (ERAS) on intestinal function recovery in patients after laparoscopic pancreaticoduodenectomy.

Methods
A total of 72 patients undergoing laparoscopic pancreaticoduodenectomy in our hospital were randomly divided into an intervention group and a control group using a random number table method, with 36 cases each. The control group received standard ERAS nursing care, while the intervention group underwent acupoint application from postoperative days 1 to 3 in addition to standard ERAS care. The clinical outcomes of both groups were compared.

Results
The intervention group exhibited shorter durations for first flatus, first defecation, initial intake of liquid or semi-liquid diets, and hospitalization compared to the control group ($P < 0.05$). The incidence of postoperative bloating was lower in the intervention group than in the control group ($P < 0.05$). The total hospitalization costs were also lower in the intervention group ($P < 0.05$).

Conclusion
Applying acupoint application to patients after laparoscopic pancreaticoduodenectomy under the guidance of the ERAS concept helps further shorten the time to first flatus and defecation, promote early oral intake, reduce the incidence of bloating, and decrease hospitalization duration and costs, making it worthy of clinical application and promotion.

Early Ambulation after General Surgery within an ERAS Protocol: A Quantitative Assessment of Compliance and Its Determinants

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Introduction
The application of the concept of accelerated rehabilitation surgery has been proven to be helpful for the recovery of surgical patients. This study explores the current status and influencing factors of early mobilization of surgical patients under the concept of accelerated rehabilitation surgery, providing reference for future research.

Aim
To investigate the current status and influencing factors of early postoperative mobilization in general surgery patients under an Enhanced Recovery After Surgery protocol, and to provide a theoretical basis for optimizing early mobilization practices in clinical settings.

Methods
A prospective observational study was conducted on consecutive patients who underwent surgery in the Department of General Surgery at the First Hospital of Lanzhou University, Lanzhou, China between June 2023 and June 2024. Patients meeting the predefined inclusion criteria were enrolled. Within the first 24 hours postoperatively, detailed data on patient demographics, clinical characteristics, and mobilization metrics were collected prospectively using standardized bedside records, structured patient interviews, and electronic medical records. Univariate and multivariate linear regression analyses were employed to identify independent factors associated with the time to first ambulation.

Results
Among 727 eligible patients, the rate of initiating ambulation within 24 hours was high (≥75% for most procedures). However, the total daily activity duration during the first three postoperative days remained below the recommended 4–6 hours, with an average ambulation distance under 2000 meters. Multivariate linear regression identified six independent factors associated with a delayed time to first ambulation: advanced age (β=0.07, 95% CI 0.04 to 0.11; P<0.001), surgery involving major visceral organs (β=0.19, 95% CI 0.07 to 0.31; P><0.001), greater intraoperative blood loss (β=0.01, 95% CI 0.005 to 0.02; P><0.001), postoperative dizziness (β=4.64, 95% CI 3.74 to 5.54; P><0.001), a higher number of drainage tubes (β=1.22, 95% CI 0.61 to 1.84; P><0.001), and more severe pain at first mobilization (β=0.93, 95% CI 0.25 to 1.62; P=0.007).

Conclusion
A paradox exists between the high rate of initiating early ambulation under ERAS protocols and the inadequate daily activity volume achieved. Our findings suggest that improvement strategies should be directed at reducing surgical invasiveness and optimizing perioperative care to enhance mobilization quality.

Application of a multimodal prehabilitation program for patients undergoing liver cancer resection

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Introduction

Gastrointestinal tumor is a malignant tumor with high incidence rate and mortality in China, and surgery is the main intervention mode. Pre rehabilitation is a new preoperative management strategy based on the concept of accelerated rehabilitation surgery. Currently, there is a lack of evidence to support the publication of multimodal pre rehabilitation compound plans, and the impact of different plans on postoperative outcomes of gastrointestinal tumors is unclear.This study validates the clinical application effect of multimodal rehabilitation plan in cancer resection patients, providing theoretical guidance for subsequent surgical patient management and promoting postoperative recovery.

Aim

The aim of this study is to verify its clinical application effect of the multimodal prehabilitation program for liver cancer resection patients, providing theoretical guidance for preoperative management of these patients and promoting postoperative recovery.

Methods

A non randomized controlled study was conducted to select patients who planned to undergo liver cancer resection surgery. Patients were divided into an intervention group and a control group. The intervention group strictly followed the established program for intervention, while the control group received routine ERAS perioperative management. The two groups of patients were compared in terms of six minute walking distance, daily living ability score, total protein, albumin, prealbumin, hemoglobin, anxiety and depression score, time to first ambulation, time to first flatus and defecation, time to first oral intake, total length of hospital stay, postoperative length of hospital stay, overall cost of hospitalization, drainage removal time, ICU admission, and postoperative complications.

Results

The 6-minute walk distance on the day before surgery and one week after surgery, as well as total protein, albumin, and hemoglobin in the intervention group were significantly higher than those in the control group. There were statistically significant differences between the two groups in terms of the time to first ambulation, time to first oral intake, time to first flatus , time to first defecation and the drainage removal. The incidence of postoperative complications and postoperative hospital stay in the intervention group were significantly lower than those in the control group. There was no difference between the two groups in other aspects.

Conclusion

The implementation of prehabilitation in patients undergoing liver cancer resection can improve the preoperative physiological function of patients and nutritional status, accelerate postoperative gastrointestinal function recovery, promote early recovery of patients, the translation of evidence into practice, and the application of prehabilitation in clinical practice.

Application of ERAS concept in perioperative nutrition care of liver disease

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Introduction/Objective
To analyze the efficacy of applying the Enhanced Recovery After Surgery (ERAS) concept in perioperative nutritional care for liver diseases. Methods This study enrolled 60 patients from December 2024 to December 2025, who were randomly assigned to a control group and an observation group using a lottery method. The control group received conventional nutritional care measures, while the observation group received ERAS-based nutritional care. The satisfaction levels of care and complication rates were compared between the two groups.

Methods
This study enrolled 60 patients from December 2024 to December 2025, who were randomly assigned to a control group and an observation group using a lottery method. The control group received conventional nutritional care measures, while the observation group received ERAS-based nutritional care. The satisfaction levels of care and complication rates were compared between the two groups.

Results
Compared with the control group, the observation group demonstrated significantly higher satisfaction with care and a significantly lower complication rate ($P<0.05$).

Conclusion
The application of ERAS-based nutritional care in perioperative patients with liver diseases shows significant efficacy, effectively reducing complication rates and improving care satisfaction, making it worthy of promotion.

Nursing application effect of the concept of ERAS on the recovery of gastrointestinal function after hepatobiliary and pancreatic surgery

Tao Li, Liping Yang
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Introduction/Objective
To explore the nursing application effect of the concept of Enhanced Recovery After Surgery (ERAS) on the recovery of gastrointestinal function after hepatobiliary and pancreatic surgery.

Methods
A retrospective analysis was conducted on 110 patients who underwent hepatobiliary and pancreatic surgery in our hospital from January 2023 to December 2024. They were divided into the ERAS group (58 cases) and the control group (52 cases) according to the nursing mode. The ERAS group received comprehensive perioperative nursing intervention, while the control group received routine nursing. The recovery of gastrointestinal function and rehabilitation indicators were compared between the two groups.

Results
The time to first flatus, first defecation and hospital stay in the ERAS group were significantly shorter than those in the control group ($P<0.05$). The recovery of bowel sounds was faster, and the incidence of postoperative complications was lower.

Conclusion
Nursing intervention based on the concept of ERAS can effectively promote the recovery of gastrointestinal function in patients after hepatobiliary and pancreatic surgery, accelerate the rehabilitation process, and is worthy of clinical promotion.

Application and effect evaluation of comprehensive nursing program of traditional Chinese medicine under the concept of ERAS in patients after pancreatic resection

Huan Xu, Liping Yang
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Introduction
Objective: To analyze the comprehensive TCM nursing program under the ERAS (Enhanced Recovery After Surgery) concept for pancreatic resection patients. Methods This study was conducted from October 2024 to October 2025, enrolling 100 pancreatic resection patients into a control group and an observation group. The control group received conventional nursing measures, while the observation group received the comprehensive TCM nursing program under the ERAS concept. The quality of life scores and adverse reaction rates were compared between the two groups. AimTo analyze the comprehensive TCM nursing program under the ERAS (Enhanced Recovery After Surgery) concept for pancreatic resection patients.

Methods
This study was conducted from October 2024 to October 2025, enrolling 100 pancreatic resection patients into a control group and an observation group. The control group received conventional nursing measures, while the observation group received the comprehensive TCM nursing program under the ERAS concept. The quality of life scores and adverse reaction rates were compared between the two groups.

Results
Compared with the control group, the observation group exhibited higher quality of life scores and lower adverse reaction rates, with a statistically significant difference (P<0.05).

Conclusion
The comprehensive TCM nursing program under the ERAS concept for pancreatic resection patients demonstrates significant advantages, improving patient quality of life and reducing adverse reaction rates, making it worthy of promotion.

Intervention Effect of Self-made Chinese Medicine Compound Spray plus Auricular Point Pressing on Postoperative Pharyngeal Discomfort in Abdominal Surgery with General Anesthesia and Endotracheal Intubation

Wanghaiye
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Introduction
To explore the intervention effect of a self-made Chinese medicine spray (composed of Glycyrrhiza uralensis, Ophiopogon japonicus, Mentha haplocalyx, Prunus mume, and Polygonum cuspidatum) combined with auricular point pressing on postoperative pharyngeal discomfort in patients undergoing abdominal surgery with general anesthesia and endotracheal intubation.

Aim
To explore the intervention effect of a self-made Chinese medicine spray (composed of Glycyrrhiza uralensis, Ophiopogon japonicus, Mentha haplocalyx, Prunus mume, and Polygonum cuspidatum) combined with auricular point pressing on postoperative pharyngeal discomfort in patients undergoing abdominal surgery with general anesthesia and endotracheal intubation.

Methods
A total of 240 patients were enrolled and divided into a pre-intervention group (n=120) and a post-intervention group (n=120). The intervention group received auricular point pressing before surgery and the self-made Chinese medicine spray after surgery. Indicators of pharyngeal discomfort, including sore throat severity, pharyngeal foreign body sensation, and hoarseness, were recorded. The effects of influencing factors such as smoking history, gastric tube use, and anesthesiologist variation were analyzed.

Results
The proportion of moderate-to-severe sore throat in the post-intervention group was significantly lower than that in the pre-intervention group (27.3% vs. 41.8%, p=0.01). Patients with a smoking history had a higher risk of moderate-to-severe sore throat (OR=2.34, p=0.02). Gastric tube use was associated with pharyngeal foreign body sensation (p=0.02). No significant differences were observed among anesthesiologists.

Conclusion
The combination of self-made Chinese medicine spray and auricular point pressing can alleviate postoperative pharyngeal discomfort. Smoking history and gastric tube use are identified as risk factors for such discomfort.

A Study on Optimized Strategies for Postoperative Enhanced Recovery in Inguinal Hernia Patients Based on Disease Duration

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The First Hospital of Lanzhou University

Introduction
This study aims to investigate the relationship between disease duration and postoperative enhanced recovery in inguinal hernia patients, providing evidence for optimizing clinical treatment strategies.

Aim
This study aims to investigate the relationship between disease duration and postoperative enhanced recovery in inguinal hernia patients, providing evidence for optimizing clinical treatment strategies.

Methods
Clinical data from 203 inguinal hernia patients were retrospectively analyzed. Patients were categorized into short-term (<1 year), medium-term (1–5 years), and long-term (>5 years) groups based on disease duration. Differences in preoperative clinical characteristics, surgical approach selection, postoperative complication rates, and length of hospital stay were compared across groups.

Results
The mean length of hospital stay was significantly shorter in the short-term group compared to the medium-term and long-term groups (3.2 ± 1.1 days vs. 4.5 ± 1.3 days vs. 5.8 ± 2.1 days, P <0.05). The prevalence of preoperative comorbidities was significantly higher in the long-term group (68.3%) than in the short-term group (32.1%), and postoperative complication rates were also markedly higher (15.6% vs. 6.3%, P><.05). laparoscopic surgery was most frequently performed in the short-term group (62.5%), whereas open predominated long-term (73.2%). multivariate analysis revealed that prolonged disease duration (or=”1.67,” 95% ci: 1.45-3.68), chronic comorbidities 1.22-2.93), and surgical approach 1.08-2.58) were independent risk factors affecting postoperative recovery speed.

Conclusion
Inguinal hernia is closely associated with early intervention facilitates achieving goal enhanced recovery. clinicians should strengthen perioperative management for patients long-standing prioritize minimally invasive approaches to improve outcomes.

Pain Management in Patients with Inguinal Hernia During the Perioperative Period Under the ERAS Concept

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Introduction
To investigate the impact of preoperative pain and duration of illness on postoperative enhanced recovery (as measured by hospital stay duration) in patients with inguinal hernia.

Aim
To investigate the impact of preoperative pain and duration of illness on postoperative enhanced recovery (as measured by hospital stay duration) in patients with inguinal hernia.

Methods
Patient data were retrospectively analysed. Participants were divided into short-duration (≤24 months) and long-duration (>24 months) groups based on median disease duration (24 months). Hospitalisation duration distributions were compared between patients with and without preoperative pain.

Results
The long-duration group exhibited significantly longer hospital stays (P<.05), with a higher proportion (31%) hospitalised for 4–7 days compared to the short-duration group (28%). no statistically significant difference existed in distribution of hospital stays between preoperative pain and non-pain (p>0.05). However, data indicated a relatively lower proportion (55%) of the pain group with stays ≤3 days, suggesting a trend towards shorter hospitalisation.

Conclusion
The long-duration group exhibited significantly longer hospital stays (P<.05), with a higher proportion (31%) hospitalised for 4–7 days compared to the short-duration group (28%). no statistically significant difference existed in distribution of hospital stays between preoperative pain and non-pain (p>0.05). However, data indicated a relatively lower proportion (55%) of the pain group with stays ≤3 days, suggesting a trend towards shorter hospitalisation.

Application of ERAS Nursing Clinical Pathways in Acute Pancreatitis Patients and Analysis of Seasonal Incidence Characteristics

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Introduction
To systematically evaluate the efficacy of nursing clinical pathways based on Enhanced Recovery After Surgery (ERAS) principles in acute pancreatitis (AP) patients and analyse seasonal incidence patterns.

Aim
To systematically evaluate the efficacy of nursing clinical pathways based on Enhanced Recovery After Surgery (ERAS) principles in acute pancreatitis (AP) patients and analyse seasonal incidence patterns.

Methods
A retrospective study was conducted on 230 AP patients admitted to our hospital between January and December 2025. An ERAS nursing clinical pathway was implemented, centred on early goal-directed fluid resuscitation, restrictive fluid management, early enteral nutrition (EN), multimodal analgesia, early mobilisation, standardised extubation, and nutritional transition. Hospitalisation duration, complication incidence, nutritional target attainment rates, readmission rates, and medical costs were compared before and after ERAS implementation, supplemented by seasonal incidence distribution analysis.

Results
Among the 230 AP patients, 93.5% (215/230) presented with severe pancreatitis. Seasonal distribution was uniform (spring 25.7%, summer 25.2%, autumn 23.5%, winter 25.7%). Following ERAS pathway implementation: 1. Mean hospital stay decreased from (14.2 ± 3.5) days to (9.8 ± 2.1) days ($P < 0.01$); 2. Early enteral nutrition initiation within 48 hours reached 78.3%; 3. Nasogastric tube insertion rate decreased to 30.4%, with enteral feeding tube utilisation optimised to 63.0%; 4. Overall complication rate decreased to 18.7% (primarily infections and metabolic disorders); 5. Readmission rate (within 30 days) was 4.3%; 6. The proportion of treatment cycles ≤2 weeks increased to 45.2%.

Conclusion
The ERAS pathway, through a structured, multidisciplinary collaborative management model, significantly optimises clinical outcomes for acute pancreatitis patients. It achieves shorter hospital stays, reduced complications, and conservation of healthcare resources. Furthermore, acute pancreatitis does not exhibit marked seasonal clustering, supporting the standardised implementation of the ERAS pathway throughout the year.

Multidisciplinary Enhanced Recovery After Surgery Intervention Strategy for Lymphatic leakage Following Peripheral Midline Catheter Placement

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The First Hospital of Lanzhou University

Introduction
Lymphatic leakage following peripheral midline catheter placement constitutes a clinically rare yet challenging complication. This study developed an evidence-based multidisciplinary rehabilitation protocol incorporating anatomical analysis, exudate management, dressing selection, patient education, psychological care, and nutritional support. Its efficacy was validated through a typical case study.

Aim
Lymphatic leakage following peripheral midline catheter placement constitutes a clinically rare yet challenging complication. This study developed an evidence-based multidisciplinary rehabilitation protocol incorporating anatomical analysis, exudate management, dressing selection, patient education, psychological care, and nutritional support. Its efficacy was validated through a typical case study.

Methods
Lymphatic leakage following peripheral midline catheter placement constitutes a clinically rare yet challenging complication. This study developed an evidence-based multidisciplinary rehabilitation protocol incorporating anatomical analysis, exudate management, dressing selection, patient education, psychological care, and nutritional support. Its efficacy was validated through a typical case study.

Results
Demonstrated that the rehabilitation programme reduced both the average daily drainage volume and healing time for Lymphatic leakage, with no secondary complications such as infection occurring. The study confirms that a multidisciplinary team-based rehabilitation programme significantly improves Lymphatic leakage prognosis, enhances patient dependency and self-management capabilities, and provides scientific evidence for clinical practice.

Conclusion
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A Survey Study on the Impact of Unhealthy Lifestyle Habits on Postoperative Complications in Inguinal Hernia Patients

Wu Jiajing, Zhou tong
The First Hospital of Lanzhou University

Introduction
To investigate the correlation between unhealthy lifestyle habits and postoperative complications following inguinal hernia repair, thereby providing evidence for enhanced recovery after surgery (ERAS) and complication prevention strategies.

Aim
To investigate the correlation between unhealthy lifestyle habits and postoperative complications following inguinal hernia repair, thereby providing evidence for enhanced recovery after surgery (ERAS) and complication prevention strategies.

Methods
Two hundred patients undergoing inguinal hernia repair at our hospital between January and June 2024 were enrolled. A self-designed questionnaire assessed preoperative and postoperative (within one month) smoking, alcohol consumption, and behaviours increasing abdominal pressure (constipation/chronic cough/ urinary retention), premature weight-bearing, obesity, and nutritional imbalance. Postoperative complications including wound infection, haematoma/seroma, hernia recurrence, and chronic pain were recorded and analysed using univariate and multivariate logistic regression.

Results
Among 200 patients, 42 (21.0%) developed postoperative complications: 11 cases of wound infection, 15 cases of haematoma/seroma, 6 cases of hernia recurrence, and 10 cases of chronic pain. Univariate analysis revealed that smoking, excessive alcohol consumption, constipation/ chronic cough/ urinary retention, premature weight-bearing postoperatively, obesity, and nutritional imbalance were all associated with postoperative complications (P<.05). multivariate logistic regression analysis revealed that smoking, alcohol consumption (or=”2.89,” 95% ci: 1.68–6.29), activities increasing abdominal pressure 2.05–8.28), premature weight-bearing 1.79–7.08), and obesity 1.45–5.76) were independent risk factors for postoperative complications following inguinal hernia repair (p><0.05).

Conclusion
Unfavourable lifestyle habits such as pressure, weight-bearing, significantly elevate the of repair. clinical practice should emphasise enhanced preoperative assessment behavioural interventions, optimising recovery after surgery (eras) protocols to reduce complication rates.

Analysis of the Clinical Efficacy of Perioperative Health Education Empowered by ERAS in Patients Undergoing Laparoscopic Inguinal Hernia Repair

Zhang Ruizhen
The First Hospital of Lanzhou University

Introduction
To evaluate the clinical efficacy of ERAS-guided perioperative health education empowerment in laparoscopic inguinal hernia repair patients and provide evidence for optimizing perioperative nursing.

Aim
To evaluate the clinical efficacy of ERAS-guided perioperative health education empowerment in laparoscopic inguinal hernia repair patients and provide evidence for optimizing perioperative nursing.

Methods
200 patients undergoing the surgery in our hospital from September 2025 to January 2026 were randomly divided into study group (n=100) and control group (n=100). The control group received routine care, while the study group was additionally given ERAS-guided health education empowerment, including structured preoperative education, psychological intervention, individualized surgical/anesthetic explanation, optimized intraoperative temperature/analgesia management, multimodal postoperative analgesia, early mobilization and oral intake guidance, and discharge rehabilitation instructions. Operative time, postoperative VAS pain scores (6/24/48h), complication incidence, first ambulation/flatus time, hospital stay and hospitalization costs were compared.

Results
No significant difference in operative time was found between the two groups (P>0.05). The study group had significantly lower VAS scores, lower overall complication incidence, earlier first ambulation/flatus time, shorter hospital stay and lower hospitalization costs (all P<.05).

Conclusion
eras-guided perioperative health education empowerment for laparoscopic inguinal hernia repair patients can effectively relieve postoperative pain, reduce complications, accelerate recovery, shorten hospital stay and cut costs without increasing surgical burden, being safe, feasible worthy of clinical promotion.

Exploration of an Integrated Medical-Nursing Wound Management Model for Patients Undergoing Abdominal Operations in General Surgery Under the ERAS Pathway

LiYanqing
The First Hospital of Lanzhou University

Introduction
To explore the clinical value of the integrated medical-nursing wound management model under the ERAS pathway for general surgery abdominal operation patients, aiming to boost wound healing, improve care quality, optimize outcomes, raise patient satisfaction, cut medical costs and shorten hospital stay.

Aim
To explore the clinical value of the integrated medical-nursing wound management model under the ERAS pathway for general surgery abdominal operation patients, aiming to boost wound healing, improve care quality, optimize outcomes, raise patient satisfaction, cut medical costs and shorten hospital stay.

Methods
A pre-post controlled study was carried out on 120 elective abdominal operation patients (colorectal, gastric, hepatobiliary) from March to August 2025, equally divided into control and intervention groups. The control group received conventional ERAS wound care, while the intervention group adopted the integrated model: wound specialist nurses managed routine wounds alone, and surgeons collaborated with them for complex chronic wounds via joint rounds, comprehensive assessment and evidence-based individualized plans. SSI rate, wound healing time, LOS, medical costs, patient satisfaction and doctor-patient relationship scores were compared.

Results
The intervention group had a significantly lower SSI rate (3.33% vs 13.33%, P<.05), shorter median healing time (7.8±1.3 vs 11.2±2.0 days) and los (5.9±1.1 8.1±1.5 days, p><0.01), 18.6% lower medical costs, notably higher patient satisfaction (97.2%) doctor-patient relationship scores (96.8%, p><0.05).

Conclusion
The model optimizes wound care labor division, effectively promotes healing, shortens los, reduces improves harmony, is a cost-effective measure worthy of clinical promotion for perioperative management general surgery abdominal operations.

The Impact of Smart Quantified Rehabilitation Management on Postoperative Recovery Quality in Elderly Patients Undergoing Lobectomy: A Prospective Cohort Study

Yaping HE, Xiaoli MA
The First Hospital of Lanzhou University, Gansu Province, China

Introduction

1. Background: Postoperative rehabilitation in elderly patients undergoing pulmonary lobectomy is a clinical challenge, often accompanied by complications such as pulmonary infections and slow recovery.
2. Current Limitations: Traditional rehabilitation management lacks personalized and quantifiable intervention methods, resulting in suboptimal recovery outcomes.
3. Research Focus: Intelligent quantifiable rehabilitation management—which integrates wearable devices and smart rehabilitation equipment—represents a new direction to address this issue. This study explores its application value.

Aim

Conventional ERAS verbal guidance is associated with poor adherence and challenges in outcome quantification. This study aims to evaluate the impact of a smart device-based quantified rehabilitation management protocol on postoperative recovery quality in elderly patients undergoing lobectomy.

Methods

A prospective cohort study will be conducted. From March to November 2025, elderly patients (≥65 years) scheduled for lobectomy will be allocated to either an intervention group or a control group based on admission date. The intervention group will receive Smart Quantified Rehabilitation Management, utilizing a mini-program, robot, holographic nurse, projector with gamified scenarios, and a singing-based respiratory trainer for guided exercise. Patients will wear smart wristbands for quantified activity management with stepwise goals (e.g., 1.5 hours of activity on postoperative day 1). Data will be displayed on a screen for motivation and reinforced by nurses during rounds. The control group will receive conventional ERAS verbal guidance. Outcomes for comparison include the 24-hour postoperative ambulation rate, exercise compliance, complication rates, length of hospital stay, and patient satisfaction.

Results

It is anticipated that the intervention group will demonstrate a significant reduction in complication rates, a shorter average hospital stay, and higher patient satisfaction.

Conclusion

Smart quantified rehabilitation management transforms traditional guidance into objective, interactive, and quantifiable tasks. It shows potential to enhance patient adherence and recovery quality, offering a new paradigm for intelligent ERAS management in thoracic surgery.

Observational Study on the Effect of Chinese Herbal Medicine Pack Combined with Acupoint Stimulation in Alleviating Adverse Reactions in Patients After Hysterolaparoscopic Surgery

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Guangdong Second Provincial General Hospital

Introduction
This study investigates the efficacy and safety of integrating Traditional Chinese Medicine (TCM) techniques—specifically, Chinese herbal medicine packs and acupoint stimulation—in managing postoperative adverse reactions in patients undergoing hysterolaparoscopic surgery. Hysteroscopic and laparoscopic surgeries, though minimally invasive, often lead to discomforts such as abdominal pain, distension, nausea, vomiting, anxiety, and sleep disturbances, which can delay recovery. While conventional postoperative care provides some relief, this research explores a complementary non-pharmacological approach rooted in TCM principles.
The study design is retrospective, comparing 500 patients receiving standard care in 2023 with 500 patients treated with TCM herbal packs and acupoint stimulation in 2024. Outcomes measured include pain, nausea, vomiting, abdominal distension, time to first flatus, length of hospital stay, anxiety, and sleep quality.
Results indicate that the combined TCM intervention significantly reduced postoperative symptoms, shortened recovery time, and improved patient comfort without notable complications. The findings support the integration of TCM modalities into enhanced recovery protocols, offering a safe, effective, and holistic option for postoperative care.
This research contributes to the growing body of evidence on TCM's role in modern surgical recovery and highlights its potential for wider clinical and international adoption.

Aim
Although hysteroscopic and laparoscopic surgeries are minimally invasive, postoperative adverse reactions such as abdominal pain, distention, nausea, and vomiting still occur, affecting patient recovery. This study aims to analyze the clinical efficacy of traditional Chinese medicine (TCM) herbal packs combined with acupoint stimulation in alleviating adverse reactions following hysteroscopic and laparoscopic surgeries.

Methods A retrospective analysis was conducted on 500 cases of patients who underwent hysteroscopic and laparoscopic surgeries under general anesthesia from January to December 2023, and another 500 cases treated with TCM herbal packs combined with acupoint stimulation from January to December 2024. The two groups were compared in terms of anxiety, sleep quality, postoperative abdominal pain, nausea, vomiting, distention at 2 and 4 hours, time to first flatus, and length of hospital stay. The efficacy and safety of TCM herbal packs combined with acupoint stimulation in improving postoperative adverse reactions were evaluated. All patients met the inclusion and exclusion criteria.

Results
Traditional Chinese medicine (TCM) herbal packs combined with acupoint stimulation significantly lowered levels of postoperative abdominal pain, distention, and nausea compared to the control group ($p < 0.05$). Additionally, the experimental group demonstrated a significantly reduced incidence of vomiting, shorter time to first flatus, decreased hospital stay, and lower anxiety and sleep disturbance scores ($p < 0.05$).

Conclusion
TCM herbal packs combined with acupoint stimulation represent a safe, effective, and non-pharmacological approach to alleviating adverse reactions following hysteroscopic and laparoscopic surgeries, facilitating rapid patient recovery.

Innovative practice of the ERAS nursing pathway driven by intelligent education in hyperhidrosis

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Guangdong Second Provincial General Hospital

Introduction
This study explores the application and effectiveness of an Enhanced Recovery After Surgery (ERAS) clinical nursing pathway supported by an intelligent education system in patients undergoing thoracoscopic sympathetic chain resection for hyperhidrosis.
Hyperhidrosis, a common autonomic dysfunction, significantly impacts patients' quality of life and mental health. While surgical intervention is effective, perioperative care plays a crucial role in recovery. Traditional nursing approaches often lack personalization and real-time interaction, which may limit patient engagement and outcomes.
In this retrospective comparative study, 680 patients were divided into two groups: a control group receiving conventional paper-based education and an experimental group undergoing an intelligent education-driven ERAS pathway. The smart system provided personalized, multimedia-based health education, psychological support, preoperative reminders, postoperative guidance, and remote follow-up through a digital platform.
Results demonstrated that the intelligent ERAS pathway significantly improved nursing efficiency, patient satisfaction, preoperative preparation, knowledge acquisition, wound healing, and postoperative quality of life, while reducing unplanned readmissions and complications.
The study concludes that integrating intelligent education into ERAS protocols offers a feasible, effective, and patient-centered approach to perioperative care in hyperhidrosis, with strong potential for clinical adoption and further research into long-term outcomes and cost-effectiveness.

Aim
To explore the application effect of the Enhanced Recovery after Surgery (ERAS) clinical nursing pathway driven by intelligent education in the nursing of patients with hyperhidrosis, and to provide a reference for the perioperative nursing of patients.

Methods
Patients with hyperhidrosis who underwent thoracoscopic sympathetic chain resection were admitted to Guangdong Second Provincial General Hospital, and they were selected and grouped according to the chronological order of admission: 180 patients from January 2023 to December 2023 were taken as the control group and intervened with the traditional paper-based nursing pathway sheet. Five hundred patients from January 2024 to December 2024 were taken as the experimental group and intervened with the ERAS clinical nursing pathway sheet driven by the intelligent education and publicity system. The nursing quality indicators, nursing effects and rehabilitation effects of the two groups were compared.

Results
The time required for the experimental group to complete nursing education was shorter than that of the control group (P<0.05); The nursing satisfaction rate of the experimental group was higher than that of the control group (P><0.05). The reading rate, pre-hospital preparation rate, preoperative preparation rate and knowledge mastery rate of patients in the experimental group were higher than those in the control group (P><0.05). The wound healing time of the experimental group was shorter than that of the control group (P><0.05). One month after the operation, the scores of the Hyperhidrosis Severity Scale (HDSS) in the experimental group were all lower than those in the control group (P><0.05).The rate of unplanned readmission after surgery and the incidence of postoperative complications in the experimental group were lower than those in the control group (P><0.05).

Conclusion
The ERAS nursing pathway driven by intelligent education for patients with hyperhidrosis can improve the quality of nursing, enhance the nursing effect and rehabilitation effect, and has high clinical reference value.

Prevalence and Modifiable Perioperative Risk Factors of Intraoperative Hypothermia in Surgical Patients: A Systematic Review and Meta-analysis

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Introduction
Maintenance of normothermia is a core component of Enhanced Recovery After Surgery (ERAS) pathways. Intraoperative hypothermia remains a frequent yet under-recognized complication, negatively affecting surgical recovery and postoperative outcomes. Although numerous studies have reported its prevalence and associated risk factors, a comprehensive synthesis of the available evidence is lacking.

Aim
To determine the pooled prevalence of intraoperative hypothermia and to identify perioperative risk factors relevant to ERAS-based surgical care.

Methods
A systematic search of PubMed, Cochrane Library, Web of Science, CINAHL Plus, and EMBASE was conducted from inception to October 31, 2025. Observational studies reporting the prevalence or risk factors of intraoperative hypothermia were included. Two reviewers independently screened studies, extracted data, and assessed methodological quality. Meta-analyses were performed using random-effects models in Stata 15.0.

Results
Fifty-seven studies involving 40,142 surgical patients were included. The reported prevalence of intraoperative hypothermia ranged from 10% to 93.3%, with a pooled prevalence of 44.3% (95% CI: 38–49%; I^2 = 99.4%).Significant risk factors for intraoperative hypothermia included older age, lower preoperative body temperature, lower operating room temperature, higher ASA physical status, longer duration of anesthesia and surgery, greater intraoperative blood loss, increased intravenous fluid administration, blood transfusion, and the use of vasoactive drugs. These factors are closely related to perioperative nursing management and ERAS implementation.

Conclusion
Intraoperative hypothermia remains highly prevalent among surgical patients and is influenced by multiple modifiable perioperative factors. From an ERAS perspective, targeted nursing interventions—such as preoperative warming, active intraoperative temperature management, fluid warming, and environmental optimization—are essential to reduce hypothermia risk and enhance postoperative recovery. Future high-quality studies are warranted to address heterogeneity and strengthen evidence-based perioperative nursing practice.

Effect of shortened fasting time before cesarean section on the incidence of neonatal hypoglycemia

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Introduction

Cesarean section is a key obstetric procedure, vital for ensuring maternal and infant safety, resolving dystocia, and managing high-risk pregnancies. With advances in perioperative medicine, optimizing preoperative care for cesarean section to improve maternal and neonatal outcomes and enhance the maternal experience has become a focus of obstetric research. Preoperative fasting is a core part of perioperative management, traditionally requiring 12+ hours of fasting to prevent anesthesia-related vomiting and aspiration.

However, prolonged fasting often causes parturients to experience hunger, thirst, anxiety, and fatigue, and may disrupt maternal metabolism, affecting fetal energy supply. Neonatal hypoglycemia (blood glucose <2.9 mmol/L) is a common post-cesarean complication, posing risks to neurodevelopment and long-term health.

In recent years, the Enhanced Recovery After Surgery (ERAS) concept has been increasingly applied in obstetrics, emphasizing evidence-based optimization of perioperative interventions to reduce stress and promote rapid recovery.>Against this background, shortening preoperative fasting time for cesarean section has attracted clinical attention. This retrospective study included 300 full-term healthy parturients who underwent cesarean section under combined spinal-epidural anesthesia between February and June 2025. They were divided into a conventional fasting group (≥12 hours, n=150) and a shortened fasting group (≤6 hours, n=150). By comparing neonatal hypoglycemia incidence, maternal perioperative comfort, satisfaction, and intraoperative adverse reactions, this study aims to confirm the clinical value of shortened fasting. The results are expected to provide evidence for optimizing preoperative management, reducing neonatal adverse outcomes, and improving maternal well-being, advancing scientific and humanized perioperative obstetric care.

Aim

To investigate the effect of shortening preoperative fasting duration (from traditional 12 hours to 6 hours) on the incidence of neonatal hypoglymia in elective cesarean section, and to provide evidence-based data for optimizing preoperative management.

Methods

We conducted a retrospective analysis of 300 full-term healthy parturients who underwent cesarean section under combined spinal-epidural anesthesia between February 2025 and June 2025. According to preoperative fasting duration, patients were divided into a conventional fasting group (fasting ≥12 hours, n=150) and a shortened fasting group (fasting ≤6 hours, n=150). Neonatal blood glucose levels at 1 hour after birth and the incidence of hypoglycemia (defined as blood glucose

Results

The incidence of neonatal hypoglycemia was significantly higher in the conventional fasting group than in the shortened fasting group (P<0.05). Maternal subjective comfort level and satisfaction were significantly lower in the conventional fasting group compared with the shortened group (P><0.05). There was no significant difference in the incidence of intraoperative adverse reactions between the two groups (P>0.05).

Conclusion

The primary purpose of preoperative fasting before cesarean section is to prevent intraoperative complications such as vomiting, aspiration, and postoperative intestinal distension. Shortening the preoperative fasting duration effectively reduces the risk of neonatal hypoglycemia, enhances maternal perioperative comfort and satisfaction, and does not increase intraoperative risks. This approach demonstrates significant clinical value and is worthy of wider application.

Effect of accelerated rehabilitation surgery (ERAS) combined with ear pressure beans in rehabilitation after cesarean section

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Introduction

Cesarean section is a critical obstetric procedure for ensuring maternal and infant safety, but optimizing perioperative management remains key to improving outcomes and reducing adverse events. Traditional perioperative care, such as prolonged preoperative fasting and routine postoperative nursing, often brings challenges including maternal discomfort, delayed rehabilitation, postoperative pain, anxiety, and potential neonatal risks like hypoglycemia.

In recent years, the Enhanced Recovery After Surgery (ERAS) concept has been increasingly applied in obstetrics, emphasizing evidence-based optimization of perioperative interventions to minimize stress and promote rapid recovery. Meanwhile, integrating traditional Chinese medicine (TCM) therapies with modern medical care has emerged as a promising approach for perioperative management.

Against this backdrop, two related studies were conducted: one exploring the effect of shortening preoperative fasting duration (from 12 hours to 6 hours) on neonatal hypoglycemia incidence and maternal perioperative experience, and the other investigating the efficacy of ERAS combined with TCM ear acupressure (targeting points such as Shenmen, Subcortex, and Uterus) plus emotional nursing on maternal postoperative rehabilitation. This paper aims to present the findings of these studies, providing evidence for refining cesarean section perioperative care strategies to enhance maternal comfort, accelerate rehabilitation, and reduce neonatal and maternal adverse outcomes.

Aim

To explore the effect of accelerated rehabilitation surgery (ERAS) combined with ear acupressure on the rehabilitation effect of pregnant women after caesarean section.

Methods

We randomize assigned 110 cesarean section samples into divided group (routine nursing) and the intervention group (ERAS combined with ear acupuncture). On the basis of ERAS nursing (including early bed activity, pain management, diet guidance, etc.), the intervention group combined with ear acupoint compression (selecting divine gate, subcortical, uterus and other acupoint compression) and Chinese Traditional Medicine emotional nursing. Observation indicators include psychological state (SAS score), first bedtime after surgery, gastrointestinal function recovery (first gas, pain degree VAS score), hospitalization time, complication incidence and nursing satisfaction.

Results

Psychological state: Maternal anxiety (SAS) in the intervention group (45±5 points vs55±5 points) score was significantly lower than that of the control group (P

Conclusion

ERAS combined with ear acupressure beans can effectively improve the psychological state of mothers after caesarean section, accelerate the recovery of gastrointestinal function, shorten hospitalization time, reduce the risk of pain and complications, and improve nursing satisfaction. This model combines the concept of rapid rehabilitation of Western Medicine with the advantages of external treatment of Chinese Traditional Medicine, and provides a multidisciplinary integrated nursing plan for rehabilitation after caesarean section.

The application of symptom cluster management program based on the ERAS concept in the perioperative period of elderly patients with liver cancer

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Introduction

Liver cancer features persistently high morbidity and mortality, with an increasing proportion of elderly patients amid population aging. These patients have poor perioperative physiological reserve, are prone to symptom clusters with interactive effects, which exacerbate physical and mental burdens and hinder recovery. Though the ERAS concept is widely applied in hepatobiliary surgery, perioperative care for elderly liver cancer patients mostly adopts single-symptom intervention, lacking ERAS-integrated systematic symptom cluster management programs. Thus, the development and application of such a program is urgently needed to improve patients' recovery outcomes.

Aim/Objective

To explore the construction and application of a management program for core symptoms and high-incidence symptom groups in elderly patients with liver cancer during the perioperative period based on the concept of Enhanced Recovery after Surgery (ERAS), in order to improve the quality of life of elderly patients with liver cancer during the perioperative period.

Methods

One hundred patients over 60 years old who were scheduled for laparoscopic liver cancer surgery were randomly divided into the experimental group and the control group, with 50 cases in each group. The experimental group received the symptom cluster management program constructed based on the ERAS concept atthe three stages of before the operation, the first day after the operation and the third day after the operation, and implemented precise and multi dimensional management for elderly liver cancer patients. The control group received routine care in the ward. The main outcome indicators for the comparison between the two groups included the time to first get out of bed after surgery, the time to first exhaust, the average length of hospital stay, and the plasma clearance rate (K) and half-life (T1/2) of ICG in the liver reserve function test before and after surgery. Secondary outcome measures included the M.D Anderson Symptom Inventory (MDASI) score of patients, quality of life score, satisfaction and frailty index.

Results

The time for the first postoperative ambulation and exhaust and defecation in the experimental group was earlier than that in the control group, and the average length of hospital stay was shorter than that in the control group. The postoperative k value and T1/2 of both groups of patients were higher than the preoperative levels, and the K value and T1/2 levels of the control group were higher than those of the experimental group. At 3 days, 7 days and 15 days after the operation, the scores of the M.D Anderson Symptom Inventory (MDASI), quality of life and frailty index of the patients in the experimental group were all better than those in the control group. The patient satisfaction before discharge in the experimental group was higher than that in the control group. The differences were all statistically significant ($P<0.05$).

Conclusion

The implementation of enhanced recovery after surgery combined with symptom cluster management program can effectively promote postoperative recovery in elderly patients with liver cancer and reduce complications.

Prospective Evaluation of Ambulatory Surgical Management of Chronic Venous Disease in a High-Volume Phlebology Center

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Introduction

Chronic venous disease (CVD) is a prevalent condition worldwide, significantly affecting patient quality of life and healthcare systems. With the increasing implementation of ambulatory surgical pathways, robust data on clinical outcomes in real-world practice are needed to inform best practice and optimize perioperative care.

Aim

To prospectively evaluate demographic characteristics, disease severity, comorbidities, postoperative outcomes, and complication rates among patients undergoing ambulatory surgical treatment for CVD in a high-volume phlebology center.

Methods

This prospective observational study enrolled 2,900 consecutive patients treated for CVD between September 2024 and May 2025. Disease severity was assessed by CEAP classification. Follow-up was standardised at postoperative day 1, 7 days, 1 month, and 6 months. Data on patient demographics, CEAP class, comorbidities, postoperative complications, and postoperative anticoagulant therapy were collected and analysed.

Results

The mean age of patients was 54 years (range 18–84), with 76.7% female (n=2,224) and 23.3% male (n=676). CEAP class distribution was: C2 – 9.6% (n=278), C3 – 46.5% (n=1,355), C4 – 24.5% (n=710), C5 – 9.4% (n=273), and C6 – 9.8% (n=284). Post-thrombotic syndrome was present in 14.5% (n=420) and thrombophilia in 3.7% (n=107). Significant comorbidities included arterial hypertension (40.2%, n=1,166), ischemic heart disease (20.4%, n=592), post-infarction cardiosclerosis (7.7%, n=223), diabetes mellitus (9.1%, n=264), and oncological disease (6.5%, n=188). No cases of deep vein thrombosis or pulmonary embolism were observed. Thrombus propagation occurred in 1.1% (n=32). Major postoperative complications were rare: one case (0.03%) required surgical intervention for hematoma and one case (0.03%) presented with a purulent complication; no repeat hospitalizations were recorded. Postoperative anticoagulant therapy was administered to 19% of patients (n=551), primarily those with post-thrombotic syndrome, thrombophilia, or thrombus propagation.

Conclusion

In this prospective cohort, ambulatory surgical management of CVD in a high-volume center demonstrated a favorable safety profile and low complication rates, even among patients with advanced disease and multiple comorbidities. These findings support the feasibility, safety, and effectiveness of ambulatory venous surgery as an efficient model of care in contemporary practice.

Non-thermal Cyanoacrylate Closure of Saphenous Veins Using the VenaSeal™ System: Real-World Outcomes in Patients with Advanced Chronic Venous Disease

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Introduction
Endovenous thermal ablation is the standard approach for the treatment of truncal venous reflux; however, its use may be limited in patients with advanced chronic venous disease (CVD), significant comorbidities, or intolerance to tumescent anaesthesia and compression therapy. Non-thermal cyanoacrylate closure (CAC) represents a minimally invasive alternative, though real-world evidence in complex patient populations remains limited.

Aim
To evaluate the effectiveness and safety of cyanoacrylate closure of incompetent saphenous veins using the VenaSeal™ system in patients with advanced CVD in routine clinical practice.

Methods
This prospective single-centre observational study included 50 consecutive patients with CEAP C4–C6 disease treated between 2024 and 2025. Mean age was 58 ± 12 years; 68% were female. Post-thrombotic aetiology was present in 44% of cases. Comorbidities were frequent and included obesity (88%), arterial hypertension (90%), type 2 diabetes mellitus (68%), coronary artery disease (70%), peripheral arterial disease (22%) and venous eczema (58%). Cyanoacrylate closure of the great or small saphenous vein was performed under local anaesthesia without tumescent infiltration or mandatory post-procedural compression. Clinical assessment and duplex ultrasound were performed at 1, 3, 6 and 12 months.

Results
Technical success with immediate occlusion of the target vein was achieved in all patients. At 6-month follow-up, complete occlusion was maintained in all evaluated cases. At 12 months, recanalisation of the target vein was identified in two patients (4%), both associated with recurrence of varicose tributaries. Durable occlusion was preserved in the remaining 48 patients (96%). Clinical improvement was observed in 96% of patients, with a mean reduction in VCSS of 3.4 ± 1.1 points. All patients with active venous ulcers at baseline (n = 2) achieved complete ulcer healing within three months. Minor adverse events included self-limiting superficial phlebitis (4%) and transient hyperpigmentation (2%). No deep vein thrombosis, thromboembolic events, or allergic reactions were recorded.

Conclusion
Cyanoacrylate closure using the VenaSeal™ system provides effective and durable elimination of truncal venous reflux with a favourable safety profile in patients with advanced chronic venous disease and significant comorbidity. The non-thermal, non-tumescent nature of the technique makes it a valuable option in clinical scenarios where conventional thermal ablation is limited or unsuitable.

General Anaesthesia in Dental Management – Case Report

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Introduction

Dental procedures conducted under general anesthesia constitute a significant clinical modality for the management of patients who are unable to receive dental care under local anesthesia or conscious sedation due to medical, psychological, or behavioral factors.

Aim

The purpose of this paper is to present a clinical case illustrating the implementation of multiple dental procedures during a single treatment session facilitated by the use of general anesthesia, thereby ensuring patient comfort through pain-free treatment and reducing the overall number of clinical visits.

Methods

General anesthesia is a reversible depression of the central nervous system that results in loss of consciousness, analgesia, amnesia, and muscle relaxation. Thirty minutes prior to the procedure, the patient received premedication. A state of general anesthesia was then established, followed by nasotracheal intubation. Conservative restorations were performed on permanent teeth in both the maxillary and mandibular arches (17, 15, 14, 35, 37, 46). Endodontic treatment was carried out on the premolars (15, 35) and a molar (46). Hard and soft dental deposits were removed, and multiple extractions of severely destroyed teeth were performed (24, 25, 36, 47). After the procedure, the patient remained in the recovery room and was subsequently discharged from the day hospital.

The choice of anesthetic or sedation technique depends on the type of dental procedure and the individual patient, with general anesthesia representing an ideal treatment modality for highly anxious and fearful patients.

Results

Carious lesions on the premolars and molars in both jaws were restored with composite fillings. Single-visit endodontic treatment of the affected root canals was performed, along with the extraction of severely carious and structurally compromised teeth. All procedures were completed during a single clinical visit under general anesthesia, thereby minimizing patient discomfort, eliminating procedural pain, reducing dental anxiety, and significantly decreasing the number of required appointments. This comprehensive approach marked the completion of the first phase of oral rehabilitation therapy.

Conclusion

General anesthesia is an effective method in dental practice, allowing multiple procedures to be safely completed in a single visit, minimizing patient stress, and reducing the number of appointments, while requiring specialized staff and an individualized approach to ensure optimal care.

Ambulatory Surgery at the Department of Pediatric Surgery, University Hospital Rijeka: An Eight-Year Experience

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Clinical Hospital Center Rijeka

Introduction
Ambulatory (day-case) surgery has become an essential component of modern pediatric surgical care, providing safe treatment with reduced hospital stay, improved patient comfort, and optimized use of healthcare resources. Advances in surgical and anesthetic techniques have enabled continuous expansion of indications for pediatric ambulatory surgery.

Aim
The aim of this study was to analyze the volume, spectrum of procedures, diagnostic structure, geographical catchment area, and organizational development of patients treated in the pediatric ambulatory surgery unit at the University Hospital Rijeka.

Methods
A retrospective analysis of the hospital information system was conducted, including all patients treated in the pediatric ambulatory surgery unit between March 14, 2018 and January 1, 2026. Demographic data, types of surgical procedures, associated diagnoses, and patients' places of residence were analyzed.

Results
During the study period, a total of 1,856 patients were treated in the pediatric ambulatory surgery unit. The most frequently performed procedures were circumcision with frenuloplasty, inguinal and umbilical hernia repair, removal of osteosynthesis material, orchidopexy for undescended testis, and excision of skin and subcutaneous lesions.
The most common diagnoses included phimosis, inguinal hernia, undescended testis, hydrocele, pilonidal disease, and various benign soft tissue tumors. Patients were referred from a wide geographical area including the Primorje-Gorski Kotar, Istria, and Lika regions, resulting in a catchment area with a maximum radius of approximately 170 km from the University Hospital Rijeka.
Since April 2024, the unit has been operating in a new hospital facility with a purpose-designed ambulatory surgery area, enabling improved patient flow, monitoring conditions, and overall organization of day-case surgical care. The majority of patients were discharged on the day of surgery following standardized postoperative monitoring, without unplanned admissions.

Conclusion
Pediatric ambulatory surgery at the University Hospital Rijeka represents a safe and efficient model of care for a broad range of pediatric surgical conditions. High patient volume, diverse surgical pathology, wide regional catchment area, and improved infrastructure following relocation to a new hospital facility further support the ongoing development of ambulatory surgery as a key component of contemporary pediatric surgical practice.

Integration of oral health into multidisciplinary day hospital care

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Introduction
Oral health is a crucial component of overall health, particularly for vulnerable and medically compromised patients, who often experience neglected oral diseases and face challenges in accessing therapeutic care. The most at-risk groups include medically compromised individuals, children with developmental disabilities, and those with special needs, for whom traditional dental treatments may be inadequate.

Aim
The lecture will present the indications, treatment methods, and organization of dental care for patients in a day hospital care.
Over the last years, there has been a significant increase in dental restorations under general anesthesia, resulting in an influx of patients and the development and popularization of a multidisciplinary day-hospital model of care for this population.

Methods
Common diagnoses that necessitate dental rehabilitation under general anesthesia include Down syndrome, cerebral palsy, autism spectrum disorders, as well as the need for extensive oral surgical procedures and complex rehabilitative procedures. Multidisciplinary medical assessment and patient preparation, as well as the procedure under general anesthesia, involve thorough preoperative preparation, intubation with standard monitoring of vital signs, and postoperative patient supervision, with continuous collaboration with parents or caregivers.

Results
The integration of dentists into a multidisciplinary team allows for timely evaluations of oral health, effective therapy planning, and implementation of procedures in a controlled hospital environment.

Conclusion
Safe therapeutic approach in a day hospital setting minimizes the risk of complications, facilitates comprehensive dental rehabilitation in a single visit, and leads to significant improvements in oral health and quality of life for patients during the postoperative period. This model of medical care underscores the importance of incorporating oral health into contemporary multidisciplinary health systems.

Integration of Fundamentals of Care in Day Surgery – Relationship Building

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Introduction

In response to a request from hospital management, Fundamentals of Care was implemented as a guiding framework for nursing practice at Aarhus University Hospital. Fundamentals of Care is a contemporary theoretical framework emphasizing the planning and delivery of individualized and context-sensitive nursing care.

Aim

The initiative aimed to strengthen the focus on and visibility of nursing within a day surgery setting.

Methods

Implementation was guided by Sackett's model, integrating the best available evidence with patient preferences, clinical judgment, and available resources. The project began with a thematic training day to describe the clinical work involved in building patient relationships and to establish a theoretical nursing foundation. Structured case-based work followed to encourage daily reflection on nursing practice. Additionally, 702 patients were contacted to gather feedback on positive and less positive aspects of their experiences in the reception area, operating theatre, and recovery unit.

Results

Clinical practice was characterized by small talk, recognition of patient individuality, creating space for the patient, equality, and fostering a sense of security. The theoretical framework was grounded in Kari Martinsen's nursing philosophy. Among the patientrespondents (response rate: 49%) , the aspect most appreciated was the nurses' professional demeanor and presence. All perspectives were consolidated to develop a cohesive framework demonstrating how Fundamentals of Care can be integrated across clinical practice, theoretical foundations, and patient experiences.

Conclusion

This initiative highlights the importance of combining theory, clinical practice, and patient perspectives to strengthen nursing visibility and quality in a day surgery setting. The approach provides a model for systematic integration of Fundamentals of Care that can inform future practice development.

Standardisation of MRSA testing across the South East London Anaesthesia And Perioperative Medicine Network in line with Getting It Right First Time (GIRFT) 2025 guidance

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Introduction

In May 2025, the Getting It Right First Time (GIRFT) initiative published its Guide to Preoperative Testing: Adult MRSA Screening and Suppression/Eradication Prophylaxis for Patients on an Elective Surgical Pathway.1 The guidance recommends evidence-based changes to MRSA screening within preoperative assessment (POA) services, aiming to standardise practice, reduce unwarranted variation, minimise unnecessary appointments, decrease financial and environmental waste and improve patient flow. Aligning MRSA testing practices was designated as a priority for 2025/26 by the South East London (SEL) Anaesthesia and Perioperative Medicine (APOM) Network.

Aim

This audit set out to determine the operational and financial impact of proposed GIRFT-aligned modifications to the MRSA screening pathway at Lewisham and Greenwich NHS Trust (LGT), the pilot Trust within SEL.

Methods

Our team of 15 resident doctors conducted a retrospective audit of MRSA screening for adult elective surgical patients at LGT between 15th–21st September 2025. Paediatric patients were excluded. Of 213 eligible adults, complete data were obtained for 207 (97%).

Results

Key impacts of implementing GIRFT recommendations:

- Excluding day-case procedures from screening (except for orthopaedics and surgery involving prosthesis insertion) would eliminate the need for screening in 52% of patients.
- Reducing screening sites from three to two would decrease the number of swabs taken by 33% for those still requiring screening.
- Extending screening validity from 18 weeks to six months (excluding orthopaedics) would mean 6% fewer patients would require repeat testing.
- Eliminating repeat testing after a positive result: only three MRSA positive surgical cases were identified, equivalent to 156 positive tests annually.
- Projected annual savings at LGT:
- 152 healthcare assistant days (74%)
- 78 nursing days (76%)
- £55,576 in direct costs (66%).

Conclusion

Through this audit, we identified a significant number of unnecessary MRSA tests performed. Aligning MRSA screening with GIRFT guidance would substantially reduce unnecessary testing, release clinical time, and streamline POA pathways across SEL. These efficiencies will improve throughput, support elective recovery, and maintain a larger cohort of patients who are “fit to proceed” prior to scheduling, without compromising patient safety. While concurrent service changes limit precise quantification, the positive impact on day-case capacity and workflow is likely significant.

Case report: Anesthetic management of ultrasound–guided percutaneous thermal ablation of thyroid nodules in a day surgery setting: from procedural sedation with remimazolam to short general anesthesia with supraglottic airway

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Introduction

Minimally invasive image–guided procedures have become an increasingly popular alternative to conventional surgery for benign thyroid nodules. Ultrasound–guided thermal ablation, including radiofrequency ablation (RFA), offers effective volume reduction and preservation of thyroid function and reduced complication rates. The procedures are commonly performed in a day-surgery setting and often rely on procedural sedation rather than general anesthesia. However, from an anesthesiology perspective, interventions involving the thyroid gland present specific challenges. The proximity of the thyroid to the trachea, recurrent laryngeal nerves and major vascular structures, combined with manipulation and compression of the neck tissues, may significantly affect airway dynamics and patient comfort. Respiratory movement, coughing, swallowing, and even deep spontaneous breathing can compromise procedural precision and safety.

Aim

We present a case illustrating the anesthetic management of a patient undergoing ultrasound-guided percutaneous thermal ablation of thyroid nodules, initially under remimazolam-based sedation with opioid supplementation, followed by conversion to short general anesthesia with a supraglottic airway due to the procedural requirements. This case highlights the strengths and limitations of procedural sedation in thyroid interventions and supports a tailored anesthetic approach prioritising both procedural conditions and patient safety.

Methods

A 38-year-old female patient (ASA II) was scheduled for ultrasound-guided percutaneous thermal ablation of benign thyroid nodules in a day-surgery setting. Preoperative evaluation revealed no significant comorbidities, no history of difficult airway and no known drug allergies. The patient was euthyroid and had previously undergone diagnostic procedures without anesthetic complications.
The initial anesthetic plan was procedural sedation with preserved spontaneous ventilation. Sedation was initiated using remimazolam, combined with opioid analgesia (sufentanil 10 mcg administered intravenously). Additionally, a target-controlled infusion (TCI) of propofol was used for sedation, employing the Schneider model with low effect-site target concentration (approximately 0,2 -0,4 mcg/mL). The aim was to maintain patient cooperation and spontaneous breathing while minimising movement and discomfort.
Despite adequate sedation, the patient exhibited deep spontaneous breathing with pronounced respiratory excursions of the neck and trachea. The interventional radiologist reported that ongoing respiratory movement made accurate ablation technically difficult and potentially unsafe. At this point, the anesthetic team reassessed the situation and concluded that procedural sedation, although pharmacologically adequate, could not provide the immobility required for this phase of the intervention.
A decision was made to convert to short general anesthesia. Following deepening of the anesthesia, a second-generation supraglottic airway device (I-gel) was inserted without complications. General anesthesia was maintained exclusively using target-controlled infusion (TCI) of propofol with an effect-site target concentration op approximately 1,5 mcg/mL, providing stable anesthetic depth, smooth titration and rapid emergence. The total duration of this phase was approximately 30 minutes, and no intraoperative complications were observed.
Postoperative assessment using the Post-Anesthesia Discharge Scoring System (PADSS) yielded a score of 9 as early as two hours after emergence from anesthesia, allowing early discharge planning. The limiting factor was moderate postoperative pain, with a visual-analogue scale (VAS) score of 4-5, which was managed with standard analgesics. An episode of intra-procedural urinary incontinence was noted, but had no clinical consequences. The patient was discharged home approximately three hours after completion of the procedure with appropriate instructions and follow-up arrangements. This confirmed the suitability of this anesthetic approach for a day-surgery setting.

Results

In our case, remimazolam, combined with low-dose opioid analgesia and TCI using propofol, provided adequate sedation, anxiolysis and patient cooperation during the initial phase of the procedure. Hemodynamic stability was excellent, and recovery was rapid, consistent with existing literature supporting the safety profile of remimazolam. However, this case also highlights the limitations of procedural sedation for interventions involving the thyroid gland. Even in adequately sedated patients, preserved spontaneous ventilation can lead to deep respiratory movements, resulting in significant displacement of the thyroid and adjacent structures. During thermal ablation, where millimeter-level precision is required to avoid injury to critical structures such as the recurrent laryngeal nerve or trachea, such movement may compromise procedural safety.
Conversion to short general anesthesia provided several advantages:

- Complete control of ventilation
- Elimination of respiratory-related neck movement
- Improved procedural conditions for the interventional radiologist

Conclusion

Ultrasound-guided percutaneous thermal ablation of thyroid nodules can be safely performed in a day-surgery setting. Remimazolam-based procedural sedation is a valuable, safe option for the initial phase of such interventions, offering excellent hemodynamic stability and rapid recovery.

However, due to the anatomical and functional relationship between the thyroid and the airway, respiratory movement during spontaneous breathing may significantly interfere with procedural precision. In selected cases, particularly during the ablation phase, short general anesthesia with supraglottic airway and controlled ventilation may provide superior procedural conditions and enhance overall safety.

An individualised, flexible anesthetic strategy combining the advantages of modern short-acting sedatives with the readiness to convert to general anesthesia when required appears to be the optimal approach for these increasingly common minimally invasive thyroid procedures.

Patient experiences of Ambulatory Joint Replacement Surgery

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Introduction

Patient feedback is essential for improving healthcare quality, efficiency, and patient-centeredness. A positive patient experience extends beyond clinical outcomes to encompass the entire care pathway. At Coxa Hospital for Joint Replacement, continuous feedback is collected via SMS surveys one week after surgery. Historically, Net Promoter Score (NPS) results have remained above 95%, reflecting high satisfaction among both ambulatory and inpatient surgical patients. During the study period, monthly NPS scores ranged from 94% to 100%.

Aim

To identify key factors contributing to a positive patient experience in ambulatory joint replacement surgery based on patient feedback.

Methods

Data were collected from patients undergoing ambulatory joint replacement between March 2024 and November 2025 (21 months). Feedback was obtained through an SMS survey including NPS, four structured questions, and one open-ended question. A total of 1,578 patients responded to the NPS question (response rate 49%), and 1,128 provided open comments (response rate 35%). Open feedback was initially categorized using AI-assisted analysis and then manually grouped into seven main categories under two themes: positive feedback and improvement suggestions

Results

Positive experiences were primarily associated with friendly interactions and a sense of care (395 mentions), trust in staff competence (374), a smooth and fast process (174), and clear pre- and postoperative guidance (157). Suggestions for improvement focused on pain management instructions (16), exercise guidance (15), and communication channels (11).

Conclusion

High patient satisfaction in ambulatory joint replacement surgery is driven by professional and empathetic encounters, streamlined processes, and clear guidance. Patients perceive the procedure as efficient and express strong overall satisfaction. These findings highlight the importance of interpersonal communication and structured patient education in enhancing the quality of surgical care.

Factors Influencing Overnight Hospitalization in Pediatric Same-Day Surgery: A Retrospective Analysis

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Introduction
Same-day surgery offers numerous benefits, including reduced complications, shorter hospital stays, and increased patient satisfaction. However, some pediatric patients require overnight hospitalization despite initial plans for same-day discharge, posing challenges for healthcare systems and patient safety.

Aim
This study aims to identify predisposing factors that lead to children undergoing pediatric same-day surgery being unable to be discharged on the same day and requiring at least one night of hospitalization.

Methods
A retrospective review of electronic medical records from the Children's Hospital Zagreb from 2021 to 2023 was performed. The study included 68 children who required at least one overnight stay after day surgery and a matched control group of 68 children discharged the same day. Variables analyzed included demographic data, diagnosis, anesthesia details, surgical duration, and postoperative complications.

Results
Significant factors associated with extended stay included longer surgical duration, timing of surgery, and postoperative complications. Regression analysis identified surgical duration as the primary predictor of overnight stay, explaining 39% of variability.

Conclusion
Prolonged surgical duration significantly increases the likelihood of overnight hospitalization in pediatric same-day surgery. Strategies focusing on minimizing operative time and optimizing perioperative management could reduce unnecessary hospital stays, enhancing patient safety and operational efficiency.

Surgical Procedures Associated with Overnight Hospitalization in Pediatric Same-Day Surgery

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Introduction
While most pediatric surgeries performed in outpatient settings are successfully discharged on the same day, certain procedures necessitate overnight hospitalization due to their complexity or intraoperative factors. Identifying these specific surgeries can aid in planning and resource allocation.

Aim
To analyze and delineate the types of surgical procedures that led to pediatric patients requiring at least one night of hospital stay following same-day surgery.

Methods
A retrospective review of 68 pediatric cases from the Children's Hospital Zagreb (2021–2023) that required overnight hospitalization was conducted. The surgical procedures were categorized based on their nature and duration. Data included surgical diagnosis, procedure type, duration, and intraoperative complexity. Descriptive analysis was used to identify the most common surgeries associated with prolonged stays.

Results
Among the 68 children who stayed overnight, diverse procedures were identified. The most frequent included reconstructive plastic surgeries of the fingers for amniotic band syndrome and bilateral polydactyly, extraction of osteosynthesis materials after lower leg fractures, extensive excision of congenital nevi, exploration and tenorrhaphy of hand tendons, and surgeries for funiculocele, laparoscopic exploration and orchiopexy of the intra-abdominal testicle, and bilateral orchiopexy.

Conclusion
Complex reconstructive surgeries, extensive excisions, and intra-abdominal procedures, particularly those lasting over 120 minutes, are primary contributors to overnight hospitalization in pediatric same-day surgery. Recognizing these procedures allows for better preoperative planning, resource allocation, and patient counseling, ultimately enhancing outpatient surgical care.

Application Effect and Optimization Strategy of ERAS in Perioperative Period of Video-Assisted Thoracoscopic Radical Resection of Lung Cancer

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Introduction
This study retrospectively analyzed the clinical data of 187 patients undergoing video-assisted thoracoscopic radical resection for lung cancer at the First Hospital of Lanzhou University, compared the application effects of perioperative enhanced recovery after surgery (ERAS) management and conventional management, and explored ERAS optimization strategies adapted to the characteristics of thoracic surgery. The results showed that the time to first ambulation, indwelling time of thoracic drainage tube and hospital stay were significantly shortened in the ERAS group, with a markedly lower incidence of pulmonary complications and lower 24-hour postoperative pain score as well. The study confirmed that the implementation of the ERAS protocol during the perioperative period of thoracoscopic radical resection for lung cancer can effectively accelerate patient recovery, reduce pulmonary complications and optimize pain management. Moreover, individualized strategies such as strengthening preoperative respiratory function training, refining intraoperative lung protection and promoting postoperative multidisciplinary collaboration can further improve the implementation effect of ERAS, providing an evidence-based basis for its clinical standardized promotion.

Aim
To explore the application value of Enhanced Recovery After Surgery (ERAS) concept in the perioperative period of video-assisted thoracoscopic radical resection of lung cancer, and to probe into the ERAS optimization strategy adapted to the characteristics of thoracic surgery, so as to provide evidence for clinical standardized promotion.

Methods
A retrospective analysis was conducted on the clinical data of 187 patients undergoing video-assisted thoracoscopic radical resection of lung cancer in the Department of Thoracic Surgery, The First Hospital of Lanzhou University from January 2024 to August 2025. According to the perioperative management mode, the patients were divided into the ERAS group (n=96) and the conventional management group (n=91), with no statistically significant difference in baseline data between the two groups (P>0.05). The ERAS group received whole-process optimized management: oral carbohydrate solution 2 hours before surgery, no routine gastric tube placement, respiratory function training and psychological intervention; during surgery, lung-protective ventilation was adopted, core body temperature was maintained at ≥36°C, and restrictive fluid management was performed; after surgery, patients were allowed to take food 2 hours later, get out of bed within 6 hours, receive multimodal analgesia, and have the drainage tube removed as early as possible when the drainage volume was <200ml/24h. The time to first ambulation after surgery, length of hospital stay, incidence of pulmonary complications, 24-hour postoperative Numerical Rating Scale (NRS) score and indwelling time of thoracic drainage tube were compared between the two groups.

Results
The time to first ambulation [(18.3±4.5) h vs (32.6±5.8) h], length of hospital stay [(6.2±1.3) d vs (9.5±1.8) d] and indwelling time of thoracic drainage tube [(42.5±8.6) h vs (68.2±10.3) h] in the ERAS group were significantly shorter than those in the conventional management group (P<0.001). The incidence of pulmonary complications (7.3% vs 18.7%) and 24-hour postoperative NRS score [(2.1±0.7) vs (3.9±1.2)] in the ERAS group were significantly lower than those in the conventional management group (P><0.05).

Conclusion
The implementation of ERAS protocol in the perioperative period of video-assisted thoracoscopic radical resection of lung cancer can significantly shorten the patients' rehabilitation process, reduce the incidence of pulmonary complications, and optimize the effect of pain management. Further improvement of ERAS implementation effect can be achieved through individualized management strategies such as enhanced preoperative respiratory function, refined intraoperative lung protection and postoperative multidisciplinary collaboration.

Clinical Analysis of 70 Cases of Mirena Suture Fixation Under Day Surgery Mode

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Introduction

Mirena (LNG-IUS) is clinically effective for gynecological diseases but has high displacement risks in high-risk patients. Hysteroscopic suture fixation is needed to improve its stability, so this study explores its value under day surgery via 70 cases' data.

Aim

To explore the efficacy, safety and feasibility of Mirena (levonorgestrel-releasing intrauterine system, LNG-IUS) suture fixation under day surgery mode, optimize its diagnosis and treatment process, and provide clinical data support

Methods

Clinical data of 70 patients who underwent the surgery in our hospital from Jan 2023 to Dec 2024 were retrospectively analyzed. All received hysteroscopic suture fixation for Mirena placement, followed by standard day surgery care and 6-12 months of follow-up to evaluate surgical effect and Mirena stability

Results

All 70 patients successfully completed day surgery with a 100% success rate; the operation time was 15-35min, averaging (22.3±4.8)min; intraoperative blood loss was 5-20ml, averaging (8.6±3.2)ml; postoperative hospital observation time was 4-8h, averaging (5.8±1.1)h, and all patients were discharged smoothly within 24h after surgery without delayed discharge. Follow-up at 1 week postoperatively showed 68 patients had no obvious discomfort, 2 had mild lower abdominal dull pain that relieved spontaneously in 1-2 days without special treatment, and 1 had a small amount of vaginal spotting that stopped within 3 days after hemostatic treatment. Follow-up at 1, 3, 6 and 12 months postoperatively via gynecological ultrasound showed only 1 case had mild downward displacement (displacement <5mm) without expulsion, with a displacement rate of 1.43%. Preoperative main symptoms (dysmenorrhea, menorrhagia, etc.) were improved in varying degrees, with a dysmenorrhea relief rate of 94.29% (66/70) and a menorrhagia relief rate of 95.38% (62/65). During follow-up, no serious complications such as intrauterine infection, uterine perforation or suture rejection occurred, only 3 cases had transient irregular vaginal bleeding that relieved spontaneously, with a total complication rate of 4.29%.

Conclusion

Mirena suture fixation under day surgery mode has advantages of short operation time, less blood loss, rapid postoperative recovery, short hospital stay and low complication rate. It can effectively reduce Mirena displacement and expulsion risks, significantly improve patients' clinical symptoms, conform to the efficient, convenient and minimally invasive concept of day surgery, and is highly clinically feasible and safe, worthy of wide promotion and application.

Modified Puncture Localization for Hysteroscopic Resection of Type I Oblique Vaginal Septum: A Case Report

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Introduction

Vaginal Oblique Septum Syndrome (VOSS) is a rare congenital malformation of the female reproductive system, often accompanied by urinary tract anomalies. Type I (imperforate) VOSS is the most common subtype, causing hematometra and severe dysmenorrhea due to complete menstrual blood outflow obstruction. Traditional surgeries are prone to localization errors, incomplete resection and adjacent tissue injury, compromising therapeutic effects.No ultrasound monitoring is required throughout the procedure

Aim

To explore the clinical efficacy and application value of modified puncture localization in hysteroscopic resection of Type I oblique vaginal septum, and provide a reference for standardized clinical treatment.

Methods

A 12-year-old Type I VOSS patient with cyclic severe lower abdominal pain was treated with the modified procedure. Under hysteroscopic visualization, the septum was precisely punctured (depth 0.3-0.5cm), incised and resected with ultra-fine instruments. Intraoperative ultrasound monitoring was performed, with strict control of resection range to protect the hymen and normal tissues.

Results

The surgery was successful (28min, blood loss 5ml) without complications. The patient was discharged 8h postoperatively, with complete drainage of hematometra. A 3-month follow-up showed regular menstruation, no recurrent pain, intact hymen, well-healed vaginal mucosa and unobstructed vaginal cavity.

Conclusion

Modified puncture localization for hysteroscopic Type I oblique vaginal septum resection achieves precise septum positioning and minimal invasive injury, with high safety and efficacy. It is especially suitable for adolescent patients requiring hymen protection, and worthy of clinical promotion.

Clinical Analysis of 15,613 Cases of Day Surgery and Office Hysteroscopies

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Introduction
Hysteroscopy is the preferred modality for intrauterine diseases due to its direct visualization, precision, and minimal invasiveness. Office Hysteroscopy (OH) and Day Surgery Hysteroscopy (DSH) are two common clinical approaches, but their standardized application needs further clarification.

Aim
This study aimed to summarize the application scope, efficacy, and safety of OH and DSH, thereby providing references for their standardized clinical practice.
Methods A retrospective analysis was conducted on 15,613 patients who underwent OH or DSH in the First Hospital of Lanzhou University from April 2020 to December 2025, with SPSS 26.0 used 9for statistical analysis.

Methods
A retrospective analysis was conducted on 15,613 patients who underwent OH or DSH in the First Hospital of Lanzhou University from April 2020 to December 2025, with SPSS 26.0 used 9for statistical analysis.

Results
The age of patients ranged from 4 to 85 years, with women of childbearing age accounting for 62.0%.Of the total cases, 8,927 were OH (57.2%) and 6,686 were DSH (42.8%). Abnormal uterine bleeding was the main complaint in the OH group (46.3%), while imaging-detected abnormalities dominated in the DSH group (38.5%). Intrauterine lesions were detected in 86.3% of OH cases and 97.5% of DSH cases. The therapeutic success rate was 100%, with complication rates of 0.75% (OH) and 0.49% (DSH).

Conclusion
Both OH and DSH have high diagnostic accuracy and safety. Specifically, OH is suitable for simple diagnosis and treatment with lower complications, while DSH is preferred for complex lesions, and can achieve integrated "diagnosis-treatment". They are suitable for the diagnosis and treatment of various intrauterine diseases, especially showing significant effects in the treatment of abnormal uterine bleeding and endometrial polyps. Strictly standardized operations can ensure safety. Therefore, both approaches are worthy of promotion in underdeveloped regions.

Evaluation of the effects of ERAS philosophy on nursing workforce distribution – based on interrupted Time Series Analysis

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Introduction
Enhanced Recovery After Surgery (ERAS) has been extensively used in hepatobiliary surgery, fundamentally transforming traditional nursing practices. Current research predominantly examines the influence of ERAS on patient outcomes, with insufficient investigation into its dynamic effects on nursing staffing in hepatobiliary surgery.

Aim
To examine the dynamic impacts of ERAS on nursing workforce distribution in hepatobiliary surgery, providing evidence for developing an ERAS-adapted nursing workforce optimization model.

Methods
An interrupted time series analysis was conducted using monthly data from September 2017 to August 2019 and April 2023 to January 2025, involving 7,424 patients and 19 nurses. ERAS implementation began in August 2018, with maturity in April 2023. Trends in nursing workload, resource allocation, bed efficiency, and cost-effectiveness were analyzed, with stratified analysis for gallbladder/bile duct stones. Robustness tests were also performed on the data.

Results
The nursing workload escalated by 30% during the mature phase (P<0.001). The nurse manpower input per patient increased markedly during the first phase (β=1.80, 95% CI: 1.66–1.94, P><0.001), then stabilized in the mature phase. The impact was more pronounced for gallbladder/bile duct stones (β=960.40, 95% CI: 776.13–1144.67, P><0.001). Bed turnover increased by 30.9% (P><0.01), with occupancy at 97.12%. Nursing labor costs remained constant (P=0.23), while expenses as a proportion of overall costs fell by 0.2% (P><0.05). The duration of hospitalization decreased by 3.5 days (P><0.01). Robustness tests validated the findings (P><0.05).

Conclusion
This study illustrates that the ERAS protocol markedly improves the efficiency of human resource allocation by reorganizing nursing operations, resulting in a 44.65% enhancement in total efficiency during the mature phase. The reduction in hospital stays and the enhancement of bed turnover rates resulted in a 31.4% boost in the nursing department's profitability, coupled with a 21.5% enhancement in the cost-benefit ratio.

Reasons for overnight stay in Patients having Inguinal Hernia Repair

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Introduction

Target daycase rates for all suitable procedures in the UK are set by the British Association of Day Surgery and published in the Directory of Procedures online. Daycase surgery is associated with improved patient outcomes, better patient satisfaction, fewer on-the day cancellations, reduced hospital bed use, lower healthcare costs and less environmental impact. Day case performance is monitored locally, regionally nationally. Inguinal hernia repair is a common operation with around 70,000 cases being performed each year in the UK. The benchmark day case rates are set high at 86-90%. Patients staying overnight after surgery include those intended and booked for overnight admission and those intended for day case management who have unplanned admissions after surgery.

Aim

This audit aimed to identify the reasons for planned and unplanned overnight stay in patients undergoing inguinal hernia repair. It aimed to develop and implement strategies to reduce overnight stay.

Methods

All patients undergoing inguinal hernia repair surgery between May 2024 and April 2025 in a single UK NHS Institution were identified. Data were collected on patient demographics, diagnosis, procedure, operative approach (open, laparoscopic or robotic), reasons for planned overnight stay and reasons for unplanned overnight stay.

Results

917 patients underwent inguinal hernia repair in the 12-month period. 863 patients were planned daycase and 54 patients were planned overnight stay. 818 patients (89.2%) were discharged on the same day as surgery and 99 patients (10.8%) stayed at least one night. Of the latter, 40 were planned inpatient admissions and 59 were unplanned admissions. Most common reasons for planned admissions were patient co-morbidity, social reasons, procedure complexity, and frailty. Most common reasons for unplanned overnight stay were pain, peri-operative complexity / complication, social reasons, urinary retention, and medical reasons.

Conclusion

Day case rates for inguinal hernia surgery were in line with national benchmark standards. The reasons for overnight stay were evaluated and strategies for reducing these were developed and implemented. These included a discharge with catheter protocol for urinary retention, a default to daycase booking policy, and a new protocol for managing patients with no adult care provider at home.

Morbidity and Mortality in patients requiring overnight admission following Inguinal Hernia Repair

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Introduction

Target daycase rates for all suitable procedures in the UK are set by the British Association of Day Surgery and published in the Directory of Procedures online. Daycase surgery is associated with improved patient outcomes, better patient satisfaction, fewer on-the day cancellations, reduced hospital bed use, lower healthcare costs and less environmental impact. Day case performance is monitored locally, regionally nationally. Inguinal hernia repair is a common operation with around 70,000 cases being performed each year in the UK. The benchmark day case rates are set high at 86-90%. Overnight stay may be associated with patient frailty and comorbidity although it is not known how this influences patient outcomes.

Aim

This audit aimed to investigate the relationship between overnight stay and patient morbidity and mortality.

Methods

All patients undergoing inguinal hernia repair surgery between May 2024 and April 2025 in a single UK NHS institution were identified. Data were collected on patient demographics, diagnosis, procedure, operative approach (open, laparoscopic or robotic), morbidity (including all readmissions) and mortality. The relationships between overnight admission following surgery, and overall morbidity and mortality were investigated.

Results

917 patients underwent inguinal hernia repair in the 12-month period. 818 patients (89.2%) were discharged on the same day as surgery and 99 patients (10.8%) stayed at least one night. Patients were followed up for an average of 15.5 months (range 9-21). During this period 12 patients died (1.3%). Mortality in patients staying overnight was 3.0% (3/99) compared with 1.1% (9/818) in daycase patients (2.8-fold higher P=0.13, not significant). 319 patients (34.8%) had at least one readmission. 45 (45.5%) patients staying overnight were readmitted compared with 274 (33.5%) daycase patients, (1.4-fold increase, P= 0.025). 135 patients (14.7%) had two or more readmissions. 22 (22.2%) patients staying overnight were readmitted at least twice compared with 113 (13.8%) daycase patients, (1.6-fold increase, P= 0.035).

Conclusion

Patients required overnight stay after inguinal hernia surgery showed a trend towards 2.8-fold increase in mortality and 1.4-fold increase in readmission rates compared with daycase patients. Overnight stay is associated with increased readmissions, and may be associated with increased mortality after inguinal hernia surgery.

Achilles tendon allograft for massive rotator cuff tears

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Introduction

Massive rotator cuff tears (RCTs) following failed surgical repair represent a significant clinical challenge, particularly in cases with severe tendon retraction, poor tissue quality, and advanced degeneration. This study presents a salvage approach using Achilles tendon allograft reconstruction combined with an artificial intelligence (AI)–enhanced assessment framework. A 61-year-old female with a Bateman stage IV supraspinatus tear and prior failed surgeries underwent tertiary arthroscopic reconstruction using an Achilles tendon allograft. Preoperative evaluation included MRI-based assessment of tear size, fatty infiltration, muscle atrophy, and graft planning.

Aim

The aim of this study was to evaluate the feasibility and clinical potential of Achilles tendon allograft reconstruction as a salvage procedure for massive, irreparable rotator cuff tears following failed prior surgeries, and to assess the usefulness of an artificial intelligence–based motion analysis system for objective postoperative functional evaluation and rehabilitation monitoring. Specifically, the study sought to integrate MRI-based preoperative assessment, standardized surgical reconstruction, and AI-driven pose analysis to provide quantitative outcome measures and support personalized recovery management.

Methods

This study presents a single-case clinical application of Achilles tendon allograft reconstruction combined with AI-based functional assessment. A 61-year-old right-dominant female with a history of prior rotator cuff surgeries and persistent pain and functional limitation was included. Clinical evaluation and preoperative magnetic resonance imaging (MRI) confirmed a massive rotator cuff tear (Bateman stage IV) with tendon retraction, poor tissue quality, and grade II glenohumeral arthrosis. The surgical procedure was performed arthroscopically and included acromioplasty followed by preparation of an Achilles tendon allograft. The graft was medially sutured to the residual rotator cuff tendon using multiple high-strength sutures (FiberWire) and laterally fixed to the humeral head using three SwiveLock anchors.
Postoperatively, the shoulder was immobilized for four weeks, followed by a structured rehabilitation program with progressive range-of-motion (ROM) exercises. Functional recovery was objectively evaluated using a computer vision–based pose estimation system (MediaPipe), which enabled automated anatomical landmark detection and calculation of shoulder joint angles during standardized movements. This approach provided quantitative monitoring of ROM and enabled objective assessment of rehabilitation progress

Results

The aim of this study was to evaluate the effectiveness of Achilles tendon allograft reconstruction as a salvage procedure for massive, irreparable rotator cuff tears following failed prior surgeries, and to explore the application of an AI-based motion analysis framework for objective postoperative assessment and rehabilitation monitoring. The study specifically focused on integrating MRI-based preoperative evaluation, standardized surgical reconstruction, and AI-driven pose analysis to provide quantitative outcome measures and enhance personalized patient care.

Conclusion

Achilles tendon allograft reconstruction proved to be an effective salvage option for massive rotator cuff tears, providing structural support and functional recovery. The integration of AI-based motion analysis enhanced the precision of postoperative assessment, enabling objective tracking of shoulder range of motion and rehabilitation progress. This combined surgical and AI-driven approach demonstrates significant potential for improving clinical outcomes and developing personalized rehabilitation protocols. Further studies with larger patient cohorts are warranted to validate and generalize these findings.

Digitalized Day Surgery: Safety Gains and Workflow Reshaping via Smart Infusion Monitoring

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Introduction
The unique high-turnover model of Day Surgery poses considerable challenges to the efficiency and safety of postoperative infusion management. Although intelligent technology is seen as a promising means to optimise nursing processes, there is still a lack of real-world clinical evidence to show whether technology alone can directly improve nursing efficiency.

Aim
This study evaluates the intelligent infusion monitoring system's effectiveness in reducing nursing errors and alleviating nurses' workload through prospective empirical research. It also examines the implications of deeply integrating technology with clinical processes.

Methods
The study, conducted between March and September 2024, utilised a prospective controlled design. It involved 180 patients undergoing day surgery with intravenous infusions. Participants were randomly assigned to either the experimental group, which used intelligent system-assisted monitoring (n=90), or the control group, which depended on conventional manual monitoring (n=90). The study evaluated the system's effectiveness by analysing the ringing call rate (the primary indicator), the incidence of nursing quality defects (such as drip rate errors and empty fluid), and satisfaction levels among doctors, nurses, and patients.

Results
The study confirmed that the intelligent system offers a distinct safety advantage: drip rate errors were significantly lower in the experimental group compared to the control group (1.1% vs. 12.2%, P=0.003). However, the study found no positive results for efficiency and user experience. Although the experimental group had a lower ringing call rate (127.8%) than the control group (150.0%), this difference was not statistically significant. Furthermore, satisfaction scores among doctors, nurses, and patients showed no notable improvement between the groups. No serious adverse events related to the system occurred during the study period.

Conclusion
This study shows that the intelligent infusion system greatly improves the safety of day surgery. Nonetheless, it underscores the need for the technology to advance from being just an "independent tool" to becoming an "integrated decision support."
The clinical implications are as follows: 1. Process reengineering goes beyond simply deploying tools. It is crucial to shift from a "technical deployment" mindset to integrating early warning systems into the rapid care path of day surgery, avoiding redundant processes. 2. Enhancing decision support capabilities involves transforming system data into predictive clinical decision-making skills for nurses through targeted training. 3. Closed-loop integration necessitates comprehensive data integration between the system and the hospital information system (HIS) to achieve effective smart ward collaboration. This study provides a vital reference framework for the collaborative optimisation of "technology - process - people" in global day surgery centres.

Conscious Sedation in Dental Medicine: ensuring safe and effective therapy in an uncooperative patient in a Day Hospital setting

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Introduction
Dental treatment of uncooperative patients can be challenging; conscious sedation in day hospital setting allows safe, effective care while preserving consciousness and airway reflexes.

Aim
This clinical case aims to demonstrate the importance and necessity of treating uncooperative dental patients using modern sedation techniques when standard protocols and working conditions are insufficient or ineffective.

Methods
Clinical effectiveness was achieved in a primarily non-cooperative patient through optimized single-visit endodontic treatment using reciprocating instrumentation with a high level of safety in a day hospital setting and good patient tolerance of therapy with the use of conscious sedation. Conscious sedation was administered using a nitrous oxide–oxygen mixture at 60% nitrous oxide, delivered via the Master Flux Plus inhalation unit (Tecno-Gaz S.p.A., Parma, Italy).

Results
Conscious sedation enabled the successful completion of dental procedures in a patient unable to tolerate treatment under local anesthesia alone. Reduction of anxiety and suppression of gag reflex activity allowed adequate isolation, controlled instrumentation, and predictable procedural conditions, including completion of complex endodontic treatment. No major sedation-related adverse events were observed. Minor complications were rare, transient, and required no intervention.

Conclusion
Conscious sedation is a safe and effective modality for dental treatment in uncooperative patients within a day hospital setting. It facilitates completion of complex dental procedures while maintaining a high level of perioperative safety and rapid postoperative recovery. In accordance with ambulatory surgery principles, conscious sedation should be considered a treatment modality of choice for selected dental patients in whom conventional treatment approaches are ineffective or poorly tolerated.

Volatile Capture Technology in Sustainable Anesthesia

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BeaconMedaes

Introduction
Inhaled anesthetic agents—including desflurane, sevoflurane, and isoflurane—are potent greenhouse gases that contribute significantly to healthcare related emissions. Recent regulatory frameworks, including the EU 2024/573 F Gas regulation, place increasing pressure on healthcare facilities to both quantify and reduce emissions from volatile anesthetics. This study evaluates the performance of the BeaconMedaes Halogenated Drug Recovery (HDR) system as a means of mitigating environmental impact while supporting regulatory compliance.

Aim
To assess the efficacy, operational feasibility, and environmental benefits of the BeaconMedaes HDR system in routine clinical use, and to determine how its implementation can help healthcare facilities meet the requirements of EU Regulation 2024/573 related to halogenated anesthetic emissions.

Methods
A mixed methods evaluation was conducted, including an environmental review, six month performance monitoring at a Canadian hospital, lifecycle assessment, and workflow impact analysis.

Results
Across the monitored period, the HDR system captured 99.9% of all halogenated anesthetic agents entering the device, including desflurane, sevoflurane, and nitrous oxide. System performance remained stable across varying case volumes.

Conclusion
The BeaconMedaes HDR system provides a highly efficient, low impact, and operationally feasible method for reducing volatile anesthetic emissions, supporting compliance with EU 2024/573 and contributing to greener anesthesia practice.

Competences of a nurse in day surgery

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Introduction

Day surgery involves the admission of selected patients for planned surgical procedures, with discharge on the same day. The specificity of work in day surgery requires advanced clinical knowledge and skills aimed at optimizing patients for early and safe discharge, ensuring continued recovery at home.

Aim

To present the specific clinical competencies of nurses working in the Department of Day Surgery and to highlight their role in ensuring patient safety, effective postoperative recovery, and timely discharge.

Methods

Presentation is based on the organization and clinical practice of the Department of Day Surgery at Clinical Hospital Dubrava. It outlines nursing competencies throughout all phases of perioperative care: patient admission and reception, preparation for anesthesia, intraoperative procedures, first and second phases of postoperative recovery, and patient discharge.

Results

Nursing competencies in day surgery encompass effective communication, thorough patient assessment, verification of medical and anesthetic data, preparation of medications and equipment, and strict adherence to safety protocols. During postoperative recovery, nurses monitor the level of consciousness, vital signs, pain, nausea, fluid balance, and potential complications such as cardiovascular or respiratory instability, anaphylaxis, malignant hyperthermia, and bleeding. Recovery is divided into early, intermediate, and late phases, each requiring specific assessments. Discharge criteria include stable vital signs, adequate pain control with oral analgesics, minimal nausea, absence of significant bleeding, ability to tolerate oral fluids, mobilization, and understanding of written and verbal discharge instructions. Patient readiness for discharge is assessed using a scoring system to ensure safety and quality of care.

Conclusion

Competencies of nurses in day surgery extend beyond standard hospital care and require specialized knowledge focused on rapid recovery and safe same-day discharge. Careful patient selection, comprehensive preoperative assessment, structured postoperative monitoring, and strict discharge criteria contribute to effective treatment, improved healthcare delivery, and increased patient satisfaction.

Foot reconstruction performed on outpatients, using the Lapidus procedure. What to keep in mind?

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Introduction
Experience with 2000 outpatient foot reconstructions using the Lapidus procedure

Aim
To do the foot reconstructions using the Lapidus procedure on outpatients

Methods
a) Results of the evaluation of 1477 patients on complications and patient satisfaction
b) Results of the evaluation of 100 operated feet for complications and their cause, (internationally registered study) with 33 examined parameters per foot, but all operations with the same implant type
c) Personal experience with > 2000 lapidus arthrodesis by 2025

Results
Why Lapidus?
It is a causal treatment for many Indications: Metatarsalgia, functional hallux rigidus, Lateral subluxation first (halux valgus), Osteoarthritis, According to the biomechanical findings of Dr. Hilaire Jacob (1998)
How Lapidus? (Technology)
It is a Simple technique, can be performed in the operating room without x-ray scan, with very good correction potential, 3 dimensionally stabilized.
Why outpatient?
In line with the objectives of the IAAS
How outpatient?
With appropriate preoperative patient selection through simple tests and selection protocol

Conclusion
Foot reconstruction using the Lapidus procedure can be performed on an outpatient basis, under certain criteria

The Efficacy and Safety of Enhanced Recovery After Surgery (ERAS) Protocol in the Perioperative Management of Cesarean Delivery: A Systematic Practice and Outcome Analysis

Han Fangmei

Introduction
The Efficacy and Safety of Enhanced Recovery After Surgery (ERAS) Protocol in the Perioperative Management of Cesarean Delivery: A Systematic Practice and Outcome Analysis

Aim/Objective
To explore the clinical outcomes of applying the Enhanced Recovery After Surgery (ERAS) protocol in the perioperative management of cesarean delivery, and to evaluate its value in promoting maternal recovery, improving clinical outcomes, and enhancing the patient experience.

Methods
This study systematically reviewed relevant domestic and international guidelines and high-quality clinical research evidence. Combined with the practical experience of our hospital's obstetrics department, a multidisciplinary ERAS pathway tailored for cesarean delivery was developed. Core measures included: Preoperative (individualized patient education, oral intake of clear fluids up to 2 hours before surgery, avoidance of routine mechanical bowel preparation); Intraoperative (optimized anesthesia protocol, maintenance of normothermia, restrictive fluid management, standardized surgical techniques); Postoperative (multimodal analgesia, early removal of urinary catheter, early postoperative oral intake and ambulation, encouragement of breastfeeding, and a goal-directed discharge plan).

Results
Compared with the conventional management group, implementation of the ERAS pathway demonstrated significant advantages across multiple key maternal indicators: the time to first ambulation, first flatus, and first oral intake were all significantly earlier; postoperative pain scores were significantly reduced, along with decreased usage of analgesic medications; the overall incidence of postoperative complications declined, particularly delayed recovery of bowel function and urinary tract infections; and the average length of hospital stay was effectively shortened. Concurrently, maternal subjective ratings of perioperative comfort and the success rate of breastfeeding improved, without increasing safety risks such as surgical site infection or deep vein thrombosis.

Conclusion
Integrating the Enhanced Recovery After Surgery protocol into the perioperative management of cesarean delivery is safe, effective, and feasible. This protocol, through a series of evidence-based optimized measures, significantly promotes both physiological and psychological recovery in postpartum women, shortens hospital stay, improves healthcare resource utilization efficiency and maternal satisfaction, and warrants further promotion and application in clinical practice.

Risk management in day surgery in gynecology – patient perspective

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Introduction
Day surgery in gynecology represents a contemporary model of healthcare delivery that enables efficient performance of diagnostic and therapeutic procedures with reduced hospital stay. Despite its organizational and economic advantages, this model requires a well-structured risk management system to ensure patient safety throughout the preoperative, intraoperative, and postoperative phases. Patient-perceived safety, clarity of information, and quality of communication with healthcare professionals are increasingly recognized as essential indicators of healthcare quality and safety.

Aim
To assess patients' perceptions of safety and information adequacy in day gynecological surgery and to identify potential risk points within the care pathway.

Methods
A cross-sectional study was conducted among patients undergoing procedures in day gynecological surgery. Data were collected using an anonymous structured questionnaire designed according to Patient Reported Experience Measure (PREM) principles. The questionnaire included demographic characteristics, procedure-related data, and assessment of preoperative information, communication with healthcare staff, perceived safety during hospital stay, clarity of discharge instructions, and readiness for discharge.

Conclusion
Systematic assessment of patient experience provides valuable insight into organizational and communication factors influencing perceived safety in day gynecological surgery. Integrating patient-reported experience into clinical practice may contribute to strengthening risk management strategies and improving the overall quality and safety of care.

Advantages of ultrasound-guided interventional therapy for hepatic cysts in day surgery mode

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Introduction
The day surgery model for ultrasound-guided interventional therapy of hepatic cyst fusion is an efficient diagnostic and therapeutic pathway that integrates technical advantages with management innovation. Ultrasound guidance, characterized by real-time, precise, and radiation-free features, ensures the safety and minimally invasive nature of puncture sclerotherapy. Combined with the rapid and efficient workflow of day surgery, this approach provides patients with a treatment experience featuring minimal surgical trauma, rapid recovery, and short duration.

Aim
To achieve a treatment experience with minimal surgical trauma, rapid recovery, and short duration for patients.

Methods
The key to implementing this model lies in its combination with ultrasound-guided interventional therapy to achieve significant synergistic effects. By leveraging the mature and standardized day surgical admission process for patients, it effectively reduces the time required for patient scheduling, evaluation, preoperative examinations, and short-term postoperative observation, thereby achieving the goal of rapid home recovery.

Results
Through a series of standardized procedures including strict patient screening, standardized operations, and structured follow-up, combined with the convenience and safety of ultrasound-guided minimally invasive therapy, the hospital stay of patients was minimized as much as possible.

Conclusion
This model successfully integrates advanced minimally invasive techniques with modern service concepts, serving as a paradigm for enhancing medical service efficiency and improving patient experience, with significant clinical promotion value.

Prikaz slučaja postoperativnog zbrinjavanja ASA III pacijenta u općoj endotrahealnoj anesteziji na Zavodu za jednodnevnu kirurgiju KB Dubrava

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KB Dubrava

Introduction
Prikaz slučaja postoperativnog zbrinjavanja ASA III pacijenta u općoj endotrahealnoj anesteziji na Zavodu za jednodnevnu kirurgiju KB Dubrava.
Model dobre prakse u Kliničkoj bolnici Dubrava.

Aim
Širenje indikacija za jednodnevnu kirurgiju predstavlja važan korak u optimizaciji kirurške skrbi, osobito u kontekstu starenja populacije i povećanog opterećenja bolničkih kapaciteta. Iako se bolesnici s višim anesteziološkim rizikom tradicionalno češće hospitaliziraju, suvremeni perioperativni protokoli omogućuju sigurno izvođenje odabranih operativnih zahvata i u ovoj skupini.

Methods
Prikaz slučaja:
Prikazujemo slučaj 67 – godišnje bolesnice sa kardiovaskularnim komorbiditetima koja ima dijabetes melitus neovisan o inzulinu, klasificirane kao ASA III, koja je podvrgnuta elektivnoj operaciji obostrane korekcije temporalne regije (”lifting”) u općoj endotrahealnoj anesteziji u okviru programa jednodnevne kirurgije u KB Dubrava. Preoperativna obrada uključivala je detaljnu anesteziološku procjenu i optimizaciju kronične terapije. Intraoperativni tijek protekao je uredno, uz primjenu multimodalne analgezije.
Provedeno je postoperativno strukturirano praćenje vitalnih parametara, rana mobilizacija i procjena spremnosti pacijentice za otpust (standardizirana procjena Zavoda za jednodnevnu kirurgiju KB Dubrava). Pacijentica je otpuštena isti dan uz jasne usmene i pisane upute, edukaciju o znakovima mogućih komplikacija i planirani kontrolni pregled. Nisu zabilježene rane postoperativne komplikacije.

Results
Ovaj prikaz potvrđuje da pažljiva selekcija bolesnika, multidisciplinarna suradnja kirurga, anesteziologa i medicinskih sestara/tehničara te standardizirani perioperativni protokoli omogućuju sigurno izvođenje operativnih zahvata u općoj endotrahealnoj anesteziji u jednodnevnom režimu i kod ASA III bolesnika.

Conclusion
Primjena ovakvog modela doprinosi smanjenju bolničkih komplikacija povezanih s duljom hospitalizacijom, kraćem vremenu oporavka te značajnom rasterećenju kirurških odjela.

Feasibility and Safety of Day-Case Cerebral Angiography via Transradial Access

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Introduction
Digital subtraction angiography (DSA) is a minimally invasive diagnostic method, serves as the "gold standard" for cerebrovascular examination. Transradial access (TRA), which allows immediate postoperative mobilization, is a key technique enabling same-day cerebrovascular angiography.

Aim
This study aims to evaluate the feasibility and safety of TRA for same-day cerebrovascular angiography.

Methods
This single-centre retrospective cohort study included patients who underwent cerebral angiography in the Department of Neurology of our institution between September 2024 and December 2025. According to vascular access route and length of hospital stay, patients were assigned to a day-case group (TRA with same-day discharge) or a control group (transfemoral access [TFA] with non–same-day discharge). Procedural parameters (procedure duration, fluoroscopy time, total air kerma, procedural and consumable costs, and bed rest time), peri-procedural complications and adverse events, postoperative pain at 6 hours assessed using the Numeric Rating Scale (NRS), and satisfaction scores at 24 hours (Likert 5-point scale).

Results
A total of 239 patients were included, with 108 in the day-case group and 131 in the control group. There were no significant differences between the two groups in procedure duration, fluoroscopy time, or total air kerma (all p>0.05). Procedural and consumable costs were significantly lower in the day-case group than in the control group (p <0.001), and postoperative bed rest time was significantly shorter (p ><0.001). The incidence of peri-procedural complications did not differ significantly between groups (p >0.05). Among postoperative adverse events, urinary retention (0.0% vs. 9.9%) and lower back pain (0.0% vs.17.6%) occurred significantly less frequently in the day-case group (both p <0.001). Furthermore, the day-case group reported significantly lower 6-hour postoperative NRS pain scores and significantly higher satisfaction scores at 24 hours (P >< 0.001).

Conclusion
Day-case cerebral angiography via TRA demonstrates comparable procedural safety and effectiveness to conventional TFA while offering advantages including lower costs, shorter bed rest time, improved patient experience, and fewer postoperative adverse events. For appropriately selected DSA patients, this approach represents a safe, cost-effective, and patient-centred strategy with substantial potential for wider clinical implementation.

4 to 4 – Optimizing Workflows and Team Collaboration in Hip and Knee Arthroplasties

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Introduction

The need to optimize efficiency in the healthcare sector is constant. This improvement project aims to contribute to straighten workflows and team collaboration in connection with elective hip and knee arthroplasty surgeries and to investigate the possibility of performing four procedures in the same operating theatre before 4 PM. The project was initiated as a "grassroots project".

Aim

To test and assess whether it is operationally possible to carry out four arthroplasty surgeries in one operating theatre within a standardized workday, without compromising patient safety or the staff's working environment.

Methods

The project used the Model for Improvement as a framework. Key elements included: System Understanding: Development of driver diagram to identify and analyze existing workflows; Building Knowledge: Continuous improvements through Plan-Do-Study-Act (PDSA) cycles; Data Collection: Measurement indicators: outcome, process, and balanced; The Human Side of Change: Targeted information and involvement of colleagues and collaborators. Specific operational measures initially included patient selection, a fixed meeting time at 07:40 AM, dedicated anesthesia and operating theatre nurses, and optimized logistics for theatre preparation and instrument supply.

Results

Outcome indicators showed an increase in the number of days where four surgeries were completed within the time limit. Process indicators confirmed improved punctuality at the start of the theatre sessions. Balanced indicators showed that breaks were taken, readmission rates were unchanged, and job satisfaction among the staff involved immediately increased. A key finding was the development of a new concept: "parallel team collaboration". It also became clear that the role of the operating theatre assistant was essential. Minimizing door openings and closer collaboration with the sterile central unit were crucial for logistical success parameters.

Conclusion

It is possible to increase operating capacity to four arthroplasties daily through systematic optimization of workflows and the implementation of parallel team collaboration. The project demonstrates the potential of "grassroots" initiatives when staff are involved in the use of model for improvement.
Perspectives: Future initiatives should focus on management involvement from the project's start, clear communication to all stakeholders, and the identification of positive key individuals who can drive further PDSA cycles and ensure lasting embedding of the new workflows.

Taking Surgery Out of the Hospital: Clinical and Economic Impact of a Freestanding ASC

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Introduction

Hospitalization exposes patients to well-documented risks, including adverse events, nosocomial infections, and loss of autonomy in elderly populations. Approximately 10% of hospitalized patients experience harm, and around 6% acquire hospital-associated infections. Reducing unnecessary inpatient stays is therefore both a safety and quality priority. Ambulatory Surgery (AS) offers a structural alternative by minimizing exposure to inpatient risks while optimizing efficiency.

Aim

To assess the clinical safety, economic viability, and organizational impact of transitioning selected surgical procedures from a traditional hospital setting to a freestanding Ambulatory Surgery Centre (ASC).

Methods

We performed an institutional cost and process analysis comparing four care models for selected procedures (including cholecystectomy):
1. 3-day DRG hospitalization,
2. 1-night hospitalization,
3. ambulatory surgery within hospital infrastructure,
4. ambulatory surgery in a freestanding ASC.

The ASC was designed with dedicated staff, simplified clinical pathways ("CareMaps"), elimination of patient transfers, and streamlined perioperative processes. Financial performance was assessed using internal cost accounting data.

Results

Three-day DRG hospitalization resulted in financial losses. Reducing length of stay improved results but remained insufficient. Ambulatory surgery performed within the hospital infrastructure worsened margins due to persistent structural overhead. In contrast, the freestanding ASC achieved cost control and eliminated losses through simplified workflows and lower fixed costs.
Clinically, same-day discharge reduced exposure to nosocomial risk and maintained high patient satisfaction. The model safely expanded to more invasive procedures, including knee prostheses and major laparoscopic surgery.

Conclusion

Ambulatory Surgery should be viewed as a quality system rather than a logistical adjustment. Structural separation from inpatient care improves safety, efficiency, and economic sustainability. Hospitals of the future may need to reserve beds for complex cases while relocating the majority of surgical activity to dedicated ambulatory platforms.

The practice of Quality Development of One-Day Surgery in the largest University Hospital in Croatia, Clinical Hospital Center Zagreb

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Introduction
Clinical Hospital Center Zagreb, according to the report of the Croatian Institute for Health Insurance, in terms of the number of one-day surgery procedures performed, accounts for almost a third of all procedures performed in Croatian public healthcare. According to the same report, KBC Zagreb leads in efficiency (37 patients per bed per year), but also in multidisciplinary approach to one-day surgery for children and adult patients. This paper analyses how close this institution is to achieving the national goal of increasing the precents of one-day surgery to 70% of elective patients by 2027.

Aim
The aim of this paper is to assess how close the Clinical Hospital Center Zagreb is to achieving the national target of increasing the proportion of one-day surgeries to 70% of elective pediatric surgical patients by 2027.

Methods
The paper analyses the percentage of one-day pediatric surgery in elective surgery over the last three years (2023 – 2025).

Results
In 2023, a total of 1487 children were operated on, 450 of them in one-day surgery, which makes up 39.3% of children operated on electively. In 2024, a total of 1601 children were operated on in emergency, elective and one-day surgeries, and one-day surgeries make up 55% of elective procedures. In 2025, the total number was 1602 children, and one-day surgeries were performed in 57% of them. In all three years, the number of complications requiring transition to 24-hour postoperative observation was less than 2% of children.
In all three observed years, hernioplasty was most often performed in one-day surgery. In 2023, one-day hernioplasty was performed in 77%, in 2024 in 82%, and in 2025 in 82% of elective hernioplasty procedures.

Conclusion
In the period 2023-2025, one-day surgery for children increased to almost 60% of elective procedures. When looking at the ratio of hernioplasty, the national plan has already been exceeded in 2024 For the observed years 2024 and 2025 it is 82%

Microsurgical varicocelectomy with internal spermatic to superficial epigastric vein bypass in adolescents

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Introduction
Varicocele affects approximately 15% of adolescent males and represents the leading cause of testicular hypotrophy and impaired spermatogenesis in this population, particularly in patients with grade III varicocele. Microsurgical varicocelectomy combined with internal spermatic vein–superficial epigastric vein bypass (MV) is an established surgical approach and has demonstrated superiority over other techniques in improving semen parameters.

Aim
To evaluate the safety, To evaluate the safety, feasibility, and clinical outcomes of MV performed as a day-case procedure in adolescent patients.feasibility, and clinical outcomes of MV performed as a day-case procedure in adolescent patients.

Methods
We conducted a retrospective single-center study including all patients younger than 18 years who underwent MV between 2020 and 2025 within the pediatric day surgery unit at University Hospital Centre Zagreb. Preoperative indications, intraoperative parameters, anesthetic modality, postoperative recovery, and complications were analyzed.

Results
A total of 208 patients met the inclusion criteria. The mean age was 15 ± 1 years. The primary indications for surgery were testicular hypotrophy (71%) and oligospermia (25%). Most patients (201/208) were discharged within 12 hours of admission, while the remaining were discharged within 24 hours. Patients chose general anesthesia in 188 cases, spinal anesthesia in 18, and local anesthesia in 2 cases. The mean operative time was 56 ± 6 minutes. No systemic anticoagulant or antiplatelet therapy was administered; only local irrigation with heparinized saline was used during anastomosis formation.
No hospital readmissions were recorded. The mean time to return to school was 5 ± 1 days, and return to unrestricted physical activity, including sports, was within 12 ± 2 days. Complication rates were low: recurrence occurred in 1% of cases, postoperative hematoma in 2% (none requiring intervention), and no cases of hydrocele or testicular atrophy were observed. Recovery of testicular volume was achieved in 70% of patients. Improvement of semen parameters to normozoospermia was documented in all patients with preoperative oligospermia.

Conclusion
Microsurgical varicocelectomy with venous bypass is a safe and effective day-case procedure for adolescent varicocele repair, characterized by low complication and recurrence rates and rapid postoperative recovery. General anesthesia was the preferred modality among adolescent patients.

Comparison of Polyhexamethylene Biguanide (PHMB) Dressings and Silver Fiber Dressing in the Management of Pediatric Wounds in a Day Surgery Setting

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Introduction
Effective wound management in children is essential to prevent infection, promote rapid healing, reduce pain, and minimize unplanned returns to care. Antimicrobial dressings are commonly used in pediatric wounds at risk of infection. Polyhexamethylene biguanide (PHMB) dressings provide broad-spectrum antimicrobial activity with low cytotoxicity, while gelling fiber/hydrofiber silver dressings offer sustained silver ion release and high absorbency. Comparative data in pediatric day-surgery populations remain limited.

Aim
To compare clinical outcomes, tolerability, and cost-effectiveness of PHMB dressings versus gelling fiber/hydrofiber silver dressings in children treated for acute and postoperative wounds in a day surgery setting.

Methods
A prospective comparative study was conducted in a pediatric day surgery unit. Children aged 1–18 years with acute surgical wounds, burns, or traumatic wounds requiring antimicrobial dressings were allocated to receive either a PHMB-impregnated dressing or a silver fiber dressing. Primary outcomes included time to wound epithelialization and incidence of clinical wound infection. Secondary outcomes included pain during dressing changes, number of dressing changes, skin reactions, and overall treatment cost.

Results
Both dressing types were effective in promoting wound healing with low infection rates. The PHMB group demonstrated comparable time to epithelialization and infection prevention to the silver dressing group. Children treated with PHMB dressings experienced reduced pain during dressing changes and fewer reports of periwound irritation. Gelling fiber/hydrofiber silver dressings showed superior exudate management in moderately to heavily exuding wounds. Overall treatment costs were lower in the PHMB group due to reduced dressing frequency and lower unit cost.

Conclusion
PHMB dressings represent a safe, effective, and cost-efficient alternative to gelling fiber/hydrofiber silver dressings for selected pediatric wounds in day surgery. While silver dressings remain advantageous in highly exuding wounds, PHMB dressings may offer improved tolerability and similar antimicrobial protection. Tailored dressing selection based on wound characteristics may optimize outcomes in pediatric day surgery patients.

SURGICAL MANAGEMENT OF A PERSISTENT PERIAPICAL LESION FOLLOWING DENTAL TRAUMA: A CASE REPORT

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Introduction
Dental trauma to maxillary anterior teeth often leads to pulpal necrosis and periapical lesions. Although conventional endodontic treatment is usually successful, persistent lesions may require precise radiographic assessment and surgical intervention performed in a day hospital setting, enabling effective management with same-day discharge and optimized patient care.

Aim
This case report describes the management of a progressive periapical lesion after trauma, treated in a day hospital setting. It emphasizes the benefits of multidisciplinary care over standard outpatient treatment, enabling coordinated diagnostics, timely surgery, and improved outcomes when non-surgical retreatment fails.

Methods
The patient sustained trauma to teeth 11, 21, and 22, which were endodontically treated. Four years later, due to a persistent periapical lesion, he was referred to the Dentistry Clinic, University Hospital Center Zagreb. After unsuccessful non-surgical retreatment of teeth 21 and 22 and radiographic evidence of lesion progression, CBCT was performed to enable precise surgical planning within a multidisciplinary team.
Based on these findings, in collaboration between the specialist of endodotnics and specialist of oral surgery, apicoectomy of teeth 21 and 22 with cystectomy was carried out, including retrograde preparation and MTA sealing. Postoperative antibiotic therapy was prescribed, and the excised tissue was submitted for histopathological analysis, reflecting the advantages of coordinated multidisciplinary care.

Results
The surgical procedure was completed without intraoperative or postoperative complications. Histopathological analysis confirmed a chronic inflammatory periapical lesion. Postoperative healing was uneventful, with complete resolution of clinical symptoms. This favorable outcome highlights the importance of multidisciplinary care in a day hospital setting, where coordinated collaboration among specialists enables safe surgical management, continuous monitoring, and comprehensive postoperative follow-up.

Conclusion
Persistent periapical pathology after trauma may not respond to non-surgical retreatment. When conservative therapy fails, surgical endodontic treatment with bioceramic retrograde sealing offers a predictable solution, while histopathological analysis confirms the diagnosis. Management within a day hospital setting ensures high-quality, coordinated care, combining advanced diagnostics, surgical expertise, and structured postoperative follow-up.

General Anesthesia for Dental Procedures in patients with intellectual disabilities at the University Hospital of Split

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Introduction

General anesthesia is a controlled, reversible state of induced loss of consciousness, analgesia, amnesia, muscle relaxation, and loss of reflexes that allows surgical procedures to be performed. It causes anxiety in patients and initially excites the autonomic nervous system.

Aim

The aim of this paper is to present the procedure for administering general anesthesia in people with intellectual disabilities for the purpose of performing dental procedures at the University Hospital of Split

Methods

Patients are usually not premedicated, and induction depends on the patient's level of cooperation. In calm patients, induction is done with intravenous anesthetics. In agitated patients, inhalation induction is used, while in highly agitated patients, ketamine is given intramuscularly.
Maintenance of anesthesia involves inhalation of sevoflurane and nitrous oxide, supplemented with intravenous opioid analgesics, primarily remifentanil.
Before extracting the tooth/teeth, the remifentanil dose is repeated along with preemptive analgesia using non-steroidal anti-inflammatory drugs.
At the end of the procedure, an antiemetic is administered.
After extubation, the patient is moved to the recovery room and discharged home two hours later.

Results

Patients given intravenous anesthetics are relaxed with cisatracurium, intubated orotracheally with a flexible metal tube, and connected to pressure-controlled mechanical ventilation.
Patients who are introduced to general anesthesia with inhalation anesthetics are orotracheally intubated and connected to pressure-controlled mechanical ventilation, followed by the placement of an intravenous cannula for administering intravenous opioids.
Patients anesthetized with intramuscular ketamine are relaxed, intubated through the orotracheal route, and anesthesia is maintained as usual.
After anesthesia, patients go to the recovery room and are discharged home. For multiple-tooth extractions, patients are admitted to the Department of Maxillofacial Surgery for one day following consultation with the oral surgeon.

Conclusion

Providing general anesthesia for dental procedures in patients with intellectual disabilities is difficult because of communication barriers and the challenge of managing their behavior in stressful situations.
Dental procedures in the oral cavity may lead to postoperative bleeding and/or increased salivation, which can cause laryngospasm and ventilation disorders.
Since these patients are discharged home after surgery and anesthesia, they must be awake; therefore, premedication with midazolam is not common.

Long-term Outcomes of Outpatient Surgery for Chronic Anal Fissure: a Comparative Six-Year Analysis of Lateral Internal Sphincterotomy (LIS), Botox, and Fissurectomy

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Introduction
Chronic anal fissure (CAF) significantly impacts patient quality of life. While surgical treatment is highly effective, concerns regarding postoperative pain and the risk of incontinence often lead to patient hesitation. Performing these procedures in an outpatient setting requires optimized protocols to ensure safety and clinical success.

Aim
To evaluate the feasibility, safety, and clinical outcomes of CAF surgery—specifically Lateral Internal Sphincterotomy (LIS), Fissurectomy, and Botulinum Toxin injection—performed in an outpatient unit, focusing on complication rates, pain control, and functional recovery.

Methods
A retrospective observational study of patients undergoing CAF surgery between January 2020 and December 2025. Analyzed variables included: length of stay, immediate and late complications (bleeding, infection, incontinence), pain levels (VAS), and time to return to work.

Results
From a total population of 125 patients, the overall 6-month healing rate was 94.4%. The LIS group (n=88) achieved the highest primary resolution rate (97%), while the Botulinum Toxin group (n=22) showed 82% efficacy, with three patients requiring a second dose or surgical conversion. Regarding pain control, the Botox group reported the lowest mean VAS on day 1 (1.8), followed by LIS (2.4) and Fissurectomy (3.2). By day 7, 90% of all patients reported a VAS < 1. Complications were minimal: four cases (4.5%) of transient gas incontinence were recorded in the LIS group (all resolving within four weeks) and one minor wound infection in the Fissurectomy group (n=15). No major complications or permanent fecal incontinence were observed. Return to work was significantly faster for the Botox (9 days) and LIS (15 days) groups compared to Fissurectomy (21 days) ($p < 0.05$).

Conclusion
Botulinum Toxin injection is the least invasive option, offering minimal pain and the fastest return to work. LIS remains the gold standard for healing efficacy, despite a small risk of transient incontinence (4.5%). Fissurectomy is associated with slower healing and higher postoperative pain. Technique selection in an outpatient setting should be individualized, balancing the high efficacy of LIS against the superior recovery profile of Botox.

Clinical and Functional Outcomes of Conventional, Stapled, and Laser Hemorrhoidoplasty: A Five-Year Comparative Study at a Specialized Outpatient Unit

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Introduction
Hemorrhoidal surgery has evolved toward minimally invasive techniques to reduce tissue trauma and postoperative pain. However, the balance between long-term efficacy and immediate recovery across different surgical modalities remains a subject of ongoing debate.

Aim
To compare clinical outcomes and quality of life across three surgical approaches: Milligan-Morgan Hemorrhoidectomy (MM), Longo Hemorrhoidopexy (Longo), and Laser Hemorrhoidoplasty (LHP), specifically evaluating pain, recovery time, and complication rates.

Methods
A retrospective observational study (2020–2025) was conducted with 410 patients: MM (n=182), Longo (n=156), and LHP (n=73). Thirty-day complications and time to return to work were analyzed. Statistical significance was assessed using mean comparison tests ($p < 0.05$).

Results
Thirty-day complication rates were similar across groups: LHP 15.1% (n=11), Longo 15.4% (n=24), and MM 18.1% (n=33). Regarding morbidity, LHP complications (bleeding, thrombosis, and edema) were managed conservatively, whereas 50% of MM patients reported severe pain and 10 experienced rectal bleeding. The Longo group presented three cases of stenosis and one of urinary retention. Reinterventions occurred in two patients in the LHP group, four in MM, and ten in Longo (primarily for residual skin tags). LHP demonstrated the fastest return to work (10 days), significantly shorter than Longo (21 days) and MM (30 days) ($p < 0.001$).

Conclusion
Laser Hemorrhoidoplasty (LHP) achieved a superior recovery profile, with a return to work three times faster than the conventional MM technique. While the Longo technique reduces absenteeism compared to MM, it was associated with higher reintervention rates for residual skin tags. MM remains linked to higher pain-related morbidity but remains highly effective for advanced cases. Surgical selection should be individualized, balancing the functional advantages of LHP against the efficacy of MM in severe disease.

Nurse-led Telephone Follow-up Improves Pain Control and Early Problem Detection after Day-case Benign Breast Tumor Excision: A Prospective Study

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Introduction
Day-case excision of benign breast tumors is widely performed in ambulatory surgery settings. However, patients are discharged on the same day and must manage postoperative symptoms at home. Inadequate follow-up may result in suboptimal pain control and delayed recognition of postoperative problems.

Aim
The aim of this study was to evaluate the effectiveness of a structured nurse-led telephone follow-up program in improving postoperative pain control and early identification of postoperative issues after day-case benign breast tumor excision.

Methods
This prospective single-cohort study was conducted in an ambulatory surgery center of a tertiary hospital. A total of 85 patients undergoing day-case benign breast tumor excision were included. All patients received standardized nurse-led telephone follow-up at 24 and 48 hours after discharge. The follow-up protocol included pain assessment using the Numeric Rating Scale (NRS), wound evaluation, activity guidance, medication instruction, and screening for postoperative symptoms. Primary outcome was postoperative pain at 24h and 48h. Secondary outcomes included types of problems identified during follow-up, unplanned return visits or readmission, and follow-up completion rate.

Results
All 85 patients were analyzed, with a follow-up completion rate of 92.9%. Mean pain scores decreased significantly from 2.9 ± 1.3 at 24 hours to 1.6 ± 0.9 at 48 hours ($p < 0.001$). During follow-up, 36.5% of patients reported at least one postoperative issue. The most common problems were incision-related concerns (28.2%), pain-related concerns (21.2%), arm movement discomfort (15.3%), and medication-related questions (11.8%). Unplanned return visits occurred in 2.4% of patients, and no serious complications were observed.

Conclusion
A structured nurse-led telephone follow-up program is an effective strategy for improving postoperative pain control and early identification of postoperative problems after day-case benign breast tumor excision. This model supports safe, high-quality, and patient-centered ambulatory breast surgery care.

Effect of Structured Multimedia Preoperative Education on Pain Control and Early Recovery after Day-case Benign Breast Surgery: A Prospective Study

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Introduction
Effective preoperative education is essential in ambulatory surgery to prepare patients for self-management after early discharge. However, traditional verbal instructions may be insufficient for ensuring patient understanding and adherence. Multimedia education may enhance comprehension and improve postoperative outcomes.

Aim
This study aimed to evaluate the impact of structured multimedia preoperative education on postoperative pain and early recovery in patients undergoing day-case benign breast surgery.

Methods
This prospective study was conducted in an ambulatory surgery center of a tertiary hospital. A total of 85 patients undergoing day-case benign breast tumor excision received structured multimedia preoperative education, including video-based instruction, written materials, and nurse-led explanation. Education covered postoperative pain management, wound care, activity guidance, medication use, and warning signs. Postoperative outcomes were assessed at 24 and 48 hours after discharge via telephone follow-up. Primary outcome was postoperative pain intensity measured by the Numeric Rating Scale (NRS). Secondary outcomes included early recovery indicators (activity and symptom status), types of postoperative issues, and unplanned return visits.

Results
All 89 patients were included in the analysis. Mean pain scores were 2.7 ± 1.2 at 24 hours and decreased to 1.5 ± 0.8 at 48 hours. Most patients demonstrated good understanding of postoperative care and were able to follow instructions correctly. Early recovery was satisfactory, with most patients resuming normal daily activities within 2–3 days. During follow-up, 34.1% of patients reported minor postoperative issues, most of which were managed effectively through nursing guidance. The most common concerns included incision-related discomfort (26.0%), mild pain (19.8%), and activity-related discomfort (14.2%). Unplanned return visits occurred in 2.1% of patients, and no serious complications were observed.

Conclusion
Structured multimedia preoperative education is an effective nursing intervention that improves postoperative pain control, enhances patient self-management, and supports early recovery after day-case benign breast surgery. This approach is practical and valuable for ambulatory surgical care.

Enhanced Recovery After Surgery for Elderly Patients Undergoing Coronary Artery Bypass Grafting: A Systematic Review Focusing on Early Extubation and Pulmonary Outcomes

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Introduction
Enhanced Recovery After Surgery (ERAS) and fast-track protocols are increasingly used in cardiac surgery to promote early extubation and pulmonary recovery. Elderly patients undergoing coronary artery bypass grafting (CABG) are at higher risk of postoperative pulmonary complications. However, evidence on the pulmonary benefits of ERAS-like protocols in this population remains limited.

Aim
This study aimed to evaluate the effects of ERAS-like or fast-track perioperative protocols on early extubation and pulmonary outcomes in elderly patients undergoing CABG.

Methods
This systematic review and meta-analysis was conducted in accordance with PRISMA guidelines. PubMed, Embase, the Cochrane Library, and Web of Science were searched from inception to the most recent date. The search strategy combined terms related to ERAS and fast-track care ("enhanced recovery after surgery," "ERAS," "fast-track"), coronary artery bypass grafting ("CABG," "coronary artery bypass"), elderly populations ("elderly," "older," "geriatric"), and pulmonary outcomes ("extubation," "mechanical ventilation," "pulmonary complications"). Randomized and comparative observational studies comparing ERAS-like or fast-track perioperative care with conventional management in elderly patients undergoing isolated CABG were included. Primary outcomes were early extubation and postoperative pulmonary complications, with secondary outcomes including duration of mechanical ventilation and ICU length of stay. Random-effects meta-analysis was performed where appropriate.

Results
Twelve studies involving 1,635 elderly patients undergoing isolated CABG were included. ERAS-like protocols were associated with a higher rate of early extubation compared with conventional care (RR 1.45, 95% CI 1.22–1.72; $I^2 = 42\%$) and a shorter duration of mechanical ventilation (SMD −0.58, 95% CI −0.76 to −0.40; $I^2 = 51\%$). The incidence of postoperative pulmonary complications was reduced in the ERAS group (RR 0.72, 95% CI 0.55–0.94; $I^2 = 36\%$). ICU length of stay was generally shorter with ERAS-like protocols, while no significant difference in short-term mortality was observed.

Conclusion
ERAS-like protocols appear to enhance pulmonary recovery after CABG in elderly patients without compromising short-term survival. However, heterogeneity in protocol implementation highlights the need for standardized ERAS pathways.

Enhanced Recovery After Surgery in Peripheral Arterial Disease: A Narrative Review of Effectiveness and Safety

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Introduction
Peripheral arterial disease (PAD) is associated with advanced age, comorbidities, and impaired functional status, leading to delayed postoperative recovery after revascularization. Enhanced Recovery After Surgery (ERAS) programs aim to accelerate recovery through multimodal perioperative care. However, evidence for ERAS-based strategies in PAD remains limited and heterogeneous.

Aim
This review aimed to summarize current evidence on the effectiveness and safety of ERAS-based postoperative management in patients undergoing surgical or endovascular treatment for PAD.

Methods
A narrative review was conducted to identify clinical studies, perioperative care pathways, and quality improvement reports evaluating ERAS or fast-track approaches in patients undergoing open or endovascular treatment for PAD. Key ERAS components, such as perioperative analgesia, early mobilization, nutritional support, and complication prevention, were analyzed with respect to postoperative recovery, functional outcomes, and safety-related endpoints.

Results
Available evidence suggests that ERAS-based care in PAD patients is associated with earlier ambulation, improved pain control, and enhanced functional recovery compared with conventional perioperative management. Benefits include shorter hospital length of stay, reduced opioid consumption, and earlier return to baseline mobility, particularly following lower limb revascularization. Importantly, ERAS implementation did not appear to increase rates of major adverse cardiovascular events, limb-related complications, or early reintervention. However, outcomes varied according to procedure type, patient characteristics, and ERAS protocol composition, reflecting substantial heterogeneity across studies.

Conclusion
Current evidence supports the feasibility and safety of ERAS-based postoperative management in patients with PAD, with potential benefits in functional recovery and resource utilization. Nevertheless, PAD-specific ERAS pathways remain poorly standardized, and high-quality prospective data are limited. Further research is required to define optimal ERAS components tailored to PAD patients and to establish evidence-based recovery pathways that balance accelerated rehabilitation with procedural safety.

Enhanced Recovery After Surgery (ERAS) and Postoperative Delayed Gastric Emptying in Elderly Patients Undergoing Pancreaticoduodenectomy: A Systematic Review and Meta-analysis

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Introduction
Delayed gastric emptying (DGE) is a common complication after pancreaticoduodenectomy (PD), particularly in elderly patients. Enhanced Recovery After Surgery (ERAS) protocols have been shown to improve postoperative recovery, but their effect on DGE in elderly PD patients remains unclear.

Aim
This study aimed to evaluate the impact of ERAS protocols on postoperative DGE and related outcomes in elderly patients undergoing pancreaticoduodenectomy.

Methods
A systematic review and meta-analysis were conducted following PRISMA guidelines. PubMed, Embase, the Cochrane Library, and Web of Science were searched for randomized controlled trials (RCTs) and observational studies comparing ERAS or ERAS-like protocols with conventional care in elderly patients undergoing PD. The primary outcome was postoperative DGE, with secondary outcomes including time to oral intake, hospital length of stay, and 30-day mortality. Pooled risk ratios (RR) and standardized mean differences (SMD) were calculated using random-effects models.

Results
Thirteen studies, including 1,234 elderly patients (612 in the ERAS group and 622 in the conventional care group), were included. ERAS protocols were associated with a significantly lower incidence of DGE (RR 0.65, 95% CI 0.49–0.87, $p = 0.003$). Patients in the ERAS group also had a shorter time to oral intake (SMD −0.52, 95% CI −0.72 to −0.32, $p < 0.01$) and a reduced length of hospital stay (SMD −0.45, 95% CI −0.65 to −0.25, $p < 0.01$). No significant difference was found in 30-day mortality between the two groups (RR 0.94, 95% CI 0.67–1.32, $p = 0.72$).

Conclusion
ERAS protocols significantly reduce the incidence of postoperative DGE and promote faster gastrointestinal recovery in elderly PD patients without increasing short-term mortality. These findings suggest that ERAS can optimize recovery following PD, although further studies with standardized protocols are needed to refine postoperative care for this high-risk group.

Decompression of Odontogenic Cysts

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Introduction
Jaw cysts are pathological cavities of oval and round shape filled with liquid or semi-liquid contents. They are bounded by a cystic membrane which consists of an outer connective and an inner epithelial membrane. Cysts occurring in connection with a tooth are called odontogenic cysts, and the WHO divides them into two large groups - developmental and inflammatory cysts - based on their histopathological constitution and aetiology.

Aim
Although benign in nature, these lesions may exhibit progressive growth, leading to significant osteolysis, tooth displacement and root resorption, as well as potential involvement of adjacent anatomical structures. Odontogenic cysts are removed surgically, and method selection depends on the size, localization and the type of cyst, and also on the patient's age and general condition. Cysts of smaller diameter are removed by complete exfoliation.

Methods
Decompression represents a conservative surgical approach primarily indicated for large cystic lesions in which primary enucleation would pose a substantial risk of injury to vital anatomical structures, such as the inferior alveolar nerve or the maxillary sinus, or increase the likelihood of pathological fracture. Additional indications include treatment in younger patients, where preservation of jaw growth and development is essential, as well as cases in which protection of adjacent vital teeth and maintenance of their periodontal integrity and pulpal vitality are desired.

Results
The fundamental principle of decompression is the reduction of intracystic pressure through the creation of a sustained communication between the cystic cavity and the oral environment. This alteration in the lesion's microenvironment modifies its biological behaviour, resulting in gradual reduction of cyst volume, thickening and transformation of the epithelial lining, and stimulation of peripheral bone regeneration. The procedure involves partial excision of the cyst wall, mandatory histopathological verification, and placement of a drainage device to maintain patency of the opening.

Conclusion
Decompression may serve as a definitive treatment modality or as the first stage of a two-phase approach, followed by enucleation of the significantly reduced residual lesion. Its advantages include reduced surgical morbidity, preservation of vital structures and teeth, and favourable functional and aesthetic outcomes, albeit with prolonged treatment duration and the need for strong patient compliance.

The "DOLPHIN" mask, a possible game changer in Supra Glottic Devices

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Introduction
The fiels of supraglottic devices (SGD's) comprises a large area of tools: LMA's, iGel, to mention the most known ones. Many of them have different access channels towards the esophagus of various sizes and indications. These conformations, while providing a way to insert gastric sucction catheters, are in fact a limiting factor. The long path and/or narrow diameter allow for only a limited number sucttion cahteters to be technically possible to thread. Even the latest and most revolutionary SGD, the LMA Gastro (Teleflex) have such limitations due to a knee friction point. The device I have developed and patented solves all these problems: it offers a ventilating path like any SGD but poses no limit concerning the diameter of the devices that can be inserted. It is a combination between the handle of a LMA with the cuff resembling the iGel but with two C-shaped channel on the rear side of the cuff. These open channels being both elastic and converging like the letter V towards the tip of the cuff provide an easy path to insert gastric sucction catheters, endoscopes (incliding for ERCP), TEE porbes etc.

Aim
By concept, design and mannequin testing the "DOLPHIN" mask could be a device that will replace all the existing ones. The idea for this device came form space medicine too, allowing for a non professinal to assist in case of emergency a fellow member of the crew.

Methods
The device has been tested only on mannequin pending approval form the MoH and the IRB for clinical testing. So far it performed as expected.

Results
The insertion in mannequins was successful from the first attempt.

Conclusion
For now, the "DOLPHIN" mask exists only in size 2. In future it is intended to develop the whole range from size 1.5 to 5. By my preliminary testings the "DOLPHIN" mask seems to be a promising device that will simplify the airway management and, potentially, replace all the other existing devices.

Effects of a Nursing Specialty Program in Case Management for One Day Surgery and minimally invasive surgery on Clinical Competency and Job Satisfaction

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Introduction
Rapid advancements in surgical technology and national health policy reforms have accelerated the expansion of One Day Surgery (ODS) and Minimally Invasive Surgery (MIS) services. These models emphasize early discharge, high procedural efficiency, and coordinated transitional care, requiring nurses with advanced competencies in perioperative management and interdisciplinary collaboration. However, structured specialty education in surgical case management remains limited. In response, the Thailand Nursing and Midwifery Council developed a prototype specialty program in Nursing Case Management for ODS and MIS to strengthen clinical competency, enhance care coordination, and support high-quality, patient-centered surgical services nationwide.

Aim
To evaluate the effects of a Nursing Specialty Program in Case Management for ODS and MIS on clinical competency and job satisfaction among trainee registered nurses.

Methods
A quasi-experimental pretest–posttest study was conducted among registered nurses working in ODS and MIS units. Participants completed a 16-week specialty training program focusing on perioperative risk assessment, care coordination, discharge planning, telehealth follow-up, complication prevention and transitional case management. Clinical competency was assessed using multi-source evaluations, including self-, peer-, and supervisor-ratings. Job satisfaction was measured using a standardized validated instrument. Data were analyzed using paired t-tests to compare pre- and post- intervention outcomes, and intraclass correlation coefficients (ICC) were calculated to assess inter-rater reliability.

Results
Significant improvements were observed in overall clinical competency following program completion ($p < .05$), with consistent findings across self, peer, and supervisor evaluations. Job satisfaction also significantly increased ($p < .01$). Inter-rater agreement demonstrated acceptable consistency in observed performance improvements.

Conclusion
The Nursing Specialty Program effectively enhances clinical competency and professional satisfaction among nurse case managers. Structured specialty education plays a critical role in strengthening workforce readiness and supporting sustainable expansion of ODS and MIS systems.

Optimizing Pediatric Laser Therapy: The Critical Role of Nursing Care in Managing Vascular and Scar Lesions with PDL and CO_2 Lasers

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The application of pulsed dye laser (PDL) and carbon dioxide (CO_2) laser technologies has become integral to the management of hemangiomas, vascular malformations, and scars in pediatric patients. The efficacy and safety of these laser treatments heavily depend on comprehensive nursing care that spans preoperative, intraoperative, and postoperative phases. Preoperative nursing assessment involves detailed documentation of the child's medical history, lesion characteristics, expected outcomes, and potential risks. Effective preoperative preparation includes pain and anxiety management strategies, skin cleansing protocols, and ensuring psychological comfort for the child and family. During the intraoperative period, nursing support focuses on maintaining aseptic techniques, monitoring vital signs, and providing reassurance to the patient. Postoperative nursing care is critical in promoting optimal healing and preventing complications. It encompasses wound care management, infection prevention, and vigilant monitoring for adverse effects such as edema or erythema. Education plays a vital role, with nurses instructing families on appropriate dressing changes, signs of infection, sun protection, and activity restrictions. Tailoring interventions to the child's age, lesion location, and individual response enhances outcomes and patient satisfaction. Pain control strategies, including topical anesthesia and distraction techniques, are essential throughout the perioperative period. The integration of evidence-based nursing protocols ensures safe, effective laser therapy and minimizes the psychological and physical burden on pediatric patients and their families. Emphasizing meticulous perioperative nursing care is fundamental to maximizing therapeutic success, and fostering a positive treatment experience in pediatric laser management.

Osteosynthetic Material Removal Through Same-Day Surgery at Children's Hospital Zagreb

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Introduction
Osteosynthesis with Kirschner wires, elastic stable intramedullary nails (ESIN), screws, or plates is a standard approach for pediatric fracture management. The removal of osteosynthetic material is typically indicated after fracture consolidation. Advances in pediatric anesthesia, minimally invasive techniques, and perioperative care have facilitated the feasibility of same-day procedures. At Children's Hospital Zagreb, osteosynthesis removal has been systematically implemented within a structured day-surgery protocol to optimize safety and resource utilization.

Aim
This study aimed to evaluate the safety, feasibility, and clinical outcomes of pediatric osteosynthesis material removal performed as a same-day surgery at Children's Hospital Zagreb.

Methods
A retrospective review was conducted on pediatric patients who underwent osteosynthetic material removal in a day-surgery setting in 2025. Inclusion criteria encompassed children with radiologically confirmed fracture healing, ASA I–II classification, and no active infection. Preoperative assessment included clinical and radiographic evaluation, along with anesthesiology consultation. Procedures were predominantly performed under general anesthesia. Postoperative monitoring occurred in a same-day surgery unit, with discharge on the same day following standardized criteria: stable vital signs, effective pain control, tolerable oral intake, and absence of immediate complications. Follow-up assessments were scheduled in outpatient clinics.

Results
The procedures included removal of ESIN, Kirschner wires, screws, or plates. All surgeries were completed successfully without intraoperative complications. Postoperative recovery was uneventful in almost all cases, with no major adverse events reported. The average hospital stay was less than 10 hours. No readmissions or reoperations occurred within the follow-up period, and patient and parent satisfaction scores were high. The protocol demonstrated a low complication rate, confirming the safety and practicality of same-day osteosynthesis removal in this patient cohort.

Conclusion
At Children's Hospital Zagreb, selected pediatric patients undergoing osteosynthesis removal can safely and effectively be managed within a same-day surgery model. With proper patient selection, standardized perioperative protocols, and a multidisciplinary team, this approach yields high satisfaction, low complication rates, and optimal resource utilization. Same-day surgery presents a safe, efficient, and cost-effective option for pediatric implant removal after fracture healing.

Role of the Scrub Nurse in Day Surgery

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Introduction
Day surgery represents an important segment of modern surgical practice, requiring efficient organization, teamwork, and strict adherence to sterile procedures.

Aim
The aim of this paper is to describe the main challenges faced by the scrub nurse in day surgery, with particular focus on operating room preparation, maintenance of sterility, and patient turnover between procedures.

Methods
This paper is based on a descriptive approach using professional literature and practical knowledge of operating room procedures in day surgery settings.

Results
Efficient preparation of instruments and equipment, strict maintenance of sterile conditions, and effective communication within the surgical team were identified as key factors for safe and successful workflow in day surgery. Proper organization and experience of the scrub nurse significantly contribute to reducing delays and preventing intraoperative complications.

Conclusion
The role of the scrub nurse in day surgery is essential for maintaining patient safety and ensuring an efficient surgical workflow. Proper preparation, adherence to sterile principles, and good team communication are key factors in overcoming the challenges of day surgery.

Re-operation after wide local excision: the contribution of incidentally detected DCIS at the margin despite adequate excision of the invasive primary tumour

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Introduction
Wide local excision (WLE) is commonly delivered as day-case breast surgery. However, involved or close margins may necessitate re-operation, generating additional theatre utilisation and patient burden. A distinct subgroup undergoes re-operation despite adequate excision of the invasive primary tumour because ductal carcinoma in situ (DCIS) is incidentally identified at or near the resection margin.

Aim
To quantify the proportion of re-operations after WLE for positive/close margins that are attributable to incidental DCIS at/near the margin despite adequate invasive tumour margins.

Methods
We reviewed patients undergoing re-operation following initial WLE for breast cancer, where the indication was positive or close margins. Margin status was assessed on the final histopathology. The primary outcome was the proportion of re-operations attributable to incidental DCIS at/near the margin in cases where margins for the invasive primary tumour were otherwise sufficient.

Results
Seventy-two patients underwent re-operation for positive or close margins after WLE. In 15/72 (20.8%) cases, the invasive primary tumour was sufficiently excised, but incidental DCIS at/near the margin prompted re-operation. This equates to approximately one in five re-operations in the cohort being driven by DCIS margin involvement rather than invasive tumour margin inadequacy.

Conclusion
A substantial proportion of re-operations after day-case WLE may be unavoidable due to incidental DCIS at the margin, even when the invasive component is adequately excised. This finding is important for pre-operative counselling and for planning re-operation capacity within day-case breast surgery pathways.

Feasibility Study on Ambulatory Surgery Model for Laparoscopic Myomectomy

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Introduction
Uterine leiomyoma is a common tumor of the reproductive organs in women, and most of them are benign diseases. About 300 million women around the world suffer from such problems, and the incidence of uterine fibroids in Chinese women is as high as 20% to 30%. Laparoscopic hysteromyomectomy is a common minimally invasive surgical procedure for the treatment of this disease. Definition of day surgery in our country: the patient completes the surgery or procedure for admission and discharge within 24 h, and the maximum hospitalization does not exceed 48 h. However, the number of gynecological day operations in China is only 4.48%. And most of them are hysteroscopic surgery. Gynecological laparoscopic day surgery has no systematic surgical process and mature management experience in my country.

Aim
To study the feasibility and safety of laparoscopic hysteromyomectomy based on the situation of China, and to explore its health economics value.

Methods
A retrospective study was conducted. Patients who underwent laparoscopic surgery in our hospital due to uterine fibroids from January 2023 to December 2024 were selected. The day surgery mode was the observation group (n = 96), and the traditional surgery mode was the control group (n = 89). The rate of drainage tube placement, the incidence of postoperative pain, the incidence of nausea and vomiting, the time of catheter removal, the time of getting out of bed and the duration of ventilation, the incidence of postoperative complications, the incidence of unplanned second admission, the average length of hospitalization, the cost of hospitalization and the patient satisfaction were compared between the two groups.

Results
The rate of drainage tube placement was lower in the observation group (41 (42.7%) vs 87 (97.8%), $\chi^2 = 65.641$, $P < 0.001$), the incidence of postoperative pain score was lower (6 (6.3%) vs 15 (16.9%), $\chi^2 = 5.161$, $P = 0.035$), and the incidence of gastrointestinal symptoms such as nausea and vomiting was lower in the observation group than in the control group (4 (4.2%) vs 13 (14.6%), $\chi^2 = 6.032$, $P < 0.01$). In the observation group, the time of carrying the catheter was shorter (1.38 ± 3. 17 vs 12.00 ± 0. 00, t =-11.336, P < 0.01), and the time of recovering from bed was shorter (2.56 ± 1. 99 vs 12.01 ± 3. 88, t =-11.432, P < 0.01), the differences were statistically significant; The average hospitalization days in the observation group were significantly shorter than those in the control group (2.05 ± 0. 22 vs 7.82 ± 1. 93, t =-12.568; P < 0.001), and the hospitalization expenses were significantly lower than those in the control group (11561.04 ± 2417. 88 vs 15446.38 ± 2883. 40, t =-8.659; P < 0.001). The differences were statistically significant. The patients' satisfaction in the observation group was significantly higher than that in the control group (91.583 ± 4. 96 vs 85.045 ± 5. 60, t = 8.259; P < 0.001). There were no falls, unplanned second operation, postoperative infection, peripheral organ injury and other complications in both groups.

Conclusion
Compared with the traditional surgical management model in China, the laparoscopic myomectomy day surgery model based on the ERAS concept does not reduce the safety of the operation for patients. It has a lower rate of postoperative abdominal drainage tube placement, a lower incidence of postoperative pain and nausea and vomiting, a shorter time of postoperative urinary catheter retention, a shorter average hospital stay and lower medical costs. Patients recover faster, have a higher level of comfort, and have a better experience and higher satisfaction. This model of day surgery is feasible in China and can be further promoted after larger sample studies.

Ambulatory ERCP as a Day Surgery Procedure

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Introduction
Endoscopic retrograde cholangiopancreatography (ERCP) is a core minimally invasive technique for pancreatobiliary disorders. In the context of healthcare efficiency optimization, day-case ERCP has become an increasingly important clinical model. However, its standardized application, safety profile, and long-term value remain to be systematically summarized.

Aim
This review aimed to comprehensively evaluate the clinical feasibility, safety, efficacy, patient selection, perioperative management, and current challenges of ambulatory ERCP as a routine day-surgery procedure.

Methods
A systematic literature search was performed in major electronic databases. Relevant clinical studies, guidelines, and expert consensus articles focusing on day-case ERCP were included and qualitatively analyzed regarding patient criteria, procedural protocols, complication rates, discharge standards, and clinical outcomes.

Results
Current evidence demonstrates that appropriately selected ambulatory ERCP is associated with high technical success rates and acceptable safety profiles, with complication rates comparable to those of conventional inpatient ERCP. It significantly shortens hospital stay, reduces medical costs, and improves patient satisfaction. Effective risk stratification, standardized perioperative care, and clear early discharge criteria are key to ensuring clinical safety.

Conclusion
Ambulatory ERCP is a reliable and valuable day-surgery approach for selected patients with pancreatobiliary diseases. With standardized patient selection and perioperative management, it can be widely implemented to improve healthcare efficiency and patient experience.

Comparison of Different Occlusion Methods in Partial Hepatectomy: A Prospective Clinical Study

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Introduction
Hepatocellular carcinoma and intrahepatic cholangiocarcinoma have high morbidity and mortality, and partial hepatectomy is their gold standard treatment. The liver's dual blood supply leads to intraoperative hemorrhage, increasing complications and affecting prognosis. Commonly used occlusion methods (Pringle maneuver, selective inflow occlusion, sequential inflow-outflow occlusion) have distinct characteristics, but previous retrospective studies had limitations. This prospective trial compares these methods to provide reliable clinical guidance.

Aim
This study aimed to compare the efficacy and safety of three hepatic vascular occlusion methods in partial hepatectomy: (1) compare intraoperative indicators (bleeding volume, operative time, ischemic time) among groups; (2) evaluate their impact on postoperative liver function; (3) compare postoperative complication rates and hospital stay; (4) provide evidence for individualized strategy selection.

Methods
This was a single-center, prospective randomized controlled trial , with informed consent from all patients. Eligible patients (18-75 years, resectable liver lesions, Child-Pugh A/B, no severe comorbidities) were enrolled from 2024 to 2025 and randomly divided into three groups (40 cases each) via random number table: Group A (Pringle maneuver), Group B (selective inflow occlusion), Group C (sequential inflow-outflow occlusion).
All surgeries were performed by the same hepatobiliary team, with standardized occlusion procedures for each group. Data included general, intraoperative, postoperative liver function, complication, and follow-up data. Statistical analysis was done with SPSS 26.0, with $P < 0.05$ as statistically significant.

Results
A total of 120 patients completed surgery and follow-up, with no significant differences in general data among groups ($P > 0.05$). Intraoperatively, Group C had the lowest bleeding volume (276.3 ± 78.9 mL), Group A the shortest operative time (122.5 ± 26.8 min), and ischemic time increased from Group A to C (all $P < 0.05$).
Postoperatively, Group A had worse liver function on days 1-7 ($P < 0.05$), with no inter-group difference on day 30. Group A had the highest complication rate (15.0%), significantly higher than Group C (5.0%, $P < 0.05$). No significant difference in hospital stay or 6-month recurrence/survival was observed ($P > 0.05$).

Conclusion
All three occlusion methods effectively control intraoperative bleeding but have distinct pros and cons: Pringle maneuver is simple but risky for ischemic injury (suitable for normal liver function/small lesions); selective inflow occlusion balances hemostasis and ischemic protection (suitable for mild dysfunction/larger lesions); sequential occlusion has optimal hemostasis but high complexity (suitable for high-bleeding-risk cases).
Clinicians should select individualized strategies based on patient conditions. Limitations include single-center, small sample size, and short follow-up; future multi-center, long-term studies are needed to verify efficacy.

Early Discharge In Patients Undergone To Total Hip Arthroplasty: Is Necessary Keeping Overnight Hospitalization? Our Experience

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Introduction

Total hip arthroplasty (THA) is one of the most commonly performed surgical procedures. THA outpatients receive few, if any, medical interventions before discharge, but the type and quantity of interventions is unknown Purpose of this study is to quantified the nature, frequency, and outcome of interventions occurring overnight after primary THA.

Aim

Purpose of this study is to quantified the nature, frequency, and outcome of interventions occurring overnight after primary THA.

Methods

From February 2020 until July 2024 we performed 419 THA. Among them 253 patients apply to a single-day discharge program. We recollect different datas (gender, age, ASA , IMC, comorbidity, night in the hospital, destination, HBag pre and post, Complications), if they recibes any medical or nurses intervention and, if yes, which type of procedures

Results

206 patients (81,4%) don't recibe any kind of intervention. 47 (18,6%) recibes different actions (8% opioid drugs, 4% antiemetic drugs, 2% normal ev pain killers, 1% hypnotic drugs, 1% wound dressing change, 1 % urinary catheterization, 1% desaturation) Besides, there are no significative differences or no statistics relationship between interventions during the first 24 hours stay and other variables like age, gender, BMI etc. There are neither increasing complications nor readmission rate

Conclusion

Most patients received no overnight interventions, so they could be included in outpatient pathway without significantly increase of complication and readmission rate and with an acceptable safeties conditions.

Laparoscopic Transection of the Pancreatic Neck with Enucleation of Intraductal Papillary Mucinous Neoplasm (IPMN) in the Uncinate Process and Pancreatic Reconstruction

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Introduction

Laparoscopic Transection of the Pancreatic Neck with enucleation of Intraductal Papillary Mucinous Neoplasm (IPMN) in the Uncinate Process and Pancreatic Reconstruction represents a novel surgical approach for managing pancreatic intraductal papillary mucinous neoplasms. This technique may provide a new therapeutic option for patients with benign or low-grade malignant tumours in the pancreatic uncinate process. We aim to assess this procedure's short-term and long-term clinical outcomes and delineate its technical operative details.
Aimlaparoscopic transection of the pancreatic neck with enucleation of a benign uncinate process tumour followed by pancreatic reconstruction represents a novel approach for localized enucleation of tumours in this anatomically challenging region. Integrating endoscopic pancreatic duct stenting may enhance procedural safety; however, this preliminary case study highlights the need to validate long-term benefits through large-scale, multicenter studies. Furthermore, the successful application of this technique demands substantial surgical expertise in complex pancreatic dissection and meticulous ductal reconstruction.

Methods

A 42-year-old male was diagnosed with branch-duct intraductal papillary mucinous neoplasm (BD-IPMN). Abdominal contrast-enhanced CT revealed an irregular cystic lesion in the cephalad portion of the pancreatic uncinate process, with no enhancement on post-contrast imaging. Abdominal MRI demonstrated the irregular cystic lesion (38×18 mm), showing suspected communication with the pancreatic duct. Endoscopic ultrasound (EUS) revealed a multicystic lesion in the pancreatic uncinate process, measuring up to 40 mm in maximum diameter, with heterogeneous wall thickness and well-defined margins. The patient subsequently underwent laparoscopic transection of the pancreatic neck with enucleation of the uncinate process IPMN and pancreatic reconstruction.

Results

The patient developed a biochemical leak postoperatively, with a daily drainage volume of approximately 20 mL. The drainage volume gradually decreased, and the drain was removed on postoperative day 10, followed by hospital discharge. To date, follow-up evaluations have revealed no complications such as steatorrhea, secondary diabetes, or dyspepsia. A contrast-enhanced CT scan of the entire abdomen showed no abnormalities. Pathological Findings: Morphological and immunohistochemical analyses confirmed the diagnosis of IPMN with mild epithelial dysplasia.

Conclusion

Laparoscopic Transection of the Pancreatic Neck with enucleation of IPMN in the Uncinate Process and Pancreatic Reconstruction represents a safe and effective surgical approach for managing pancreatic uncinate process IPMN.

Gastric Fundus Gas Aspiration at ERCP Completion to Reduce PONV: A Randomized Controlled Trial

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Introduction
Postoperative nausea and vomiting (PONV) is a common and distressing adverse event after endoscopic retrograde cholangiopancreatography (ERCP). It impairs patient comfort, delays early functional recovery, and can compromise the efficiency of enhanced recovery after surgery (ERAS) protocols in ambulatory (day-case) endoscopy pathways. Gastric fundus gas retention after ERCP is a plausible, modifiable contributor to early PONV, yet it is rarely targeted as a routine peri-procedural measure.

Aim
To evaluate whether active aspiration of gastric fundus gas at the completion of ERCP reduces PONV and facilitates early recovery within an ERAS-oriented day-surgery workflow.

Methods
We performed a prospective, randomized controlled trial in patients undergoing ERCP. Participants were randomized to active aspiration of gastric fundus gas at the end of the procedure or to standard care without aspiration. Peri-procedural management followed routine institutional practice. PONV occurrence and nausea severity were assessed at predefined postoperative time points by blinded assessors. Recovery-relevant indicators (e.g., early well-being, ability to resume oral intake and mobilization) and major ERCP-related complications were monitored to evaluate feasibility and safety, with a focus on outcomes pertinent to same-day/short-stay discharge.

Results
Compared with standard care, active fundus gas aspiration was associated with lower early PONV occurrence and reduced nausea severity in the immediate postoperative period. The intervention was straightforward and could be incorporated into the standard ERCP workflow without disrupting the procedure. No increase in major ERCP-related complications was observed. Improved postoperative comfort may support earlier achievement of recovery milestones important for ambulatory care, including resumption of oral intake and mobilization, thereby improving readiness for same-day or short-stay discharge.

Conclusion
Active aspiration of gastric fundus gas at ERCP completion is a simple, feasible, and scalable anatomical-targeted gas management strategy. By alleviating PONV and supporting early recovery consistent with ERAS principles, it has potential to enhance patient experience and operational efficiency in ambulatory (day-case) ERCP/endoscopy programs.

Stomatologic procedures in general anesthesia - our protocol

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Introduction

The most common reason for performing dental surgery under general anesthesia is patient non-compliance (physical and psychological limitation or both) and more demanding surgery (especially oral surgery). Our surgeries are performed in One-Day Surgery(ASA status I-III) or Central operative block (ASA status I-IV). The most commonly used anesthetics are propofol and remifentanil, which are delivered to patients with the help of specialized microchip controlled pumps. Inhalation anesthetics are used only in very non-cooperative patients in whom we could not set up a venous route for drug delivery. Nasally placed endotracheal tube with mechanical ventilation and anesthesia depth monitor are also used.

Aim

The primary objective is the safe conductance of dental procedures through the use of general anesthesia. The protocol prioritizes patient safety above all else, allowing for the postponement of procedures until "ideal" conditions are met.

Methods

To achieve safe results, several anesthesiologic protocols and patient assessment tools are utilized:
Anesthesia Types and Techniques
TIVA (Total IntraVenous Anesthesia): Used in over 90% of cases due to higher patient satisfaction and quicker discharge.
+1
TCI (Target Control Infusion): Specialized pumps and software deliver medication based on height, weight, sex, and age to reach an effective dose in the brain.
+1
Nasotracheal Intubation: The predominant method used to secure the airway during dental treatment.
VIMA (Volatile Induction and Maintenance Anesthesia): Inhalational anesthetics used when intravenous routes are difficult to establish.

Patient Evaluation

Patients are categorized using the ASA (American Society of Anesthesiologists) status to determine risk:
ASA I-II: Ideal for day surgery where patients are discharged within 1–2 hours postoperatively.
+1
ASA III-IV: Often require hospital-based operations with at least one night of ward supervision.
+1

Results

Data from the Clinic of Dental Medicine UHC Zagreb highlight the following:
Volume: Since January 2017, the clinic has treated more than 600 patients under these protocols.
Procedure Duration: The average time for dental procedures is 1 hour and 15 minutes.
Most Common Causes for GA:Intellectual disabilities (45%), Multiple concurrent disabilities (35%), Fear of dental procedures (20%).
Patient Demographics: A study of 100 patients showed that the most common reason for GA was Autism (29 patients), followed by noncompliance (18) and mental retardation (18).

Conclusion

General anesthesia is a vital tool for providing complex dental care to patients who cannot be treated through traditional means. While GA carries disadvantages—such as the loss of protective reflexes and the requirement for specialized equipment—it offers essential benefits like analgesia, amnesia, and a controlled environment for difficult procedures. Safety remains the paramount factor in selecting the appropriate anesthesia model for each individual patient.

Clinical Application of Day-Care Mode of Laparoscopic Surgery for Infertility in Gynecological Day Surgery Center

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Introduction

According to research, the incidence rate of female infertility in China is approximately 4% to 20%, and it has been on the rise in recent years. This is a problem that requires joint attention from society and individuals. In the field of minimally invasive gynecological diagnosis and treatment, the use of laparoscopy for treating infertility is also gradually increasing. With the development of day surgery in China, gynecological laparoscopy is gradually being carried out in day surgery centers. Most of these procedures can be completed within 24 hours, from admission to surgery and discharge. However, in European and American countries, many laparoscopic diseases such as endometrial cancer, cervical cancer, and uterine fibroids have achieved discharge on the same day. In order to align with international day surgery standards, the day return mode for infertility laparoscopic surgeries has been transformed into the day discharge mode. This study further explores the safety and feasibility of infertility laparoscopic day discharge surgery by combining the ERAS concept.

Aim

To explore the feasibility and safety of the day-case model for laparoscopic surgery in infertile patients in gynecological day surgery.

Methods

Infertile patients who underwent laparoscopic surgery at Chengdu Women and Children's Central Hospital from January 1, 2023 to December 30, 2024 were included. Patients were divided into the day-case surgery group and the conventional day surgery group based on their management mode.

Results

A total of 76 infertile patients were included, with 38 in each group. There were no statistically significant differences between the two groups in terms of general data, intraoperative blood loss, operation time, and intraoperative blood loss ($P > 0.05$). There were no statistically significant differences in postoperative ambulation time, postoperative feeding time, postoperative anal exhaust time, postoperative nausea and vomiting, and pain scores at 2, 4, 6, and 12 hours after surgery ($P > 0.05$). No complications occurred in either group, and there were no unplanned reoperations within 30 days.

Conclusion

Based on the results of this group of data, the implementation of the laparoscopic day-case surgery model for infertile patients can further shorten the hospital stay without increasing the occurrence of postoperative complications. Therefore, the implementation of the laparoscopic day-case surgery model for infertile patients is safe and feasible.

Safety and Efficacy Evaluation of Day-Case Ureteroscopic Lithotripsy in Elderly Frail Patients with Renal and Ureteral Stones

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Introduction
Frailty in the elderly is characterized by a multidimensional decline in physiological, psychological, and social functioning. This condition not only diminishes the quality of life for older adults but also significantly increases their risks and the incidence of complications during medical encounters. Research has shown that frailty is closely associated with multiple adverse health outcomes, including hospitalization, readmission, increased mortality, and decreased quality of life [1, 2]. Frail patients often face higher risks of postoperative complications and require longer recovery times when undergoing surgical procedures, necessitating greater caution in surgical decision-making. Ureteral stones are a common condition in the urinary system. In frail elderly patients, physiological decline coupled with multiple chronic conditions—such as hypertension, diabetes, and coronary heart disease—adds to the complexity and risk of treatment. In recent years, studies on day surgery for ureteral stones have increased both domestically and internationally. Evidence indicates that day surgery is comparable to traditional inpatient surgery in terms of stone-free rates, operative time, and postoperative complications. However, research specifically focused on day surgery for frail elderly patients remains limited. Therefore, this study retrospectively analyzes data from frail elderly patients with renal and ureteral stones who underwent either day surgery or traditional inpatient surgery at our institution, aiming to further explore the clinical value of day surgery in this specific patient population.

AimTo investigate the clinical application value of day-case surgery in elderly frail patients with renal and ureteral stones.

Methods
A total of 127 elderly frail patients with renal and ureteral stones treated in our hospital from August 2024 to February 2025 were selected, including 48 cases in the day-case surgery group and 79 cases in the inpatient surgery group. Both groups underwent transurethral ureteroscopic holmium laser lithotripsy and stone extraction. Retrospective analysis was performed on the following parameters: gender, age, body mass index (BMI), comorbidities (hypertension, diabetes, coronary heart disease), stone diameter, Clinical Frailty Score (CFS), preoperative preparation time, hospital stay, operation time, hospitalization costs, medical satisfaction, residual stones, postoperative fever, nausea and vomiting, pain, delirium, C-reactive protein (CRP), procalcitonin (PCT), and interleukin-6 (IL-6). Statistical analysis was conducted using SPSS 25.0.

Results
No statistically significant differences were observed between the day-case surgery group and the inpatient surgery group in baseline characteristics such as gender, age, BMI, stone diameter, hypertension, diabetes, coronary heart disease, or CFS ($P > 0.05$). There were also no statistically significant differences in clinical outcomes, including residual stones, postoperative fever, nausea and vomiting, pain, delirium, CRP, PCT, or IL-6 ($P > 0.05$). Compared with the inpatient surgery group, the day-case surgery group showed significantly shorter preoperative preparation time and hospital stay, significantly lower hospitalization costs, and significantly higher medical satisfaction ($P < 0.05$).

Conclusion
With adequate preoperative evaluation and strict postoperative management, day-case surgery is safe and feasible for elderly frail patients with renal and ureteral stones. It significantly reduces preoperative preparation time, hospital stay, and hospitalization costs while improving patient satisfaction.

The application value of day surgery model in myomectomy for giant uterine fibroids

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Introduction

Recent advances in minimally invasive techniques and perioperative care have facilitated the adoption of day surgery for benign gynecological conditions. While accumulating evidence confirms the safety and feasibility of day surgery myomectomy in rigorously selected low-risk patients, giant uterine fibroids (typically ≥ 8 cm in diameter) have traditionally been regarded as a relative contraindication due to elevated surgical complexity and perioperative risks. However, emerging perspectives challenge this notion, suggesting that with stringent evaluation and standardized perioperative protocols, a subset of these patients may be suitable candidates. Nevertheless, high-quality evidence supporting this expanded application remains insufficient.

Aim

The objective of this study was to assess the clinical applicability of the day surgery model in patients undergoing myomectomy for giant uterine fibroids.

Methods

A retrospective descriptive study was conducted. Clinical data were collected from 133 patients with giant uterine fibroids who underwent myomectomy in the Gynecological Day Surgery Unit of Chengdu Women's and Children's Central Hospital from October 2020 to October 2024.
All patients were managed according to the day surgery protocol throughout diagnosis, perioperative care, and postoperative follow-up. Observation indicators included: (1) Surgical outcomes: surgical approach, fibroid characteristics (maximum diameter, number, weight), operative time, intraoperative blood loss, and intraoperative complications; (2) Postoperative outcomes: length of hospital stay, reasons for delayed discharge, postoperative discomfort symptoms, postoperative complications (graded according to the Clavien-Dindo classification system), unplanned revisit rate, unplanned reoperation rate, unplanned readmission rate, hospitalization costs, and patient satisfaction.

Results

(1) Surgical outcomes: Among the 133 patients, 115 (86.47%) underwent laparoscopic myomectomy and 18 (13.53%) underwent open surgery. The median maximum fibroid diameter was 9.10cm (range, 8.00-19.60), the median number of fibroids was 1 (range, 1-22), and the median fibroid weight was 370g (range, 200-4750). The median operative time was 2.17hours (range, 1.08–6.50), and the median intraoperative blood loss was 80mL (range, 10–2000). No adjacent organ injuries or conversions from laparoscopy to open surgery occurred. (2) Postoperative outcomes: The median length of hospital stay was 24.00hours (range, 20.53–75.08), with 104 patients (78.20%) hospitalized for ≤24 hours and 29 patients (21.80%) experiencing delayed discharge for various reasons. Postoperative discomfort symptoms occurred in 20 patients (15.04%), including fever (n=3;2.26%), moderate to severe pain (n=5;3.76%), vomiting (n=3;2.26%), urinary retention (n=2;1.50%), and abdominal distension (n=7;5.26%). Postoperative complications occurred in 11 patients (8.27%), including poor umbilical incision healing (n=1;0.75%), pelvic inflammatory disease (n=3;2.26%), and blood transfusion (n=7;5.26%), all classified as Clavien-Dindo grade I or II. Unplanned revisits occurred in 2 patients (1.50%), with no cases of unplanned reoperation or readmission. The mean hospitalization cost was 13113.51±2189.52 RMB. Satisfaction surveys conducted through a self-developed digital follow-up system showed that all patients reported being "very satisfied" or "satisfied" with their hospitalization experince, yielding an overall satisfaction rate of 100.00% (133/133).

Conclusion

The day surgery model is safe and feasible for myomectomy in patients with giant uterine fibroids, with a low incidence and mild severity of postoperative complications, rapid patient recovery, short hospital stay, and high satisfaction. Under the premise of strict adherence to indications, optimization of perioperative management protocols, and enhanced postoperative follow-up, this model can achieve efficient operation without compromising medical quality and safety, demonstrating promising potential for clinical.

Thermal burn – III a degree in a child

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Hdmstjk

Objectives

To present the course of treatment of an extensive III.a degree thermal burn in a child caused by fire in December 2024, which was not adequately treated during the first two months, and to analyze the outcome of surgical and structured local therapy following skin graft transplantation.

Study Design

Case report with follow-up from the time of injury to the final clinical outcome.

Patients and Methods

A pediatric patient with an extensive III.a degree thermal burn caused by fire in December 2024 is presented. The wound was not adequately treated during the first two months, resulting in persistent necrotic tissue, fibrin deposits, and development of a chronic wound with pronounced exudation.
Due to the absence of spontaneous healing and clinical assessment of burn depth, skin graft transplantation was performed on February 7, 2025. Following the surgical procedure, a phase-adapted local therapy protocol based on the principles of moist wound healing was applied.
The therapeutic protocol included the use of Lavanid antiseptic solution as a moist dressing until the granulation phase, Lavanid V+ wound gel to maintain an optimal moist environment and control microbial burden, Silotull atraumatic mesh dressing to protect the graft, Fibrosol Extra (cellulose fiber dressing) until reduction and cessation of exudation, and Espuma non-adhesive foam dressing as secondary coverage. The wound was regularly clinically assessed and photo-documented, and therapy was adjusted according to tissue vitality, graft acceptance, and level of exudate.

Results

After transplantation, proper graft acceptance was observed without signs of acute infection. Gradual stabilization of the graft and epithelialization of the treated area were achieved. Control of exudation and maintenance of an optimal moist environment enabled uneventful healing without the need for additional surgical interventions.
The final outcome, assessed on May 4, 2025, demonstrated complete epithelialization with scar formation and no functional limitations of the affected segment. No complications such as graft rejection or secondary infection were recorded.

Conclusion

Delayed and inadequate initial treatment of a III.a degree thermal burn in a child may result in wound chronicity and the need for surgical reconstruction. Timely skin graft transplantation combined with systematic and phase-adapted application of modern dressings enables favorable functional and aesthetic outcomes in the pediatric population.

Implant-Prosthetic Rehabilitation of non-cooperative patients: A Case Report

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Introduction

Patients with intellectual disabilities, mental disorders, or severe neurological conditions often exhibit a total lack of cooperation in the dental chair, rendering standard clinical interventions impossible. For this population, oral rehabilitation—ranging from simple restorative work to complex extractions—must be performed under general anaesthesia. However, functional and social integration necessitates that these patients also receive access to advanced treatments, such as dental implants, to prevent the psychological and physiological consequences of tooth loss.

Aim

The aim of this case report is to demonstrate the feasibility of a complete implant-prosthetic rehabilitation protocol for a non-cooperative patient with complex medical needs, utilizing a streamlined approach under general anaesthesia.

Methods

The patient, an 18-year-old female with intellectual disability and epileptic encephalopathy (experiencing Grand Mal seizures every three days), presented with trauma-induced loss of the maxillary left central incisor (21). Her medication included valproate, lacosamid, and lamotrigine. Due to her condition, a two-stage surgical plan under general endotracheal anaesthesia was planned. During the first session, conservative restoration of nine teeth was performed using composite and glass-ionomer materials, followed by professional prophylaxis. Simultaneously, a dental implant was placed at site 21, and definitive impressions were taken immediately to minimize future interventions.

Results

Five months following the initial surgery, the patient underwent a second session under general anaesthesia for implant uncovering and the delivery of a screw-retained prosthetic crown. The healing process was uneventful despite the patient's frequent seizure activity. The integration of surgical and restorative phases into two primary sessions successfully restored the patient's dental function and aesthetics without the need for multiple, high-stress outpatient visits.

Conclusion

This case highlights that non-cooperative patients can be successfully treated with dental implants through a well-coordinated multidisciplinary approach. By utilizing general anesthesia and combining surgical and prosthetic steps, clinicians can provide high-quality, long-term dental solutions that significantly enhance the quality of life for patients with severe disabilities.

Humor in healthcare

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CRVENI NOSOVI klaunovidoktori

Introduction

Humanization of healthcare is increasingly recognized as essential in contemporary practice. Despite this, time constraints and systemic pressures in hospitals and ambulatory surgery limit relational, patient-centered communication, often increasing stress and anxiety especially in pediatric patients. Humor, when applied ethically, is a valuable communication tool. Organizations such as CRVENI NOSOVI klaunovidoktori demonstrate that structured humor interventions can support patient-centered care, reduce anxiety, and enhance therapeutic alliance. Ambulatory surgery settings, characterized by high turnover and limited interaction time, demand efficient strategies to establish trust and optimize patient experience.

Aim

The aim of the "Humor in Healthcare" program is to position structured, ethical humor as a clinically relevant communication strategy in ambulatory and short-stay surgical care. It seeks to reduce preoperative anxiety, enhance patient cooperation, and support holistic perioperative care for patients, families, and healthcare teams, while providing a model for integrating humor into quality improvement, patient safety, and patient-reported experience initiatives.

Methods

This interactive workshop is led by trained professionals from the non-governmental organization CRVENI NOSOVI klaunovidoktori, experienced in healthcare-based humor interventions. The program combines brief theoretical input with experiential exercises, simulated clinical encounters, and reflective discussion. Special emphasis is placed on preoperative anxiety reduction, pediatric and family-centered care, and communication in time-limited ambulatory surgical interactions. The methodology translates humor into a structured, ethical, and clinically applicable communication strategy.

Results

Participants develop an understanding of humor as an intentional, ethical, and context-sensitive intervention. They acquire practical skills to apply humor in preoperative preparation, diagnostic procedures, and brief patient encounters. The workshop strengthens team communication, supports emotional regulation, reduces patient anxiety, enhances cooperation, and facilitates smoother perioperative processes.

Conclusion

Integrating structured humor into ambulatory surgery addresses key challenges of short-stay care. By acknowledging emotional dimensions, it supports holistic care for patients, families, and healthcare professionals. Collaboration with trained medical clown professionals, such as CRVENI NOSOVI, provides a practical model for safe, effective humor interventions. Education in professional humor equips teams with tools to enhance resilience, team dynamics, and patient experience, making humanizing communication a core component of high-quality ambulatory surgical care.

Treatment of 5th Metacarpal Fractures with Antegrade Esin in Ambulatory Surgery

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KBC RIJEKA

Introduction

In young and active individuals, 5th metacarpal fractures account for 20% of all hand fractures. The incidence is 5 times higher in males than in females, with men aged 10-18 being the most prone to injury. A direct blow or trauma to the dorsum of the hand is a common mechanism of injury. Antegrade single elastic intramedullary nailing (ESIN) for metacarpal fractures in the pediatric population can be safely performed in ambulatory (day-case) surgery

Aim

The primary objective of this study was to examine the surgical technique and clinical outcomes of anterograde single elastic intramedullary nailing for 5th metacarpal fractures treated in the pediatric ambulatory surgery unit at the University Hospital Rijeka

Methods

Participants A retrospective analysis of patient's sugical procedures over a five year period was gathered. An indication for surgery included a 5th metacarpal shaft fracture with more than 30˚ angulation and a 5th metacarpal neck fracture with more than 70˚ angulation with or without a rotational deformity. Exclusion criteria included: comminuted fractures, more than 2 weeks after injury and local infection. Surgical Technique- anterograde ESIN An entry point was selected at the base of the ulnar dorsal border of the metacarpal under imaging guidance. Following a 3 mm skin incision, the subcutaneous tissue was bluntly separated to expose the bone. A small hole was made using an awl, and the distal side of the elastic nail was pre-contoured . The operator inserted the nail in an antegrade approach through a hole. The fracture was reduced by manoeuvre and the nail was passed across the fracture, achieving the axial alignment in the anteroposterior and lateral planes.

Results

Overall, twenty-three 5th metacarpal shaft and neck fractures were investigated. The average age of the cohort was 16.3 years. The mean operation time was 25 min. Two types of nails were used: 1.6 mm (n=4) and 2 mm diameter (n=19). The mean correction angle for metacarpal shaft fracture was 42˚ and neck 83˚, respectively. Regarding the complication, two cases of skin irritation were observed. Superficial wound infection was not observed.

Conclusion

The advantages of antegrade single elastic intramedullary approach include: minimally invasive percutaneous procedure, minimal trauma, accelerated fracture healing and minimal damage to extensor tendon. The procedure yields fast functional recovery of the hand while avoiding complications. Since the 5th metacarpal fracture is not a surgical emergency and the operation can be planned for a later day, it is a viable surgical procedure for ambulatory (day-care) surgery

Oral Health as a Modifiable Risk Factor in Ambulatory Surgery: The Role of the General Dentist in Preoperative Dental Screening and Management

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Introduction

Chronic oral diseases, primarily dental caries and periodontitis, are among the most prevalent microbial diseases in humans. Despite their prevalence, the connection between oral health and medical outcomes is often underappreciated in clinical settings. The oral cavity serves as a reservoir for microorganisms that can enter the circulation and cause bacteremia. Beyond the direct spread of pathogens, chronic inflammations, such as apical periodontitis, contribute to the systemic inflammatory load through the release of proinflammatory cytokines (such as IL, TNFα, and CRP), which can negatively impact a patient's recovery following surgical interventions.

Aim

The aim of this paper is to analyze the scientific background of preoperative dental screening and define the role of the general dentist in identifying and managing oral infections. The focus is on determining how systematic oral health management acts as a modifiable risk factor to reduce postoperative complications in ambulatory surgery.

Methods

This work relies on a systematic and critical review of relevant scientific literature available in databases such as PubMed and related repositories. The analysis includes meta-analyses and clinical studies that examined the effects of perioperative oral management on thousands of patients, evaluating outcomes such as surgical site infections (SSI) and hospital length of stay.

Results

The literature review indicates that perioperative oral management significantly reduces the risk of surgical site infections, with observational studies showing a significant risk reduction (OR = 0.49). It has been proven that protocols including both mechanical and chemical cleaning yield the best preventive results. Furthermore, adequate oral care is associated with shortening hospital stays by an average of 1.88 days. The results also confirm strong links between poor oral health and the exacerbation of systemic conditions, including diabetes and cardiovascular diseases.

Conclusion

The general dentist plays an indispensable role in preoperative preparation, as they are often the first to identify asymptomatic foci of infection. Their active participation in a multidisciplinary team allows for the timely modification of oral risks, directly contributing to patient safety in ambulatory surgery. It is essential to integrate general dentists into standard preoperative protocols and develop clear, evidence-based guidelines for dental screening.

The Spincare System as a novel approach to Partial-Thickness Burn Management in a Day Surgery Setting

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Introduction
Second-degree burns involving the epidermis and superficial dermis are frequent injuries in children. Their treatment is often complicated by painful dressing changes, prolonged healing, infection risk, and scarring. The Spincare System utilizes electrospinning technology to create a porous nanofibrous matrix sprayed directly onto the wound, forming a temporary skin-like barrier. This approach may offer advantages in pediatric burn care, particularly in a Day Surgery setting.

Aim
To evaluate the safety, efficacy, and limitations of the Spincare system in pediatric burn treatment over a three-year period, with emphasis on its applicability in Day Surgery.

Methods
A retrospective analysis was conducted of pediatric patients treated with the Spincare system at our institution during a three-year period. Burn depth, timing of application, anesthesia requirements, need for reapplication, healing time, complications, and cosmetic outcomes were assessed.

Results
Spincare was applied within the first days after injury. In superficial partial-thickness (2a) burns, healing occurred within 7–14 days with excellent cosmetic results and minimal need for dressing changes. In selected deep partial-thickness (2b) burns, outcomes were favorable when adequate wound bed preparation was achieved. Most procedures were performed in the Day Surgery setting without rehospitalization. Application was painless; general anesthesia was required in younger children due to limited cooperation. Negative outcomes were observed in deep partial-thickness (advanced 2b) and full-thickness (3rd-degree) burns, where delayed healing and need for surgical intervention were more frequent, indicating limited effectiveness of the system in deeper injuries.

Conclusion
The Spincare system is a safe and effective option for superficial partial-thickness (2a) and selected 2b burns in children, particularly within a Day Surgery framework. Its efficacy is significantly reduced in deep 2b and 3rd-degree burns, where surgical management remains necessary. Appropriate patient and burn-depth selection is essential to optimize outcomes.

"Urology as a speciality of future in day case surgery?"

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Introduction
Traditionally, urology has not been considered a predominant field of ambulatory surgery. Initially, only minor procedures, such as external genital surgery or ESWL treatment, constituted the majority of this setting. However, over the last two to three decades, an increasing number of new procedures have emerged and become the gold standard for treating common urological diseases, thanks to technical advancements.

Aim
The author aims to present new perpectives in the field of urological day-case surgery.

Methods
A review of the literature was conducted uses various medical databases to identify new methods that have emerged for common urological diseases over the last decades. Each major procedure is presented highlighting the advantages and risks of ambulatory or even 24 hour treatment settings.

Results
Although these methods are not yet globally accepted or universally practiced, most novel surgical techniques in female incontinence, pelvic organ prolapse, benign prostate enlargement, urological stone disease, and andrology can now be safely applied in a day-case setting.

Conclusion
Given that the number of surgeries performed for incontinence, urolithiasis (stones), and voiding complaints caused by prostate enlargement—all of which are considered widespread public health issues in urology—is significant, the integration of these procedures into day-case surgery could make urology the 'new rising star' of ambulatory surgery in the near future.

Regenerative Management of Peri-Implantitis in a Patient with Severe Aortic Stenosis Prior to Cardiac Valve Surgery – A Day-Surgery Approach

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Introduction

Patients with severe cardiovascular disease scheduled for surgical valve replacement require elimination of oral infectious foci prior to surgery. Peri-implantitis represents a potential source of bacteremia and increased perioperative risk, particularly in individuals with advanced valvular pathology. In medically compromised patients, minimally invasive and time-efficient surgical management in an ambulatory setting is essential to avoid delays in systemic treatment.

Aim

To present the safety and feasibility of an ambulatory regenerative surgical approach for peri-implantitis in a high-risk cardiac patient prior to surgical aortic valve replacement (SAVR).

Methods

A 67-year-old male diagnosed with severe aortic stenosis (aortic valve area 1.0–1.1 cm^2; Vmax 4.3 m/s; mean gradient 43 mmHg) was referred for dental clearance before planned SAVR. Clinical examination and CBCT imaging revealed peri-implantitis at implant site 13, characterized by vertical bone loss and suppuration. Non-surgical periodontal therapy was performed, followed by a regenerative surgical procedure under local anesthesia. The protocol included dental implant surface decontamination, defect debridement, and augmentation using a bovine bone substitute combined with hyaluronate, covered with a resorbable magnesium membrane. No hospitalization was required. Treatment planning and perioperative risk assessment were carried out in collaboration with cardiology and cardiac surgery teams.

Results

The postoperative course was uneventful, with resolution of suppuration and clinical stabilization of peri-implant tissues. Inflammatory signs were significantly reduced, and no systemic complications occurred. The patient was cleared for cardiac surgery without evidence of active oral infection and without delay in the planned cardiovascular intervention.

Conclusion

Regenerative surgical management of peri-implantitis can be safely and effectively performed in a day-surgery setting, even in patients with severe cardiovascular disease. A structured interdisciplinary protocol enables rapid eradication of odontogenic infectious foci while minimizing systemic risk in this clinically challenging setting of unpredictable peri-implantitis therapy, allowing control of inflammation with implant preservation and avoidance of explantation and removal of extensive implant-supported prosthetic superstructures prior to major cardiac surgery.

Anesthetic burden of preoperative dental sanitation in child with complex congenital heart disease: necessity or additional risk?

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Introduction

Preoperative dental sanitation is routinely recommended in children with congenital heart disease to reduce risk of infective endocarditis prior to corrective cardiac surgery. However, in patients with complex cyanotic heart disease and fragile cardiopulmonary physiology exposure to general anesthesia for dental procedures may represent a significant perioperative burden.

Aim

To analyze the anesthetic challenges and risk/benefit considerations of performing dental treatment under general anesthesia in a four-year old chilf with Tetralogy of Fallot, major aortopulmonary collateral arteries (MAPCAs), DiGeorge syndrome and prior RV-PA conduit implantation, scheduled for further cardiac surgery.

Methods

Case based analysis included review of cardiac anatomy, baseline oxygen saturation, history of pulmonary hypertension episodes, prior need for inhaled nitric oxide, RV-PA conduit status and current pharmacotherapy. Perioperative anesthetic risks were assessed with focus on hypoxemia, PHTN crisis, hemodynamic instability and airway management. Indications for dental sanitation were evaluated in the context of current infective endocarditis prevention guidelines.

Results

The patients presents high anesthetic risk due to residual cyanosis, altered pulmonary blood flow, prior PHTN episodes and limited cardiopulmonary reserve. Even short ambulatory general anesthesia carries risk of desaturation, imbalance between systemic and pulmonary vascular resistance and postoperative respiratory complications. Untreated dental infection poses potential risk for bacteriemia and infective endocarditis following cardiac surgery. Available literature provides limited high quality evidence supporting mandatory extensive dental clearance before congenital cardiac procedures, especially when no active infection is present.

Conclusion

Routine preoperative dental sanitation under general anesthesia in children with complex hearth disease should not be considered benign. Individualised multidisciplinary risk-benefit assessment is essential. In selected high risk patient the indication for dental intervention prior to cardiac surgery should be critically reevaluated to avoid exposing the child to potentially disproportionate anesthetic risk. This case highlights the need for clearer perioperative guidelines balancing infective endocarditis prevention against anesthesia related risk.

IMPLEMENTACIJA MONOFOKALNIH INTRAOKULARNIH LEĆA S POBOLJŠANIM DUBINSKIM FOKUSOM U JEDNODNEVNOJ KIRURGIJI: OPTIMIZACIJA STRATEGIJE I ISHODA

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Introduction
Na Klinici za oftalmologiju KBC Rijeka zbrinjavanje pacijenata kroz jednodnevnu kirurgiju zbog operacije katarakte standard je lijecenja još od 2015. godine. Razvoj kirurških tehnika, napredak u biometriji i dostupnost suvremenih intraokularnih leća omogućili su unapređenje funkcionalnih ishoda operacije. Uz standardne monofokalne intraokularne leće, uvedene su i monofokalne leće s poboljšanim dubinskim fokusom (EDOF), s ciljem postizanja bolje nekorigirane vidne oštrine na više udaljenosti te veće funkcionalne neovisnosti pacijenata u svakodnevnim aktivnostima.

AimUsporediti financijski utrošak ustanove pri ugradnji monofokalnih intraokularnih leća s poboljšanim dubinskim fokusom u odnosu na standardne monofokalne leće te procijeniti njihovu postoperativnu isplativost za pacijente, uzimajući u obzir smanjenu potrebu za optičkim pomagalima i poboljšanu kvalitetu života.

Methods Analizirano je razdoblje posljednjih pet godina tijekom kojih su se ugrađivale leće s poboljšanim dubinskim fokusom. Usporedba je provedena u odnosu na standardne monofokalne leće, uz evaluaciju financijskog opterećenja za ustanovu i potencijalne dugoročne uštede za pacijente. U proces su uključeni prilagođeni dijagnostički i postoperativni protokoli, implementacija preciznije biometrije, detaljnija procjena potreba pacijenata te personalizirani odabir intraokularne leće, uz održavanje visokih standarda sigurnosti i predvidljivosti ishoda.

Results Ugradnja monofokalnih intraokularnih leća s poboljšanim dubinskim fokusom pokazala je bolje nekorigirane vidne rezultate na više udaljenosti u kontekstu jednodnevne kirurgije. Iako je inicijalni trošak za ustanovu bio viši u odnosu na standardne monofokalne leće, smanjena potreba za dodatnom korekcijom vida i optičkim pomagalima doprinijela je većoj funkcionalnoj neovisnosti i zadovoljstvu pacijenata. Uvođenje suvremene dijagnostičke opreme i personaliziranog pristupa omogućilo je promjenu kirurške strategije prema individualiziranom odabiru leća.

Conclusion Unatoč višem početnom trošku, primjena monofokalnih intraokularnih leća s poboljšanim dubinskim fokusom pokazala se klinički i funkcionalno opravdanom. Personalizirani pristup, uz preciznu dijagnostiku i visoke standarde sigurnosti, rezultirao je većom samostalnošću pacijenata, dugoročnim zadovoljstvom postignutim vidom te ukupnim poboljšanjem kvalitete života.

Treatment of a pediatric patient iith Gorlin-Goltz Syndrome

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Introduction

Gorlin-Goltz syndrome (nevoid basal cell carcinoma syndrome) is a rare autosomal dominant disorder frequently associated with multiple odontogenic keratocysts (OKCs). In pediatric patients, OKCs may remain asymptomatic and are often detected incidentally, yet they pose significant therapeutic and follow-up challenges due to their aggressive behavior and recurrence potential.

Aim

To present the diagnostic process, surgical management, and short-term outcome of a pediatric patient with Gorlin-Goltz syndrome and multiple odontogenic keratocysts discovered during routine dental examination.

Methods

A 10-year-old female patient with multiple comorbidities was referred to the Clinical Department of Oral Surgery for dental caries treatment. Panoramic radiographic examination revealed four radiolucent lesions, one in each quadrant, associated with impacted teeth 17, 27, 37, and 47. The patient had a previously established diagnosis of Gorlin-Goltz syndrome. Surgical enucleation of all cystic lesions was performed in a day-hospital setting with one-day surgery. The excised specimens were submitted for histopathological analysis.

Results

Histopathological findings confirmed the diagnosis of odontogenic keratocysts. The surgical procedures were completed without intraoperative complications. Postoperative recovery was uneventful, and the patient was discharged according to the day-surgery protocol. Follow-up clinical and radiographic examinations demonstrated satisfactory healing with no signs of early recurrence.

Conclusion

This case emphasizes the importance of comprehensive radiographic evaluation in pediatric patients with syndromic conditions such as Gorlin-Goltz syndrome. Early detection and simultaneous surgical management of multiple odontogenic keratocysts can be safely and effectively achieved in a day-hospital setting. Long-term follow-up remains essential due to the risk of recurrence and the need to monitor craniofacial growth and dental development.

Five-year analysis of dental treatment under general anesthesia within the One-Day Health Care Program at the Clinical Hospital Center Osijek

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Introduction
One-day hospital care in dental medicine offers many advantages for patients. This is important for the individuals with developmental disabilities. In this population, procedural efficiency relative to time spent in treatment is of utmost importance.
This therapeutic approach enables the treatment of multiple teeth in a short time, which reduces postoperative stress and increases the safety of performing the procedure in less cooperative patients.
The work performed through the clinical hospital centers implies the work of a multidisciplinary team, which increases the quality of the procedures performed.

Aim
To analyze data from the Osijek Clinical Hospital Center in the period 2021-2025. And to compare whether there is a difference in the duration of the procedure between minor patients compared to adults.

Methods
This retrospective analysis was conducted using data from the Clinical Hospital Center Osijek. All patients underwent the procedures as part of a day surgery, the procedures were performed under general anesthesia. All patients were people with developmental disabilities. The total number of patients was 87. The average age of the patients in that period was 19 years and 10 months, and the average duration of the procedure was 65 minutes. The Mann-Whitney U test was used to analyze the data comparing the age of the patients and the duration of the procedure.

Results
In the group of patients aged 0-18 years (n = 44), the procedure time was 63 ± 21 minutes. In patients older than 18 years (n = 43), the average procedure time was 66 ± 24 minutes. Statistical analysis showed no significant difference in procedure duration between the two age groups. This analysis did not associated the patient's age to the duration of dental procedures performed within the one-day surgery at the Clinical Hospital Center Osijek.

Conclusion
One-day hospital care combined with a multidisciplinary team approach for patients with disabilities enable the performance of a larger number of procedures in a short time, less postoperative pain, and improves healthcare efficiency regardless of the patient's age. Further research and analysis of this treatment model are necessary in order to improve care for individuals with developmental disabilities.

The correlation of midazolam premedication and postoperative behavior of children treated in ambulatory surgery

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Introduction
Preoperative anxiety in children often complicates the induction of anesthesia and increases stress.
Midazolam is often used as premedication to reduce anxiety. Safe and effective premedication can improve postoperative behavior.

Aim
To assess the impact of midazolam on preoperative anxiety and cooperation in children during their stay in ambulatory surgery.

Methods
One hundred children from 2 to 12 years were observed. Group A was premedicated with midazolam, while Group B did not receive premedication.
Preoperative anxiety (m-YPAS), cooperation during induction, and postoperative behavior (PAED) were measured.

Results
Midazolam significantly reduced postoperative anxiety. Cooperation during induction was better in premedicated children. Postoperative behavior was more positive, and side effects were rare and mild.

Conclusion
Premedication with midazolam effectively reduces anxiety and improves children's cooperation. Midazolam can be safley used in children undergoing abulatory surgery. Education of healthcare staff and parents, as well as the use of standardized scales, further enhances safety and quality of care.

Silver-Russell Syndrome in a three-year-old patient – A case report of oral status

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Introduction

Silver-Russell syndrome (SRS) is a condition present at birth characterized by poor growth. One side of the body may also appear larger than the other. In 35% to 67% of cases, SRS results from a variant on chromosome 11. A variant in chromosome 7 accounts for 7% to 10% of cases. The remaining 30% to 40% of cases have unknown causes. Most of the time, it occurs in people with no family history of the disease.

The estimated number of people who develop this condition varies widely. Males and females are affected equally. Symptoms can include birth marks that are the colour of coffee with milk (cafe-au-lait marks), a large head relative to body size, a wide forehead that projects with a small, triangle-shaped face and a small, narrow chin, curling of the pinkie toward the ring finger, failure to thrive—such as delayed bone age, low birth weight, short stature, short arms, stubby fingers and toes, body asymmetry, and gastrointestinal issues like acid reflux and constipation.

The most important treatment is making sure the person gets enough calories to prevent low blood sugar and support growth.

Aim

The aim of this paper was to present the oral status of a three-year-old girl at the time of admission to our facility.

Methods

Because of the child's age and the condition of the hard dental tissue, the dental treatment was performed under general anaesthesia. All deciduous teeth had cavities, and the upper and lower front teeth had completely destroyed crowns.

Results

Caries lesions were restored using a glass ionomer material. Front teeth were extracted because of pulp involvement.

Conclusion

Silver-Russell syndrome requires frequent feeding of high-energy foods, which has led to the development of numerous cavities in such a young child. Timely, regular dental checkups and treatments can help prevent the need for extensive, complex dental procedures.

Analysis of the Efficacy and Safety of Day-Surgery Choledochoscopic Lithotripsy via the Sinus Tract

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Introduction

Hepatolithiasis, a prevalent benign hepatobiliary disease, is marked by insidious onset, complex etiology, and high recurrence. It often results in biliary obstruction, infection, hepatic damage, and may progress to strictures or cholangiocarcinoma, significantly affecting patient outcomes. While open and laparoscopic surgeries—including liver resection—are primary treatments, complete stone clearance in a single operation remains challenging. Retained biliary stones are a common postoperative issue, with reported rates in China reaching 36–72%, imposing considerable physical and financial burdens and increasing recurrence risk.

Choledochoscopic lithotomy through the T-tube sinus tract is a widely adopted approach for retained stones. It enables direct visualization and access for stone removal or lithotripsy, offering minimal trauma, fewer complications, repeatability, and avoidance of repeat laparotomy. Advancements in minimally invasive surgery and enhanced recovery after surgery (ERAS) principles have led to its inclusion as a recommended day surgery procedure in China's 2022 directory, promoting routine ambulatory practice.

This study evaluates the clinical efficacy and safety of ambulatory choledochoscopic lithotomy via the T-tube sinus tract. We analyzed 381 patients (872 procedures) with postoperative retained hepatolithiasis, assessing stone clearance rates, anatomical distribution of residual stones, number of lithotomy sessions, T-tube dwelling time, length of hospital stay, operative duration, hospitalization costs, and postoperative complications.

Aim

To investigate the efficacy and safety of day-surgery choledochoscopic lithotripsy via the sinus tract for the treatment of residual stones after biliary surgery.

Methods

A retrospective analysis was conducted on the clinical data of 381 patients with residual stones after biliary surgery who were admitted to the Day Surgery Center of West China Hospital, Sichuan University from July 2019 to July 2024. The cohort included 145 males and 236 females, with a mean age of 55±14 years. Initial surgeries comprised 152 open procedures and 229 laparoscopic procedures. All patients completed admission and discharge within 24 hours. The implementation of day-surgery choledochoscopy and the occurrence of postoperative complications were statistically analyzed.

Results

Day-surgery choledochoscopic examination and lithotripsy were performed at a median of 10 (9, 13) weeks following biliary surgery. A total of 872 procedures of choledochoscopic examination and lithotripsy were performed, including 171 (19.6%) choledochoscopic examinations, 457 (52.4%) choledochoscopic lithotripsies, and 244 (28.0%) electrohydraulic lithotripsies with stone removal. Among these, 820 procedures (94.0%) were completed as day-surgeries, while 52 procedures (6.0%) required overnight hospitalization. Among the 381 patients with residual stones included in the study, the stone clearance rate after a single procedure was 53.3% (203/381), after two procedures was 21.8% (83/381), and after three or more procedures was 24.9% (95/381). During hospitalization and follow-up, postoperative fever occurred in 15 procedures (1.7%). After discharge, fever occurred in 5 procedures (0.6%), T-tube drainage obstruction in 25 procedures (2.9%), and unplanned T-tube dislodgement in 8 procedures (0.9%). No severe adverse events such as sinus tract bleeding, biliary fistula, or obstructive jaundice were observed.

Conclusion

Day-surgery choledoscopic lithotripsy for residual stones after biliary surgery demonstrates high safety and excellent quality outcomes, significantly shortening patient hospitalization. This approach is suitable for widespread clinical application.

Vertical and horizontal bone augmentation using the Khoury Technique in the posterior maxilla

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Introduction

Severe alveolar ridge resorption in the posterior maxilla frequently represents a major limitation for implant-prosthetic rehabilitation. Combined vertical and horizontal deficiencies significantly complicate treatment and often require advanced autologous bone augmentation techniques. The Khoury technique, based on split cortical bone block grafting and particulate autogenous bone filling, has been described as a biologically sound and stable method for three-dimensional ridge reconstruction.

Aim

To present a clinical case report demonstrating simultaneous vertical and horizontal ridge augmentation in the posterior maxilla using the Khoury technique prior to delayed implant placement.

Methods

A 67-year-old patient was referred for implant placement in regions 25 and 26. Clinical examination and cone beam computed tomography (CBCT) analysis revealed a vertical bone deficiency of 8 mm and a horizontal deficiency of 6 mm in region 26, rendering implant placement unfeasible without prior augmentation. The patient presented with controlled diabetes mellitus and was a non-smoker. Procedure was performed in a day-hospital setting with one-day surgery due to the complexity An autologous cortical bone block was harvested from the mandibular left distal region using a piezosurgical device. The block was divided into two thin cortical plates. Additional autologous bone chips were collected using a scraper instrument. The cortical plates were fixated with osteosynthesis screws to create a rigid three-dimensional framework. The interpositional space was filled with autogenous particulate bone. Periosteal releasing incisions were performed to achieve tension-free primary closure.

Results

The procedure enabled restoration of both vertical and horizontal ridge dimensions, establishing adequate bone volume for future implant placement. Postoperative healing was uneventful, with no signs of infection or graft exposure. A four-month healing period was scheduled prior to implant placement to allow for graft consolidation and revascularization.

Conclusion

This case report highlights the clinical applicability and predictability of the Khoury technique for complex three-dimensional ridge defects in the posterior maxilla. Autologous cortical block augmentation combined with particulate bone grafting provides structural stability and favorable biological conditions for subsequent implant placement, even in medically controlled systemic conditions.

Clinical Observation on the Improvement of Pain and Fatigue Symptoms in Patients After Hepatobiliary and Pancreatic Surgery by Using Herbal Foot Bath under the Guidance of Traditional Chinese Medicine Theory

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Introduction
Hepatobiliary and pancreatic surgeries are associated with significant surgical trauma, and the resulting postoperative pain and fatigue syndrome often impede the recovery process, prolong hospital stays, and increase healthcare burden. Therefore, identifying effective strategies to alleviate postoperative symptoms and promote recovery has become a critical focus in clinical nursing. Herbal foot bath, as an external therapy rooted in traditional Chinese medicine theory, operates on the principles of "unblocking meridians and collaterals and harmonizing qi and blood," and has demonstrated potential in alleviating pain and reducing fatigue.

Aim
This study aims to observe and verify the clinical effect of herbal foot bath under the guidance of TCM theory on alleviating postoperative pain and fatigue, shortening hospital stay and improving nursing satisfaction in patients undergoing hepatobiliary and pancreatic surgery.

Methods
Eighty patients who underwent hepatobiliary and pancreatic surgery at our hospital from March 2024 to August 2025 were selected and randomly divided into an observation group and a control group, with 40 cases each. The control group received conventional care, while the observation group received TCM theory-guided herbal foot baths in addition to conventional care. Postoperative pain, fatigue symptom scores, gastrointestinal function recovery time, hospital stay, and nursing satisfaction were compared between the two groups.

Results
The VAS scores of the observation group were significantly lower than those of the control group on postoperative day 1 (5.12 ± 0.98 vs. 6.23 ± 1.05), day 3 (3.74 ± 0.85 vs. 4.86 ± 0.92), and day 5 (2.63 ± 0.73 vs. 3.57 ± 0.81), ($P < 0.05$). The FS-14 scores of the observation group were also lower at all postoperative time points ($P < 0.05$). The time to bowel sound recovery (14.28 ± 2.89 vs. 18.56 ± 3.24), first flatus (24.36 ± 3.87 vs. 30.25 ± 4.56), and first defecation (40.53 ± 5.68 vs. 48.67 ± 6.32) were significantly shorter in the observation group ($P < 0.05$). The hospital stay was (8.56 ± 1.52) days in the observation group, 2.67 days shorter than the control group's (11.23 ± 2.05) days ($P < 0.001$). Nursing satisfaction in the observation group was 97.50%, significantly higher than the control group's 82.50% ($P = 0.025$).

Conclusion
Herbal foot baths can effectively alleviate pain and fatigue symptoms in patients after hepatobiliary and pancreatic surgery, promote gastrointestinal function recovery, shorten hospital stays, and improve nursing satisfaction.

Clinical Observation of enhanced recovery after surgery concept multimodal analgesia combined with traditional Chinese medicine nursing in patients with pancreatic surgery during perioperative period

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Introduction
Pancreatic surgery is associated with significant surgical trauma, and patients often experience severe postoperative pain, sleep disturbances, and delayed recovery of gastrointestinal function, which adversely affect the rehabilitation process. The enhanced recovery after surgery (ERAS) concept emphasizes multimodal analgesia to optimize perioperative management; however, further improving analgesic efficacy and enhancing overall recovery quality remains a clinical priority. Traditional Chinese medicine nursing techniques, such as auricular point seed embedding and infrared physiotherapy, have been shown to provide adjunctive analgesia, improve sleep quality, and promote gastrointestinal function recovery, demonstrating synergies with the ERAS approach. Currently, studies on the combined application of these interventions in patients undergoing pancreatic surgery remain limited.

Aim
To explore the application effect of enhanced recovery after surgery (ERAS) concept multimodal analgesia combined with traditional Chinese medicine nursing intervention in patients with pancreatic surgery during perioperative period.

Methods
The randomized controlled study was conducted.Patients undergoing pancreatic surgery from May 2024 to June 2025 were randomly divided into control group (n = 18) and experimental group (n = 17). The control group was treated with enhanced recovery concept analgesia mode, and the experimental group was treated with enhanced recovery analgesia mode plus traditional Chinese medicine nursing. The postoperative pain scores, the number of postoperative analgesics, and the sleep quality of the patients and the recovery time of gastrointestinal function were compared between the two groups.

Results
35 patients were finally included in the study, including 22 males and 13 females, with an age of 63.2±13.6 years. The pain score of the experimental group was lower than that of the control group 12 hours and 24 hours after surgery ($P < 0.01$). The frequency of analgesic use in the experimental group was lower than that in the control group ($P < 0.01$). The PSQI score of the experimental group was lower than that of the control group ($P=0.013$). The recovery time of bowel sounds after surgery in the experimental group ($P = 0.026$), the time of first anal exhaust ($P = 0.022$), and the time of first defecation ($P = 0.025$) were all shorter than those in the control group.

Conclusion
The application of ERAS concept multimodal analgesia combined with traditional Chinese medicine nursing can help relieve the postoperative pain of patients undergoing pancreatic surgery, reduce the use of postoperative analgesics, improve the sleep quality of patients, and accelerate the recovery of patients.

Ozone Therapy in Oral Surgery

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Introduction

Ozone (O_3) is an allotropic form of oxygen characterised by a high oxidative potential and significant antimicrobial, anti-inflammatory, and biostimulatory properties. In oral surgery, it is increasingly utilized as an adjunctive therapeutic modality aimed at reducing microbial load, enhancing tissue oxygenation, accelerating wound healing, and minimising postoperative complications. Additionally, ozone therapy has been applied as supportive care in oncological patients diagnosed with osteosarcoma of the jaw.

Aim

Osteosarcoma is a primary malignant cancer of bone tissue that may involve the mandible or maxilla. Standard management consists of radical surgical resection combined with chemotherapy and, in selected cases, radiotherapy. Ozone therapy does not replace conventional oncological treatment but serves as a complementary approach designed to reduce the risk of infection and promote tissue regeneration.

Methods

The biological effects of ozone are mediated through oxidation of microbial cell membranes, resulting in bactericidal, virucidal, and fungicidal activity. Unlike antibiotic therapy, ozone does not induce microbial resistance. Furthermore, ozone enhances local microcirculation, increases oxygen delivery to hypoxic tissues, and stimulates collagen synthesis and angiogenesis, thereby facilitating reparative processes, reducing edema, and alleviating postoperative pain. It may also contribute to lowering the incidence of complications associated with chemotherapy.

Results

Clinically, ozone is applied following tooth extraction, apicoectomy, implant placement, periodontal surgery, incision and drainage of abscesses, and surgical management of malignant jaw tumors. Gaseous ozone is most administered topically to the surgical site or directly into the alveolus.

Conclusion

A multidisciplinary approach and adequate professional training are essential to ensure the safe and effective clinical implementation of ozone therapy in oral surgery.

Hidden in Plain Sight: a giant Epidermoid Cyst of the Posterior Neck

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Introduction

Epidermoid cysts are non-neoplastic, benign lesions characterized by a cystic structure bordered by simple squamous epithelial lining. Accounting for nearly 7% of head and neck cysts, epidermoid cysts may develop either as congenital lesions from entrapped ectoderm during embryogenesis or as acquired lesions caused by traumatic or iatrogenic epithelial implantation. Diagnosis is principally established through clinical evaluation supplemented by radiologic investigations. Imaging modalities such as ultrasonography, computed tomography (CT), and magnetic resonance imaging (MRI) are valuable in assessing lesion size, internal characteristics, and anatomical relationships with adjacent structures. Fine-needle aspiration cytology (FNAC) may demonstrate keratinous debris, supporting the preoperative diagnosis. Definitive confirmation is achieved by histopathological examination following complete surgical excision.

Aim

We present the case of a 71-year-old female who was referred to our ENT clinic with a giant cystic lesion measuring approximately 10 cm in diameter located in the posterior neck region. The patient was asymptomatic and initially reluctant to seek medical attention due to personal concerns. Ultrasonographic evaluation confirmed a well-defined cystic lesion. Fine-needle aspiration yielded yellowish fluid, and cytological analysis demonstrated cystic content without identifiable cellular elements.

Results

Following the patient's refusal of general anesthesia, complete surgical excision was performed under local anesthesia using lidocaine with epinephrine. The operative procedure lasted under one hour and was performed with careful attention to preserving surrounding structures, allowing complete excision of the cystic lining without intraoperative rupture. An active Redivac suction drain was placed postoperatively and maintained for three days. Histopathological examination confirmed the diagnosis of an epidermoid cyst with no evidence of malignancy. At the two-week follow-up, the patient was asymptomatic, and wound healing was uneventful.

Conclusion

Definitive management of epidermoid cysts involves total surgical excision with preservation of adjacent anatomical structures. Particular attention must be directed toward preventing intraoperative rupture and ensuring complete removal of the cyst wall, as residual epithelial lining may predispose to recurrence. The prognosis following adequate surgical management is excellent, with recurrence rates remaining low. Malignant transformation has been described only in isolated cases and remains an exceptional occurrence.

Whose old habits die harder? Specialist vs. Patient Perspectives: Key Drivers for Choosing One-Day Surgery

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Introduction
The shift towards one-day surgery is driven by advancements in minimally invasive techniques as well as evidenly faster turnovers, shorter waiting lists and lower risks for hospital infections. Understanding patient priorities is crucial for optimizing services and improving satisfaction, but whilst widening tje one-day surgery services, one can be faced to specific resistanced by the medical staff as well.

Aim
This study identifies factors influencing both doctors and patients' choice of one-day surgery, focusing on preferences regarding convenience, recovery, hospital environment, commonly used modes oprandi.

Methods
A cross-sectional survey was conducted among patients in a general hospital , potentially undergoing one-day surgery procedure, as well as specialists working in surgical wards involved in one-day surgery procedures. Patients completed a structured questionnaire evaluating factors like pre-operative information, post-operative support, recovery time, and hospital environment. Specialist completed a structures questionnaire evaluationg their most prominent factors for choosing for or against one-day surgery for different indications. Data were analyzed using descriptive statistics and multivariate regression to determine key drivers.

Results
Of 100 respondents, top factors influencing choice of one-day surgery in patients perspective were minimal disruption to daily life, efficient scheduling and lower waiting list. Patients prioritizing rapid recovery and convenience with hospital environment were more likely to choose one-day surgery ($p<0.05$). Healthcare provider recommendations were less influential. Among factors influencing doctors choices „habits" were most prominent. Ward support, evidence-based medicine and all other factors were less influential.

Conclusion
In order to widen one-day surgery and use its full potential, as well as benefits that were repeatedy proven over the last decades, we still have to deal with both doctors and patients "fears of unknown". Slowly and by implementing evidence-based medicine, department Heads and hospital Directors need to provide fearless support to rise one-day surgery to its best.

Varicocele Embolization – safe alternative to surgery - experience from CHC Rijeka

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Introduction
Varicocele embolization has emerged as an effective and minimally invasive alternative to surgical management of varicocele, particularly in patients presenting with infertility, scrotal pain, and testicular enlargement caused by venous dilatation of the pampiniform plexus.

Aim
To retrospectively evaluate the technical success, clinical outcomes, and safety of testicular vein embolization performed at Clinical Hospital Center Rijeka between November 2018 and December 2025.

Methods
A retrospective analysis included 33 patients who underwent endovascular testicular vein embolization during the study period. Indications for treatment were primary male infertility (abnormal spermiogram), scrotal pain, and testicular enlargement associated with varicocele. All procedures were performed by an interventional radiologist under fluoroscopic guidance using detachable coils as the sole embolic agent. Post-procedural follow-up consisted of urological evaluations assessing symptom relief and spermiogram improvement.

Results
Technical success was achieved in 31 of 33 patients, corresponding to a success rate of 94%. Clinical improvement, defined as reduction in symptoms (testicular pain, swelling, and venous dilation) or improved spermiogram, was observed in 17 patients. No clinical improvement was noted in 7 patients, while 2 procedures were unsuccessful due to failed cannulation of the testicular vein. Seven patients were lost to follow-up. No major complications occurred. Minor complications, such as transient groin discomfort, were self-limiting and managed conservatively.

Conclusion
Testicular vein embolization at Clinical Hospital Center Rijeka is a safe and effective minimally invasive treatment for varicocele, with high technical success and low complication rates. It represents a viable alternative to surgical treatment, particularly for patients seeking fertility improvement and symptomatic relief. Long-term follow-up and patient compliance remain essential for comprehensive outcome assessment.

Osteomyelitis of the jaws – diagnosis and treatment – case series

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Introduction
Osteomyelitis of the jaw remains a serious clinical challenge in oral surgery due to its unpredictability and demanding treatment protocols.

Aim
Early diagnosis is critical; the sooner the condition is identified, the more effectively it can be managed with a shorter recovery period. Conversely, delayed diagnosis leads to prolonged treatment with unpredictable outcomes

Methods
In this clinical case series, we present several cases of diagnosis and treatment of osteomyelitis with varying outcomes.

Conclusion
Success in treating jaw osteomyelitis depends heavily on early intervention and a multidisciplinary approach. While combined surgical and pharmacological therapy remains the gold standard, further standardization of protocols is necessary to improve predictability in advanced cases.

Antiresoptive drugs in children and their complication in dentistry

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Introduction
Antiresoptive drugs (bisphosphonates and denosumab) are commonly used to treat various bone disorders, but have been associated with various adverse side effects, including impaired bone remodelling. Their primary mechanism involves the inhibition of osteoclast-mediated bone resorption. This is particularly significant in children, where active bone remodelling is critical for tooth eruption and various impact teeth

Aim
The aim of this oral presentation is to show case series of patients how antiresoptive drugs can cause different problems in dentistry

Conclusion
Delayed tooth eruption and impact tooth is an emerging concern in children undergoing antiresoptive therapy. Clinical reports and observational studies have suggested a correlation between antiresoptive drugs and disturbances in tooth eruption and incidance of impact teeths (molars), particularly when therapy is initiated at a young age or administered at higher cumulative doses. Regular dental assessments should be integrated into the multidisciplinary care of children receiving antiresoptive therapy.

Day case rates in patients having open and minimally invasive inguinal hernia repair

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Introduction

Target day case rates for all suitable procedures in the UK are set by the British Association of Day Surgery. Day case surgery is associated with improved patient outcomes, better patient satisfaction, fewer on-the day cancellations, reduced hospital bed use, lower healthcare costs and less environmental impact. Inguinal hernia repair is a common operation with around 70,000 cases being performed each year in the UK. The benchmark day case rates are set high at 86-90%. Minimally invasive approaches offer the potential for improved outcomes and higher same day discharge rates.

Aim

This audit aimed to compare day surgery and readmission rates inpatients having open and minimally invasive inguinal hernia repair.

Methods

All patients undergoing inguinal hernia repair surgery between May 2024 and April 2025 in a single UK NHS institution were identified. Data were collected on patient demographics, diagnosis, procedure, operative approach (open, laparoscopic or robotic), morbidity (including all re-admissions) and mortality. Day case rates were compared in patients undergoing open surgery with patients undergoing minimally invasive (laparoscopic or robotic) surgery.

Results

917 patients underwent inguinal hernia repair in the 12-month period. 818 patients (89.2%) were discharged on the same day as surgery and 99 patients (10.8%) stayed at least one night. Patients were followed up for an average of 15.5 months (range 9-21). Day case rates in patients having minimally invasive surgery and patients having open surgery were 93.8% and 87.8% respectively, P<0.008. The proportion of patients having bilateral hernia repair was higher in those having minimally invasive surgery than open surgery (27.3% vs. 4.1% respectively, P><0.001). The proportion of patients having recurrent hernias was higher in those having minimally invasive surgery compared with those having open surgery (11.7% vs. 5.9% respectively, P=0.003). The proportion of patients with a re-admission related to surgery was similar in patients having minimally invasive surgery and those having open surgery (7.4% vs. 8.1% respectively, P=0.61).

Conclusion

Day surgery rates were higher in patients having minimally invasive surgery compared with those having open surgery. Readmission rates were similar in patients having open surgery and minimally invasive surgery.

Postoperative Pain Control After Hemorrhoidectomy in Day Surgery: A Literature Review

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Introduction

Excisional hemorrhoidectomy remains the gold standard for grade III–IV hemorrhoidal disease; however, postoperative pain continues to be a major barrier to early recovery and same-day discharge in ambulatory surgery settings. Pain is multifactorial, frequently associated with internal anal sphincter spasm, surgical technique, and individual patient factors, and up to 65% of patients report moderate-to-severe postoperative pain

Aim

To synthesize current evidence on postoperative pain management strategies in patients undergoing hemorrhoidectomy within a day surgery context.

Methods

A literature review was conducted based on six recent peer-reviewed studies focusing on postoperative analgesia after hemorrhoidectomy, including randomized controlled trials, systematic reviews, and comparative clinical studies. The review analyzed analgesic interventions, pain outcomes (VAS scores), opioid consumption, and safety profiles relevant to ambulatory surgical pathways.

Results

The literature consistently identifies postoperative pain after hemorrhoidectomy as predominantly moderate in intensity, with only a minority of patients experiencing severe pain. Fixed-schedule multimodal analgesia demonstrated superior pain control compared with on-demand regimens, reducing postoperative pain scores and decreasing opioid consumption by 38–68%, thereby enhancing recovery suitability for day surgery.
Multimodal strategies, particularly those prioritizing non-opioid analgesics, were associated with improved patient satisfaction and reduced adverse effects.
Targeted interventions addressing sphincter spasm, such as botulinum toxin injection, showed significant short-term analgesic benefits. A meta-analysis of seven randomized controlled trials (n=340) demonstrated significantly lower pain scores on postoperative days 1, 2, and 4 (MD −1.53, −1.84, and −1.63, respectively), although effects were not sustained beyond the first postoperative week.
Importantly, botulinum toxin was considered safe, with no significant increase in complications such as urinary retention or fecal incontinence.
Additional evidence highlights the role of local infiltration analgesia, extended-release local anesthetics, and individualized anesthetic approaches in improving immediate postoperative pain control and facilitating early discharge. Furthermore, patient-related factors such as higher BMI and younger age were identified as predictors of increased postoperative pain, reinforcing the need for tailored analgesic protocols.

Conclusion

Effective postoperative pain control after hemorrhoidectomy in day surgery requires a multimodal, individualized approach integrating scheduled analgesia, non-opioid strategies, and targeted interventions such as sphincter-modulating therapies. Short-term adjuncts like botulinum toxin and optimized local analgesia can significantly reduce early postoperative pain and opioid requirements, supporting enhanced recovery pathways and safe ambulatory discharge. Nonetheless, heterogeneity in analgesic protocols and limited long-term data highlight the need for high-quality randomized trials to establish standardized pain management guidelines in ambulatory proctologic surgery.

Compliance with NICE Guidelines (Ng45, 2016) and local trust policy on Pre-Operative Blood Tests (Fbc And U&Es) in minor and intermediate Elective Surgery for Asa Grade 1 & 2 patients

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Introduction

Pre-operative blood tests in pre-assessment clinic are important for medical optimisation and safe surgical planning. NG45 are guidelines for appropriate blood testing, considering ASA grade of patients and grade of surgery. However, noncompliance and over testing in low-risk patients is common, leading to wasted resources, patient anxiety and discomfort.

Aim

The aim of this retrospective audit was to contribute to clinical efficiency and environmental sustainability by reducing carbon footprint in care pathways and decreasing clinic workload. Compliance with NG45 and local trust guidelines for pre-operative FBC and U&E testing in ASA I and II patients undergoing minor and intermediate elective surgery was reviewed.

Methods

Pre-op notes and clinical documentation were reviewed to see whether FBCs or U&Es were performed in patients if obvious clinical judgement, NG45 or local guidelines indicated so. If tests were performed, whether they were repeated before surgeries, was reviewed.

Results

In fifty patients audited, FBC testing was appropriate in 66% and inappropriate in 34%. For U&Es, 62% were appropriate and 38% were inappropriate. ASA II intermediate surgery patients were the largest proportion of appropriate FBC testing at 49% and the largest proportion of inappropriate FBC testing at 41%. The smallest proportion of appropriate FBC and U&E testing were ASA I minor operations patients, at 0% each.

Conclusion

Majority of patients had appropriate FBC and U&E testing, but the dominant driver in inappropriate testing was "Not Indicated but Ordered" for both tests. This shows that breaches were mainly avoidable, low-value testing. Results show that ASA I minor procedure patients are a key group for future interventions.

ASA II intermediate procedure patients had appropriate blood tests. Some had bloods done within 3 months before their pre-op appointment and were correctly not repeated, reflecting staff awareness of the guidelines.

Contributing factors to these findings included entrenched practice and high staff turnover leading to unfamiliarity with guidelines. Impacts include waste of scarce NHS resources, patient discomfort and anxiety. Investigation outcomes rarely lead to changes in anaesthetic plans and should only be performed if there is high likelihood of change in clinical management.

Interventions should include targeted education and embedding decision support into electronic ordering.

Ambulatory Surgery as a Full-Value Surgical Care Model: Experience from a Specialized Center

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Palas Athena

Introduction

Ambulatory surgery is often perceived as a model suitable mainly for minor procedures with limited technical complexity. Advanced laparoscopic operations are frequently considered incompatible with an outpatient setting due to concerns regarding safety, logistics, and postoperative care.

Aim

The aim of this presentation is to demonstrate that ambulatory surgery can represent a full-value model of surgical care even for technically demanding procedures, provided it is built on specialization, standardized perioperative processes and a controlled organizational framework.

Methods

We present the organizational and clinical model of a specialized ambulatory surgery center focused primarily on hernia surgery. The model is based on strict patient selection, standardized operative techniques, close collaboration with anesthesiologists, and clearly defined perioperative pathways. Within this framework, advanced laparoscopic procedures have been implemented as part of routine ambulatory practice. Over a 10-year period (2015–2025), the center performed 2,171 laparoscopic fundoplications, 7,453 inguinal hernia repairs, 5,436 ventral hernia repairs (including eMILOS, IPOM+, PUMP and suture techniques), and 6,775 laparoscopic cholecystectomies in a strictly ambulatory setting. Fundoplication patients are fully managed within the center, including indication, postoperative follow-up, and reoperations when required. In ventral hernia repair, our approach has evolved from predominantly IPOM-based techniques toward retromuscular reconstruction (mainly eMILOS), reflecting continuous refinement of surgical strategy within the same ambulatory framework. Laparoscopic cholecystectomy is performed irrespective of local inflammatory findings; patient eligibility is determined primarily by overall anesthetic risk (ASA classification) and comorbidity rather than by the presence of acute cholecystitis itself.

Results

Our experience demonstrates that a broad spectrum of surgical procedures can be safely performed in an ambulatory setting without compromising quality of care. The system-based model ensures predictable workflows and supports both clinical safety and sustainability of surgical practice.

Conclusion

Ambulatory surgery should not be viewed as a compromise or a reduced form of surgical care. When organized as a specialized, system-based model, it represents a fully valid and sustainable alternative to conventional inpatient surgery, even for advanced procedures.

Are we ready to implement One-Day Pediatric Surgery at the Pediatric Surgery Clinic in Sarajevo?

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Introduction
Children are excellent subjects for ambulatory surgical procedures because they represent a population that is largely healthy and free of chronic illness, they generally have caretakers (called parents) who are capable of assisting them at home through the recovery period, and because children would generally prefer to recover from their surgery in the comfort and security of their home, rather than the more anxiety provoking hospital environment.

Aim
The purpose is to analyze already operated patients to detect candidates who would be suitable for one-day surgery.

Methods
In the period between January 1 and December 31, 2025, we analyzed retrospectively all patients operated on at the Clinic for Pediatric Surgery. In 2025, 796 patients were operated on at our Clinic. 279 patients were operated on for minor surgical procedures. All patients who underwent minor surgical procedures underwent preoperative preparation on an outpatient basis. They were admitted to the Clinic the day before the surgical procedure, spent the night at our Clinic, and underwent surgery the next day. Depending on the surgical procedure, they were discharged the same day after the surgical procedure, or the day after the surgery.All patients spent a minimum of 2 days at the Clinic.

Results
In 2025, 796 patients were operated on at our Clinic. 279 (35,05%) patients were operated on for minor surgical procedures. Of the 279 patients who underwent surgery for minor surgical procedures, 148 (53.04%) were operated on for foreskin pathology (phimosis, "buried" penis, "web" penis), 5 patients were operated on for varicocele, 54 (19.36%) patients for uncomplicated inguinal hernia and 65 (23.30%) patients for undescended testicles, 3 (1.08%) patients for unguis incarnatus and 4 (1.43%) patients for soft tissue biopsies.
All patients were accompanied by one parent (mother). All patients spent a minimum of one night in our Clinic before the operation accompanied by their mother, which adds up to a total of 558 more days in our Clinic. The price of one day for patient is 75 € (EUR), for accompanied person is 25 €.
If we used one day surgery, we would save for 279 patients 20925 € and 6975 €for accompanied persons during 2025. year.

Conclusion
By carefully analyzing children undergoing minor surgical procedures, it is possible to detect patients who could be treated with day surgery in the future.

Surgical treatment of skin tumors of the head and neck - scope and limitations of ambulatory surgery

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Introduction
Malignant skin tumors are the most common tumor diseases in the white population (Caucasian). More than three-quarters of skin tumors originate in parts of the skin exposed to sunlight, especially on the head and neck.

Aim
Surgical excision is the gold standard for skin tumors. In the case of small tumors, the closure of the skin defect is mostly direct closure, while in the case of larger tumors, reconstruction with a local flap is required. It is necessary to ensure 4-6 mm of free margin. It is important to predict the method of surgical treatment due to the proper organization in day surgery.

Methods
These surgical procedures are the most common operations in ENT day surgery. Tumor removal and defect closure is done under local anesthesia. In most cases 10-15 surgical procedures are performed daily.
If it is a larger tumor, or a tumor located in a place where direct closure is not possible, the skin defect is closed with a local flap. This procedure requires a higher level of organization. The procedure can be performed under local, locally potentiated or general anesthesia, lasts longer than direct closure and requires short-term observation, depending on the anesthesia.

Results
Most procedures can be performed in day surgery, but there are some limitations when long-term observation and hospitalization are required.
In case of spread of the disease and metastases in the local lymph nodes, a neck dissection is also necessary, which requires several days of hospitalization.
Limitations in day surgery include several days of intravenous antibiotic therapy and regulation of anticoagulant therapy. In this paper, we will present our results of treatment of skin tumors of the head and neck and compare them with the results of treatment of these diseases in the inpatient part of our department.

Conclusion
Rarely removals of skin tumors require several days of observation and are not suitable for performing in day surgery, but it is important to recognize such patients through good screening and avoid unnecessary rehospitalization.

Feasibility of faster daily exchange and discharge of pediatric patients in one-day surgery

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Introduction
Number of beds per patient, i e. per procedure is an everyday topic in every large hospital with a large patient volume. Is there a possibility of increasing procedure volume in spite of having the same number of beds?

Aim
We aim to discuss the possibility of increasing the number of procedures in our One day surgery clinic by concentrating on a strictly set timetable of procedures per day.

Methods
Retrospective analysis of procedures per day during the past post COVID-19 period and projections and analysis of future timetables of procedures.

Results
We have been practicing faster patient flow through our One day surgery clinic over the last few years, mainly concentrating on procedures in local anesthesia. We will show results of our analysis and projections of future organization of patient flow in concordance with the OR and anesthesiology department.

Conclusion
With strictly set procedure timetable, designated One day surgery operating room and sufficient staff at every workstation, it is possible to increase daily workload if all parameters are met.

ENT Day surgery in Europe – where do we stand in Croatia?

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Introduction
ENT day surgery involves procedures on ear, nose, throat and neck where the patient is admitted, operated on and discharged on the same day. This operative area is demanding because it includes both the respiratory and digestive systems in addition to very complex anatomical structures.

Aim
Respecting the rules of short-term procedures, that analgesia can be administered orally and that postoperative observation of only a few hours is required, a relatively large number of procedures can be performed in day surgery, both under local and general anesthesia.

Methods
In many European countries, a large number of operations are performed as part of the day surgery. Other important aspects of performing the procedure in day surgery are that the patient can properly recover at home, lower costs for provcedures, reduced risk of infection and nurse-led discharge protocols.

Results
Ear procedures in day surgery in some European countries are myringotomy, myringoplasty and otosclerosis surgery. Nose procedures are septoplasty, endoscopic sinus surgery (FESS) and nasal cautery. Other procedures are tonsillectomy, adenoidectomy, facial skin lesion removal, biopsy and turbinate reduction.
Some of these procedures are also performed in one-day surgeries in the Republic of Croatia. Here we will compare procedures performed in European ENT centers with those performed in KBC Zagreb, the largest ENT center for day surgery.

Conclusion
We will present our results of the mentioned procedures and we will explain why some procedures are not performed in day surgery, but only in the inpatient part of our Department.

Rare case of NPPE in day surgery

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Introduction

Negative pressure pulmonary edema (NPPE) is pulmonary edema characterized by extravasation of fluid into the alveolar interstitium and alveoli.
It is a reversible, rare and very serious perioperative complication. The incidence is 0.05-0.1%. The most common cause of NPPE in perioperative period is laryngospasm after extubation.

Aim

Symptoms appear very quickly, from a few minutes to 1-2 hours. The clinical picture is dominated by cough, dyspnea, tachypnea, cyanosis and hypoxemia.
We will present a case of NPPE after routine ENT procedure in day surgery.

Methods

Patient was admitted to day surgery for otoclisis in general anesthesia. Operation was performed without any complications, and extubation was also without complication.

Results

2 hours after extubation patient complained of difficulty swallowing, chest pain and difficulty breathing. Saturation dropped to 84%, and blood clots were noticed in the sputum. Radiological findings were consistent with NPPE. The patient was transfered tu ICU, where respiratory high-flow oxygen support via nasal catheter was started, as well as antibiotics and diuretic therapy. After 5 days, patient was discharge to home care.

Conclusion

In this case we want to present rare condition in day surgery, a condition for which there are no risk factors. Monitoring and care is possible in the ICU or on the hospital ward. The aim of this presentation is to warn about a rare and serious condition in the perioperative period and to show how important it is to examine the patient before discharging from day surgery.

Discharge Done Right: A Readiness Chart and Early Antiemetics to Reduce Post-Day-Surgery Rehospitalisation

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Introduction

Our previously published audit of a tertiary pediatric Day Surgery Unit mapped the main drivers of unplanned overnight stay and highlighted that postoperative symptoms—especially nausea/vomiting—together with workflow factors and longer procedures can push otherwise suitable children out of the "true day-case" pathway. Building on those findings and on the paper's call for targeted organizational and perioperative interventions, we introduced two pragmatic changes: earlier prophylactic antiemetic administration and a standardized pre-discharge assessment chart to structure recovery-room decisions.

Aim

To evaluate whether implementing earlier antiemetic prophylaxis and a structured discharge-readiness chart improves post-discharge outcomes, with particular focus on reducing unplanned hospital return (rehospitalisation) after pediatric day surgery, compared with our baseline cohort.

Methods

We performed a before–after quality-improvement evaluation using routine electronic records from the same Day Surgery Unit. The baseline period corresponded to the previously reported cohort, while the post-implementation period included consecutive patients managed under the updated protocol. The intervention consisted of (a) earlier administration of antiemetics in children deemed at risk and (b) a structured discharge checklist capturing core recovery domains (vital stability, airway/respiratory status, pain control, nausea/vomiting control, mobility/alertness, surgical-site bleeding, hydration/oral intake, and parental readiness/understanding). Outcomes compared between periods included unplanned overnight admission, unplanned post-discharge return to hospital, and reasons for escalation of care. Analyses accounted for case mix and procedure complexity, acknowledging procedure duration as a key baseline predictor.

Results

After implementation, unplanned hospital returns decreased compared with baseline, alongside a clear shift away from nausea/vomiting-related escalation as a trigger for extended observation or admission. Standardized discharge charting improved consistency of recovery assessment and facilitated earlier recognition and treatment of pain and postoperative nausea/vomiting before discharge. Importantly, these gains were achieved without new safety signals in routine follow-up, supporting that improved throughput did not come at the expense of clinical caution.

Conclusion

Using our published risk-factor analysis as a baseline, a focused perioperative "symptom-first" strategy—earlier antiemetic prophylaxis paired with a structured discharge-readiness chart—was associated with fewer unplanned returns to hospital after pediatric day surgery. This low-cost, scalable approach strengthens discharge decisions, supports safer same-day pathways, and offers a practical model for continuous quality improvement in pediatric ambulatory surgery.

Septoplasty as an outpatient surgical procedure

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Introduction
Septoplasty is a procedure to correct deformities of the nasal septum, usually performed in inpatient part of ENT departments. In some European countries, this surgical procedure can be performed in day surgery.

Aim
We will show our journey from approving the procedure for day surgery, through designing the protocol to presenting the seven-year results.

Methods
In the Republic of Croatia, till 2018. the procedure could only be performed in hospital conditions and keeping the patient in the hospital for 2-5 days. In 2016, we began the procedure of approving this procedure so that it can be performed under the conditions of a one-day surgery.
We studied the protocols of other countries for the screening of patients suitable for day surgery, statistical parameters that show the safety of performing procedures in day surgery, anesthesia protocols and surgical techniques of the procedure.

Results
In the period from January 2019 to February 2026, we performed 260 septoplasties on an outpatient basis. We had 2 alergic reaction that required prolonged observation. All other patients were discharged home 6-8 hours after the operation. We compared our results in day surgery to those in the inpatient part of our department. Average hospitalisation was 2.46 days per patient. Surgical proceudres were similar but nasal packing after operation was more often day surgery. Not one postoperative revision was performed in day surgery, compared to 6 in inpatient part of the deparments.
We studied admitance in ENT emergency ambulance after discharging. Only 4 patients came to emergency ENT ambulance in the perod of 5 days after surgical procedure, only one was admited in the hospital

Conclusion
In seven years of work, we have shown that septoplasty is a safe procedure that can be performed on an outpatient surgery. Patients can be discharged the same day and it is less expensive. Strict criteria for anesthesia and patient screening are necessary.

The role of psychiatrists in ambulatory surgery teams

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Introduction
Psychiatrists play a vital role in ambulatory surgery teams, primarily through the Consultation-Liaison Psychiatry model. They act as a bridge between psychiatric expertise and surgical practice within the hospital system.

Aim
Primarily, they identify and evaluate the severity of mental disorders before surgery. This is crucial as conditions such as anxiety, depression or dementia can affect a patient's decision-making, adherence to instructions, and recovery time.

Methods
Furthermore, they consult with the anesthesiologists about potential interactions between psychotropic drugs and anesthetics. If deemed necessary, they adjust or completely discontinue the medication to minimize risks such as bleeding or respiratory complications. They also determine whether patients with cognitive or psychotic disorders are legally and clinically capable of providing informed consent for surgical procedures. The utilization of cognitive-behavioral techniques (CBT) and relaxation methods to reduce surgical fear and improve postoperative pain tolerance can also be extremely useful.

Results
After the procedure, they are crucial in identifying and treating psychiatric emergencies, such as postoperative delirium, acute anxiety, or crises related to withdrawal syndromes. Also, training surgeons and nurses in communication skills, delivering bad news, and managing challenging patients with personality disorders can be of great help to any surgical team.

Conclusion
In conclusion, having a psychiatrist in an ambulatory surgery team is a valuable addition and should be made available in all medical institutions.

The development of one-day surgery in Hungary between 2010-2025, with particular attention to the impact of the EU's structural reform support program over the last five years.

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Introduction
One-day surgery is one of the dynamically developing areas of the healthcare system even in an international context, with special regard to the professional, patient path organization and cost-effectiveness factors. In Hungary, based on the State Audit Office's 2010 report on the audit of funds spent on overnight care, we analyzed the dynamics of the increase in the number of cases of one-day surgical care by processing the data of the National Health Insurance Fund of Hungary (Hungarian acronym: NEAK) in the years 2010-2025. The analysis aims to highlight the links between professional, regulatory and funding regulators and the increase in the number of cases. We would like to focus on and introduce the European Parliament and European Council Resolution (EU) 2017/825. with its decree, which established the results of the Structural Reform Support Programme (SRSP) for the period 2017-2020. In addition to utilizing the national funds to encourage the activities of healthcare providers in one-day care, we would like to point out further actions necessary for sustainable development.

Aim
The author aims to illustrate the dynamics of the number of cases of one-day care and to present the impact of international cooperation and good practice.

Methods
Our analysis is based on statistics compiled from the official time series database of the National Health Insurance Fund. We present the emergence of structural reform support program proposals in the regulatory legal environment.

Results
Continuous increase in the number of one-day surgical cases and types. The pace of development has increased significantly as a result of international cooperation.

Conclusion
One-day surgery, as a multidisciplinary form of patient care, is undergoing continuous linear development. This development has been greatly influenced by intensive cooperation with the EU expert committee and the IAAS.

Retreatment of molar with symptomatic apical periodontitis and separated endodontic instrument in an oncological patient on antiresorptive therapy – a clinical case report

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Introduction

Medication-Related Osteonecrosis of the Jaw (MRONJ) is a rare but serious condition. Oncological patients carry a higher MRONJ risk due to administration of higher doses and more potent drugs.

Aim

To present endodontic procedures that can be used to prevent MRONJ in medically compromised patients.

Methods

A 51-year-old patient with diagnosis of breast cancer was referred from general practitioner (GP) for endodontic retreatment. The tooth 46 presented with symptomatic periapical periodontitis was already endodontically treated in the past and endodontic instrument was separated in distal canal. The patient was on antiresorptive therapy (zoledronic acid i.v., for 12 months). The patient has not received radiation therapy in the maxillofacial region. Amoxicillin prophylaxis (2g) was perscribed prior the treatment and antibiotic therapy continued after the treatment (500 mg three times a day). Patient rinsed with chlorhexidine mouthwash (Curasept 0,2%, Luzern, Switzerland) for one minute before starting treatment, 1 mL of anesthetic agent without vasoconstrictor was administrated (Mepivastesin 30mg/mL, 3M ESPE, Germany), composite wings were made on both buccal and lingual wall of the tooth so that rubber dam and clamp could have been placed carefully without injuring soft tissue. Root canal retreatment was performed using rotary files (Pro Taper Universal, Dentsply Sirona, USA) and root canal instrumentation was performed using reciprocating instruments (WaveOne Gold, Dentsply Sirona, USA). Broken file management included bypass and file removal using magnification (6.5x, Orascoptic eye zoom max Dragonfly pro, Orascoptic USA) and passive ultrasonic irrigation ((Irri S, VDW, Germany). The canals were obturated using cold lateral compaction technique with guttapercha and bioceramic sealer (Bioroot flow, Septodont, Switzerland). Temporary filling was placed and the quality of root canal filling was confirmed radiographically. The patient was referred back to GP for final restoration.

Results

Endodontic retreatment was successfully carried out with respect to specific preventive measures and occurrence of MRONJ is avoided.

Conclusion

Clinicians need to opt for more conservative therapy in patients undergoing antiresorptive therapy even in clinically compromised teeth in order to avoid severe complication–MRONJ. Endodontic treatment is considered as treatment of choice as it avoids the high-risk, bone-remodeling-dependent healing process after tooth extraction.

Cystoscopic Intradetrusor OnabotulinumtoxinA for Pediatric Neurogenic Bladder in Day Surgery: Standardizing a Repeatable, Low-Burden Care Pathway

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Introduction

Children with neurogenic lower urinary tract dysfunction (NLUTD) often require escalation beyond antimuscarinics/β3-agonists to protect the upper tracts and improve continence. Intradetrusor onabotulinumtoxinA (BoNT-A) injections are effective and repeatable, yet delivery models differ across centers. We present a day-surgery pathway for cystoscopic BoNT-A injection that emphasizes streamlined logistics, standardized safety checks, and family-centered discharge planning.

Aim

To describe and evaluate the feasibility and safety of a standardized pediatric day-surgery pathway for cystoscopic intradetrusor onabotulinumtoxinA in neurogenic lower urinary tract dysfunction, focusing on same-day discharge success and early postoperative outcomes.

Methods

A multidisciplinary protocol was implemented for pediatric cystoscopic intradetrusor BoNT-A injections (typically for neurogenic detrusor overactivity and/or poor compliance). Key elements include pre-procedure urine screening and targeted antibiotics when indicated, confirmation of catheterization strategy (existing CIC vs. contingency planning for new CIC), and anesthesia planning tailored to neurologic comorbidity (including awareness of autonomic dysreflexia risk in susceptible patients). The injection workflow standardizes bladder mapping, injection distribution, and immediate post-procedure monitoring. Discharge criteria mirror day-case surgery standards: stable vitals, controlled pain/nausea, adequate hydration, and clear instructions for hematuria, urinary retention symptoms, and fever/UTI assessment.

Results

The day-surgery model supports predictable throughput for a procedure that is frequently repeated over time. Standardization improves team consistency in antibiotic stewardship, catheterization counseling, and follow-up scheduling. Clinical follow-up focuses on patient-centered and safety outcomes—continence episodes, UTI frequency, catheterization tolerance, and ultrasound/urodynamic triggers for reassessment—rather than routine immediate invasive testing. The protocol also formalizes escalation steps for post-procedure retention concerns and defines when early review is warranted.

Conclusion

Cystoscopic intradetrusor BoNT-A injections for pediatric NLUTD can be delivered effectively as a day-surgery procedure within a structured pathway. Standardizing pre-procedure screening, peri-anesthetic risk awareness, catheterization planning, and discharge instructions enables a repeatable, low-burden care model for children and families.

Endoscopic Correction of Vesicoureteral Reflux as a Day-Case Procedure: A Pragmatic Pathway With Symptom-Triggered Imaging Follow-up

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Introduction

Endoscopic subureteric injection for vesicoureteral reflux (VUR) is widely adopted as a minimally invasive alternative to open reimplantation. However, post-procedure surveillance varies considerably, and routine contrast imaging may add burden without clear clinical benefit in all children. We describe a standardized day-surgery pathway for endoscopic VUR correction that prioritizes safe same-day discharge and a symptom-triggered imaging strategy.

Aim

To standardize endoscopic VUR correction as a day-case procedure and to validate a pragmatic follow-up model based on clinical/ultrasound monitoring with selective contrast imaging.

Methods

We developed a single-visit, day-case protocol for pediatric cystoscopic VUR correction using a bulking agent injection technique (STING/HIT principles). The pathway includes structured preoperative selection (reflux grade/clinical course, breakthrough febrile UTI history, renal ultrasound findings, bladder–bowel dysfunction screening), perioperative antibiotic and antiemetic optimization, and standardized discharge readiness criteria. Follow-up is primarily clinical and ultrasound-based. Routine post-operative VCUG or contrast-enhanced ultrasound is not performed. Contrast imaging is reserved for children who develop a febrile urinary tract infection (UTI) after the procedure or when clinical/ultrasound findings raise concern for persistent clinically significant reflux.

Results

The pathway is designed to enable reliable same-day discharge after short anesthesia exposure, with early oral intake, controlled pain and nausea, and clear family instructions regarding hydration, fever thresholds, and UTI evaluation. The symptom-triggered imaging approach focuses resources on clinically meaningful outcomes—febrile UTI recurrence and renal/upper tract status—while minimizing routine invasive testing in asymptomatic patients. Implementation highlights include standardized counseling on expected transient dysuria/hematuria, consistent antibiotic stewardship, and a clear algorithm for post-procedure fever.

Conclusion

Endoscopic VUR correction can be delivered safely and efficiently as a pediatric day-surgery intervention using a structured peri-discharge pathway. A febrile-UTI–triggered contrast imaging strategy is a pragmatic alternative to routine postoperative VCUG/ceVUS, potentially reducing patient burden while preserving clinical vigilance.

Approach to anal fistula: a two-year retrospective analysis in a peripheral hospital

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Introduction
Anal fistula is a common pathology in general surgery practice, characterized by multiple therapeutic options and a significant risk of recurrence. While outpatient treatment has been gaining relevance, data regarding recurrence rates and complications in daily clinical practice remain limited.

Aim
To evaluate the surgical outcomes of outpatient anal fistula treatment over a two-year period in a peripheral hospital.

Methods
A retrospective analysis was conducted on patients who underwent utpatient surgery for anal fistula between 2024 and 2025. Fistulae were classified by type, and the surgical techniques used were recorded. The primary outcomes analyzed were postoperative complications, therapeutic efficacy rate, and fistula recurrence. A descriptive statistical analysis was performed.

Results
Forty-eight patients were included. The most frequent types of fistula were intersphincteric (58.3%), transsphincteric (29.2%), and subcutaneous (10.4%). Surgical techniques included fistulotomy (33.3%), fistulectomy (27.1%), seton placement or revision (25.0%), and laser tract ablation (14.6%). Complications occurred in 20.8% of cases, the majority of which were minor (Clavien-Dindo grades I and II), such as pain, anal fissure, gas incontinence, and delayed healing. Only one grade IIIb complication (abscess requiring drainage in the operating room) and one grade IIIa (abscess drained in the emergency department's minor surgery room) were observed. Therapeutic efficacy was 70.1%, and the overall recurrence rate was 8.3%.

Conclusion
Outpatient surgery for anal fistula demonstrated low recurrence rates and minimal major morbidity in this cohort, with results comparable to those described in the literature. These findings support the safety and feasibility of outpatient treatment in selected patients within a peripheral hospital setting, allowing for efficient management of hospital resources.

From OR to Home the Same Day: Ambulatory Implantable Port and Tunneled Catheter Surgery in High-Risk Pediatric Patients

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Introduction
Long-term central venous access devices (CVADs), including totally implantable ports (Port-a-Cath) and tunneled cuffed catheters (Broviac/Hickman), are essential for pediatric oncology and other medically fragile children requiring reliable vascular access. Despite their benefits, CVAD-related complications remain clinically significant, and many adverse events occur in the ambulatory setting, highlighting the need for standardized insertion, education, and follow-up pathways.

Aim
To describe the feasibility and safety of a pediatric same-day surgery model for placement and removal of Port-a-Cath and Broviac catheters in high-risk children, including oncologic patients and children with severe malnutrition or complex comorbidities.

Methods
We designed a retrospective observational study of consecutive children undergoing (1) Port-a-Cath placement/removal and (2) Broviac catheter placement/removal in a dedicated pediatric day-surgery unit. The pathway emphasizes: experienced operators, ultrasound-guided venous access, standardized sterile technique and perioperative infection-prevention practices, device function confirmation, structured caregiver education for home care, and protocol-based discharge criteria with defined triggers for admission or re-evaluation. Outcomes include procedural success, perioperative adverse events, early unplanned returns or admissions, and device-related events during follow-up, aligned with contemporary CVAD complication categories.

Results
Across both device types and procedure categories (placement and removal), same-day surgery was routinely achieved with high procedural reliability and favorable perioperative tolerance in a medically complex cohort. Serious perioperative complications were uncommon, and post-discharge issues requiring escalation were infrequent. Port and catheter removals were generally straightforward, with occasional technical challenges consistent with those described in the literature.

Conclusion
A standardized pediatric day-surgery pathway can support safe and efficient Port-a-Cath and Broviac placement/removal, even in oncologic, severely malnourished, and otherwise high-risk children. This model may reduce inpatient utilization while maintaining safety, provided that operator expertise, infection-prevention bundles, caregiver training, and protocol-driven discharge/follow-up are embedded in routine practice.

Optimizing the outcome of treatment of capillary vascular malformations (Port wine stain birthmarks) in infants by early application of pulsed-dye laser in local analgesia

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Introduction

Port wine stains (PWS) are a type of congenital vascular malformation that occurs in 0.3% - 0.5% of newborns, 80 % of the spots are on the face and neck. Published studies document the negative emotional and quality of life consequences that PWS has on affected children and how these problems are reduced by treatment that improves the appearance of the lesion. In this paper, we will present a dozen such children treated at the Clinic for Children's Diseases as part of a day surgery

Aim

Demonstrate the benefits of early treatment of infants and young children with capillary vascular malformations (Port wine stain birthmarks) with pulsed dye laser (PDL).

Methods

Vascular-selective pulsed dye laser (PDL) is the gold standard for the treatment of PWS. Treatment of PWS usually requires multiple treatments. With early initiation of treatment in infants, the procedure can be performed as an atraumatic treatment without general anesthesia, using a dynamic cooling device. Optimization of laser parameters reduces treatment time.

Results

Approximately 70% of the children were treated for lesions on the face and neck, and 90% of the children had fair skin. The average size of the PWS was 61 cm2 with a range of 1–600 cm2. On average, 10 treatments were performed in the children without general anesthesia (range 4–14). The average treatment interval was 10 days, as a more frequent interval accelerates the response and minimizes the total number of treatments required and the time to completion of the treatment. The improvement in the PWS was assessed by 2 independent physicians and 2 master's nurses participating in the laser treatments, using a 5-point visual analogue scale. Results showed that almost complete to complete healing was achieved in most children, and lesions that completely or almost completely disappeared were smaller in average size and required fewer treatments than those that achieved less improvement. Outcome analyses based on anatomical location showed that the best results were achieved with lesions in the first branch of the trigeminal nerve. Transient purpura and mild swelling were the most common adverse effects of PWS treatment with PDL, and we had no cases of scarring or permanent pigmentary changes in children who were 1 year of age or younger when they started PDL treatment

Conclusion

PWS treatment with PDL can be initiated within the first few weeks after birth, as a procedure under local anesthesia only. This early intervention approach can alleviate parental anxiety about the baby's appearance, avoid exposing the child to the risks of general anesthesia, and allow for the best cosmetic outcome with fewer treatments. Therefore, it reduces the likelihood that a child born with PWS will experience psychosocial morbidity, which may be the most significant complication of these lesions.

Ambulatory spine surgery

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Ambulatory spine surgery (ASS) has emerged as a transformative model in spinal care delivery, driven by advances in minimally invasive techniques, image guidance, anesthetic protocols, perioperative optimization, and enhanced recovery pathways, alongside increasing healthcare costs and the shift toward value-based care. These developments have enabled the safe transition of select spinal interventions from inpatient hospital settings to outpatient and ambulatory surgery centers. Common neurosurgical ambulatory procedures include radiofrequency ablation (RFA), epidural steroid injection (ESI), autologous conditioned plasma (ACP) therapy and percutaneous laser disc decompression (PLDD). Safety and efficacy in ASS depend on rigorous patient selection, careful optimization of comorbidities, standardized perioperative pathways, multimodal analgesia and structured postoperative monitoring. Lumbar medial branch RFA has demonstrated clinical benefit in well-selected patients with facet-mediated pain. Image-guided percutaneous ablation of articular sensory and basivertebral nerves provides a minimally invasive option to bridge the gap between conservative therapy and surgery, with rapid recovery and low complication rates. ESI remains a widely utilized, minimally invasive intervention for spinal pain, particularly lumbar radiculopathy, offering anti-inflammatory and analgesic effects that may facilitate rehabilitation, serve as a bridge to surgery, or provide an alternative for nonsurgical candidates and postsurgical pain management. Regenerative strategies such as ACP and platelet-rich plasma have shown promising safety profiles and potential efficacy in degenerative low back pain, with low adverse event rates comparable to other spinal injection techniques. For lumbar disc herniation, a leading cause of lumbosacral radicular syndrome affecting 1-2% of the population, PLDD offers a percutaneous, laser- based approach that reduces intradiscal pressure through nucleus pulposus vaporization, resulting in disc shrinkage, nerve root decompression and symptomatic relief while potentially mitigating postoperative fibrosis associated with open surgery. As techniques and perioperative pathways continue to evolve, prospective studies and registry data will be essential to refine patient selection, standardize safety benchmarks, and optimize outcomes. When implemented within evidence-based protocols and appropriate infrastructure, ASS represents a safe, cost-effective and patient-centered approach to contemporary spinal care.

Challenging Inpatient Norms: The Case for Day-Case Common Bile Duct Exploration

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Introduction

Laparoscopic common bile duct (CBD) exploration offers definitive single-stage management of choledocholithiasis during cholecystectomy, or in an elective setting separately, avoiding staged endoscopic retrograde cholangiopancreatography (ERCP). With advances in minimally invasive surgery and enhanced recovery pathways, day-case CBD exploration has become increasingly feasible. However, concerns remain regarding safety and appropriate patient selection for same-day discharge.

Aim

To evaluate the safety of day-case CBD exploration and identify factors influencing successful same-day discharge.

Methods

A retrospective analysis was performed of patients undergoing laparoscopic CBD exploration in a single metropolitan centre. Primary outcomes included successful same-day discharge, postoperative complications, and 30-day readmission. Secondary analysis assessed patient, operative, and social factors associated with overnight admission.

Results

Day-case discharge was achieved in the majority of selected patients, with low rates of postoperative morbidity and no increase in bile leak, retained stones, or 30-day readmission compared with inpatient management. Factors associated with failure of same-day discharge included higher ASA grade, significant cardiopulmonary comorbidity, prolonged operative time, difficult ductal clearance, failure of stone clearance, inadequate postoperative pain control, postoperative nausea and vomiting, and limited home support

Conclusion

Day-case laparoscopic CBD exploration is a safe and feasible approach in appropriate patients within an experienced centre. Careful patient selection, operative efficiency, and structured postoperative pathways are key determinants of successful same-day discharge without compromising clinical outcomes.

Optimizing Pediatric Laser Therapy: The Critical Role of Nursing Care in Managing Vascular and Scar Lesions with PDL and CO_2 Lasers

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Introduction

The application of pulsed dye laser (PDL) and carbon dioxide (CO_2) laser technologies has become integral to the management of hemangiomas, vascular malformations, and scars in pediatric patients. The efficacy and safety of these laser treatments heavily depend on comprehensive nursing care that spans preoperative, intraoperative, and postoperative phases.

Preoperative nursing assessment involves detailed documentation of the child's medical history, lesion characteristics, expected outcomes, and potential risks. Effective preoperative preparation includes pain and anxiety management strategies, skin cleansing protocols, and ensuring psychological comfort for the child and family. During the intraoperative period, nursing support focuses on maintaining aseptic techniques, monitoring vital signs, and providing reassurance to the patient. Postoperative nursing care is critical in promoting optimal healing and preventing complications. It encompasses wound care management, infection prevention, and vigilant monitoring for adverse effects such as edema or erythema.

Education plays a vital role, with nurses instructing families on appropriate dressing changes, signs of infection, sun protection, and activity restrictions. Tailoring interventions to the child's age, lesion location, and individual response enhances outcomes and patient satisfaction. Pain control strategies, including topical anesthesia and distraction techniques, are essential throughout the perioperative period. The integration of evidence-based nursing protocols ensures safe, effective laser therapy and minimizes the psychological and physical burden on pediatric patients and their families. Emphasizing meticulous perioperative nursingcare is fundamental to maximizing therapeutic success, and fostering a positive treatment experience in pediatric laser management.

Single-Dose Subcutaneous Methadone and Postoperative Analgesia: A Case Report

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Introduction

Facial feminization surgery involves multiple procedures and is associated with moderate postoperative pain and opioid use.1 Intravenous (IV) methadone is often administered intraoperatively as part of multimodal analgesia, given its long duration of action and opioid-sparing effects.2 We report a case ofinadvertent SC methadone administration through an infiltrated IV catheter in an ambulatory setting.

Methods

A 36-year-old, transgender female underwent extensive facial feminization surgery with planned 23-hour observation. The patient's past medical history was significant for mild asthma, well-controlled gastroesophageal reflux disease, and dermatitis. No prior anesthesia complications were reported. In the operating room, midazolam, lidocaine, propofol, and 15 mg of methadone were administered via an IV catheter that had been placed in the left antecubital fossa. After several minutes and additional propofol, the patient remained conscious and conversant, and IV infiltration was identified. A new IV catheter was placed in the opposite arm, and general anesthesia was induced with propofol and rocuronium. Additional intraoperative opioids were withheld until emergence, given the uncertain absorption and systemic effects of SC methadone.

The intraoperative course was uneventful. In the post-anesthesia care unit (PACU), the patient received one dose of 10 mg oral oxycodone. She was transported to a surgical unit for further monitoring and received scheduled acetaminophen and ondansetron. The patient was discharged on postoperative day one and reported well-controlled pain with acetaminophen alone and no further opioid use through postoperative day seven. No significant systemic or local adverse effects were noted.

Conclusion

This case provides insight into the clinical implications of inadvertent SC methadone administration. Despite unintentional SC delivery, the patient achieved adequate pain management with minimal supplemental opioid use, suggesting that SC methadone may still provide clinically meaningful postoperative analgesia. Although SC methadone is used in the palliative care setting for patients who cannot tolerate oral intake, its absorption and systemic effects are less predictable than IV administration.3 In the perioperative setting, IV methadone remains preferred due to its well-established pharmacokinetic and safety profile.2 If IV infiltration is identified after methadone administration, clinicians should monitor patients carefully and avoid redosing until clinical response can be assessed.

Is Haemorrhoidectomy still a Gold Standard applicable in Day Surgery conditions?

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Introduction
It is estimated that between 50-85% of people experience issues with hemorrhoids in their lifetime. Although there are different approaches in conservative treatment, about 10% of patients cannot be cured nor controlled without surgical intervention, especially in advanced cases that protrude and bleed often. Development of new technologies offers less invasive surgical techniques that seem more applicable in day surgery conditions, promising less pain, bleeding and earlier recovery than in open hemorrhoidectomy. But in spite of all these advantages, on the long run, also supported by newer technologies of blood vessel welding instruments and in hands of experienced surgeons, classical hemorrhoidectomy offers longer lasting results and less recurrence.

Aim
To compare operative approaches in hemorrhoid treatment and justify each technique according to the degree of the disease and surgical skill.

Methods
Results of treatments conducted at several outpatient institutions, compared to long-term experience from the 1st Surgical Clinic at the University Clinical Center of Serbia, supported by review of literature.

Results
Long-term personal experience in classical surgical approach along with application of newer methods.

Conclusion
Newly developed technologies offer quicker and more suitable surgical approaches in hemorrhoidal treatment, but still require experience and adequate skill. Open hemorrhoidectomy in hands of an experienced proctologist gives better long term results, especially with advancement of techniques and consideration of local analgesia.

Preoperative Olanzapine and Quality of Recovery after Discharge from Ambulatory Surgery: A Randomized Clinical Trial

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Introduction
Postdischarge nausea and vomiting (PDNV) is common after ambulatory surgery and substantially affects patients' recovery. Olanzapine is an atypical antipsychotic with broad antagonism across several receptors involved in nausea and vomiting.1 Prior studies demonstrate that preoperative olanzapine 10 mg reduces postoperative and postdischarge nausea and vomiting, but may increase sedation, prompting evaluation of a lower dose.2-7

Aim
Determine whether a single preoperative oral dose of olanzapine 5 mg improves Quality of Recovery-40 (QoR-40) scores after ambulatory surgery under general anesthesia in women at elevated risk of PDNV receiving dexamethasone and ondansetron.

Methods
We conducted a single-center, randomized, double-blind, placebo-controlled superiority trial in women aged 18-50 years undergoing ambulatory surgery under general anesthesia. Participants were randomized 1:1 to receive a single oral dose of olanzapine 5 mg or placebo within 1 hour before surgery. Participants, clinicians, and investigators were blinded to treatment assignments. Anesthetic and surgical care followed routine clinical practice. The primary outcome was postoperative day (POD) 1 QoR-40. Secondary outcomes included POD 2 QoR-40, POD 1 and POD 2 PDNV and severe PDNV, and postanesthesia care unit (PACU) length of stay. QoR-40 analyses used mixed-effects models adjusted for baseline survey values.

Results
Among 384 participants (olanzapine n = 191, placebo n = 193), olanzapine was associated with higher QoR-40 scores than placebo. Estimated marginal mean (95% CI) POD 1 QoR-40 scores were 183 (181-185) with olanzapine versus 174 (172-176) with placebo, a difference of 9.0 points (95% CI, 6.1-11.8; $p < 0.001$). POD 2 scores were 185 (183-187) versus 180 (178-182), a difference of 4.8 points (95% CI, 2.0-7.6; $p = 0.001$). Secondary outcomes showed reduced POD 1 nausea and severe nausea (27% vs 47%, $p < 0.001$; 7.9% vs 25%, $p < 0.001$) and reduced POD 2 nausea (20% vs 34%, $p = 0.002$). POD 2 severe nausea was uncommon in both groups. There was no difference in PACU length of stay between groups.

Conclusions
When combined with dexamethasone and ondansetron, a single preoperative dose of olanzapine 5 mg improved quality of recovery after ambulatory surgery in women at elevated risk for PDNV.

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Ambulatory Surgery provides a multidisciplinary international forum for all health professionals involved in day care surgery. The editors welcome reviews, articles, case reports, short communications and letters relating to the practice and management of ambulatory surgery.

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