

### Ambulatory surgery

In the past few decades, the number of surgical procedures carried out on a same-day basis has increased markedly in OECD countries. Advances in medical technologies, particularly the diffusion of less invasive surgical interventions and better anaesthetics, have made this development possible. These innovations have improved patient safety and health outcomes, and have also in many cases reduced the unit cost per intervention by shortening the length of stay in hospitals. However, the impact of the rise in same-day surgeries on health spending depends not only on changes in their unit cost, but also on the growth in the volume of procedures performed. There is also a need to take into account any additional cost related to post-acute care and community health services following the interventions.

Cataract surgery and tonsillectomy (the removal of tonsils, glands at the back of the throat, mainly performed on children) provide good examples of high-volume surgeries which are now carried out mainly on a same-day basis in many OECD countries.

Day surgery now accounts for over 90% of all cataract surgeries in a majority of OECD countries (Figure 6.24). In several countries, nearly all cataract surgeries are performed as day cases. However, the use of day surgery is still relatively low in Poland, Hungary and the Slovak Republic, where they still account for less than half of all cataract surgeries. While this may be partly explained by limitations in the data coverage of outpatient activities in hospital or outside hospital, this may also reflect more advantageous reimbursement for inpatient stays or constraints on the development of day surgery. In Hungary, the government recently abolished the budget cap on the number of same-day surgery that can be performed in hospital; this is expected to lead to a steady increase in the number of cataract and other surgeries performed as day cases.

The number of cataract surgeries performed on a same-day basis has grown very rapidly since 2000 in many countries, such as Portugal and Austria (Figure 6.24). Whereas fewer than 10% of cataract surgeries in Portugal were performed on a same-day basis in 2000, this proportion has increased to 92%. In Austria, the share of cataract surgeries performed as day cases increased from 1% only in 2000 to 67% in 2013. The number of cataract surgeries carried out as day cases has also risen rapidly in France, Ireland, Switzerland and Luxembourg, although there is still room for further development.

Tonsillectomy is one of the most frequent surgical procedures on children, usually performed on children suffering from repeated or chronic infections of the tonsils or suffering from breathing problems or obstructive sleep apnea

due to large tonsils. Although the operation is performed under general anaesthesia, it is now carried out mainly as a same-day surgery in many countries, with children returning home the same day (Figure 6.25). This is the case in Finland (where the share of same-day surgery has increased greatly since 2000), Canada, Belgium, the Netherlands, Sweden and Norway, where more than half of all tonsillectomy are now performed on a same-day basis. This proportion is much lower in Austria (where virtually no tonsillectomy is performed on a same-day basis), Luxembourg, Ireland and Germany. These large differences in the share of same-day surgery may reflect variations in the perceived risks of postoperative complications, or simply clinical traditions of keeping children for at least one night in hospital after the operation.

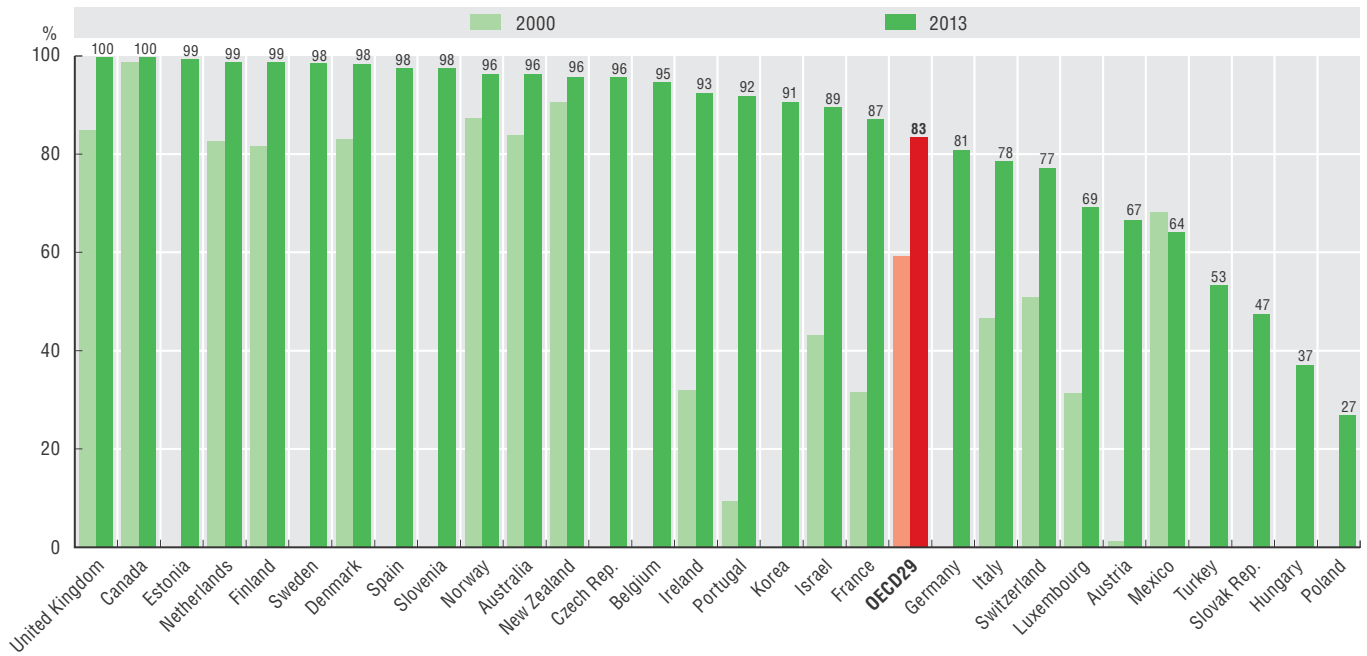
In some countries, there has been a strong rise however in the share of tonsillectomy performed as day surgery since 2000. Beyond Finland which is now leading the way, the share of same-day surgery has increased rapidly over the past decade in the United Kingdom, Denmark, Portugal and Italy. In France, there has virtually been no increase in the share of day surgery for tonsillectomy since 2000, while this share has decreased slightly in Israel and Switzerland. There appears to be ample room for further growth in day surgery for tonsillectomy in these countries to reduce cost without affecting patient outcomes.

#### **Definition and comparability**

Cataract surgery consists of removing the lens of the eye because of the presence of cataracts which are partially or completely clouding the lens, and replacing it with an artificial lens. It is mainly performed on elderly people. Tonsillectomy consists of removing the tonsils, glands at the back of the throat. It is mainly performed on children.

The data for several countries do not include outpatient cases in hospital or outside hospital (i.e., patients who are not formally admitted and discharge), leading to some under-estimation. In Ireland, Mexico, New Zealand and the United Kingdom, the data only include cataract surgeries carried out in public or publicly-funded hospitals, excluding any procedures performed in private hospitals (in Ireland, it is estimated that approximately 15% of all hospital activity is undertaken in private hospitals). Data for Portugal relate only to public hospitals on the mainland. Data for Spain only partially include activities in private hospitals.

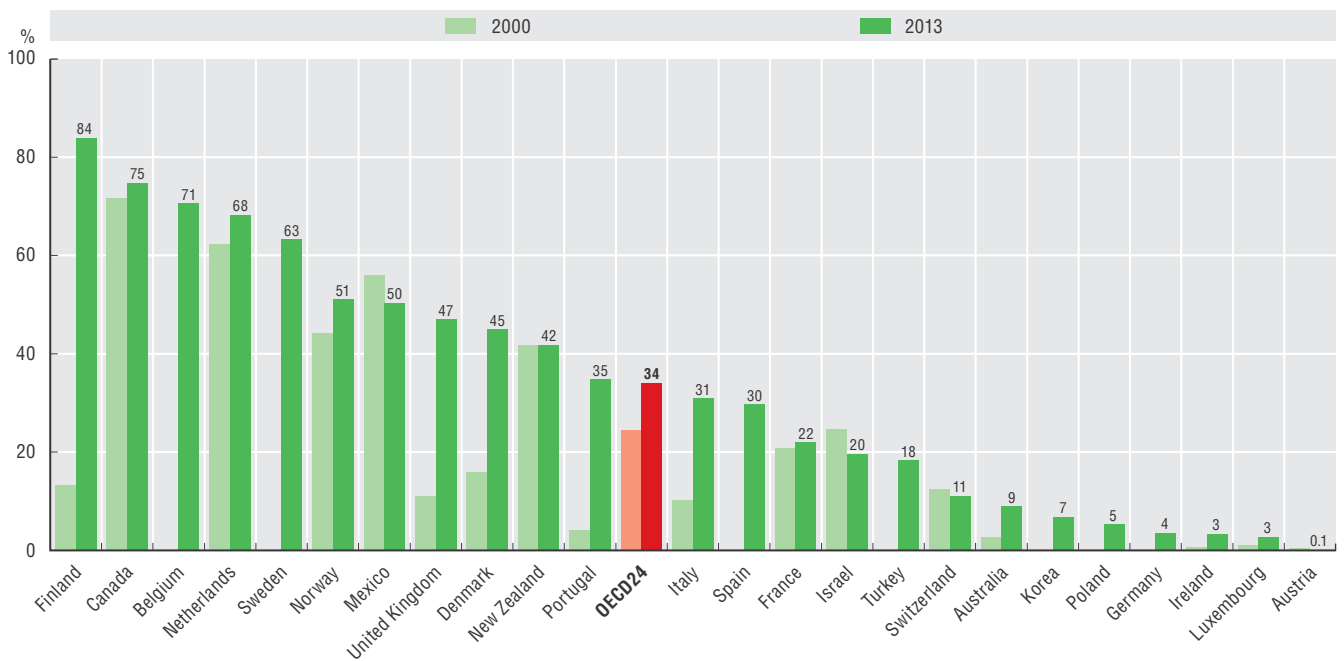
6.24. Share of cataract surgeries carried out as ambulatory cases, 2000 and 2013 (or nearest years)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281044>

6.25. Share of tonsillectomy carried out as ambulatory cases, 2000 and 2013 (or nearest years)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281044>

Information on data for Israel: <http://oe.cd/israel-disclaimer>



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