

DAY SURGERY

Day surgery has expanded in EU countries over the past few decades, thanks to progress in surgical techniques and anaesthesia, although the pace of diffusion has varied widely across countries.

Cataract surgery, repair of inguinal hernia and tonsillectomy provide good examples of surgical procedures that are now carried out mainly as day surgery in many, but not all, EU countries.

More than 95% of all cataract surgery are performed as day surgery in about half of EU countries (Figure 8.11). Yet, the use of day surgery remains much more limited in some Central and Eastern European countries (e.g. Romania, Poland, Bulgaria and Lithuania), accounting for less than half of all cataract operations. Beyond possibly reflecting some limitations in data coverage, this low share of day surgery may also be due to higher reimbursement for inpatient stays, or legal or capacity constraints imposed on the development of day surgery. In Hungary, the government recently abolished the budget cap on the number of day surgery that can be performed in hospital, which has led to a substantial growth in the number of day surgery for cataract.

More than half of all inguinal hernia repair interventions in many EU countries are now performed as day surgery, whereas this proportion still remains close to zero in other countries. On average across countries, the share of day surgery for inguinal hernia repair rose from about 20% in 2000 to over 40% in 2016. Day surgery for inguinal hernia repair increased particularly rapidly in countries like France and Portugal, which have moved closer to the share of over 80% in leading countries (Denmark and the Netherlands).

Tonsillectomy is one of the most frequent surgical procedures in children. Although the operation is performed under general anaesthesia and generally involves a post-operative observation period of about 6 to 8 hours, it is now carried out mainly as a day surgery in many countries, with children returning home the same day. As shown in Figure 8.13, more than half of all tonsillectomies are now performed as day surgery in several EU countries, but there has not been any movement yet towards day surgery in other countries (e.g. Slovenia, Hungary, Austria, Cyprus and Bulgaria). These variations in clinical practice likely reflect persisting differences in the perceived risks of postoperative complications and the maintenance of a clinical tradition in some countries of keeping children for at least one night in hospital after the operation.

As noted in Chapter 2, at least three broad policy levers can be used to promote the expansion of day surgery: 1) publicly monitoring the progress in the use of day surgery at different levels (national, regional and hospital levels); 2) supporting behavioural and clinical changes, notably by promoting constructive exchanges

between the most innovative hospitals or hospital units and those lagging behind; and 3) providing proper financial incentives to ensure that health care providers (hospitals and surgical teams) do not lose revenue by moving towards a greater use of day surgery, and may even be financially better-off. These interventions are likely to be more effective if they are part of a comprehensive strategy to promote day surgery. In Portugal, the strong growth in day surgery for cataracts and other interventions since 2000 has been supported by a comprehensive national plan (Lemos, 2011). In Belgium, recent proposals for a further expansion of day surgery have also recognised the importance of addressing various barriers and enabling factors at the same time (Leroy et al., 2017).

Definition and comparability

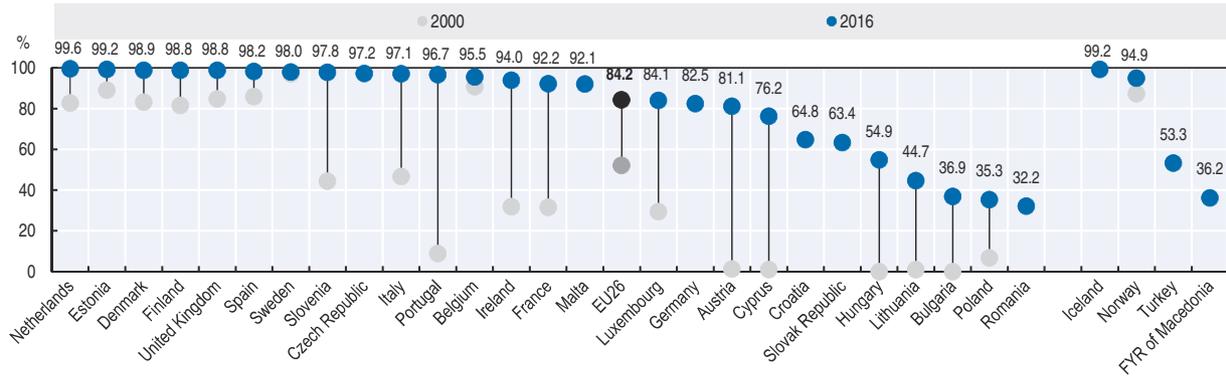
Cataract surgery consists of removing the lens of the eye because of the presence of cataracts that are partially or completely clouding the lens, and replacing it with an artificial lens. Repair of inguinal hernia is a surgery to repair a weakness in the abdominal wall; the operation is now commonly performed laparoscopically (using minimally invasive surgery), allowing patients to return home more quickly. Tonsillectomy consists of removing the tonsils (glands at the back of the throat).

Day surgery is defined as the release of a patient who was admitted to a hospital for a planned surgical procedure and was discharged the same day. For cataract surgery and tonsillectomy, the data also include outpatient cases (i.e. patients not formally admitted and discharged) where available. However, several countries are not able to report outpatient cases, leading to some under-estimation. In Ireland, Portugal and the United Kingdom, the data only include cataract operations performed in public or publicly funded hospitals, which may affect the share of day surgery if the volume of activities in private hospitals is substantial and if the practice pattern in private hospitals differs from public hospitals.

References

- Lemos, P. (2011), "A huge increase in ambulatory surgery practice in Portugal", *Ambulatory Surgery*, Vol. 17, No. 1, March 2011.
- Leroy, R. et al. (2017), Proposals for a further expansion of day surgery in Belgium, Belgian Health Care Knowledge Centre, KCE Reports 282.

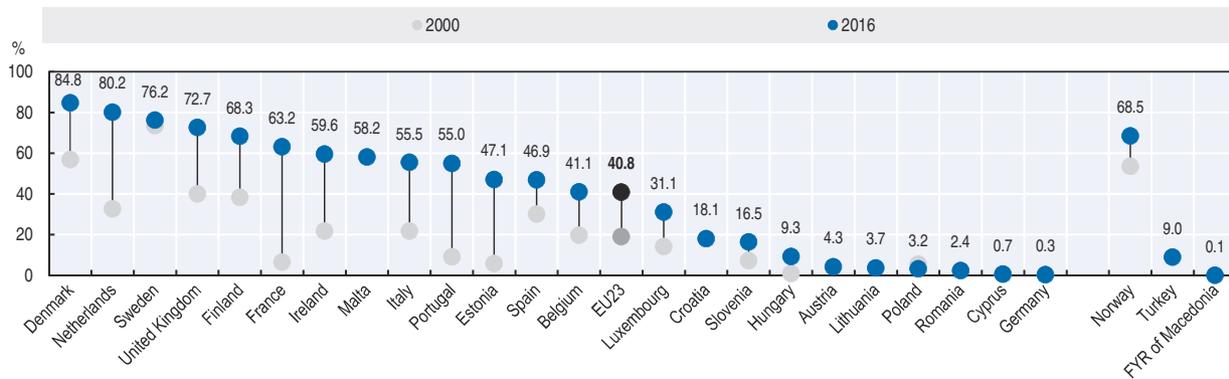
8.11. Share of cataract surgery performed as day cases, 2000 and 2016 (or nearest year)



Source: OECD Health Statistics 2018; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836922>

8.12. Share of inguinal hernia repair performed as day cases, 2000 and 2016 (or nearest year)

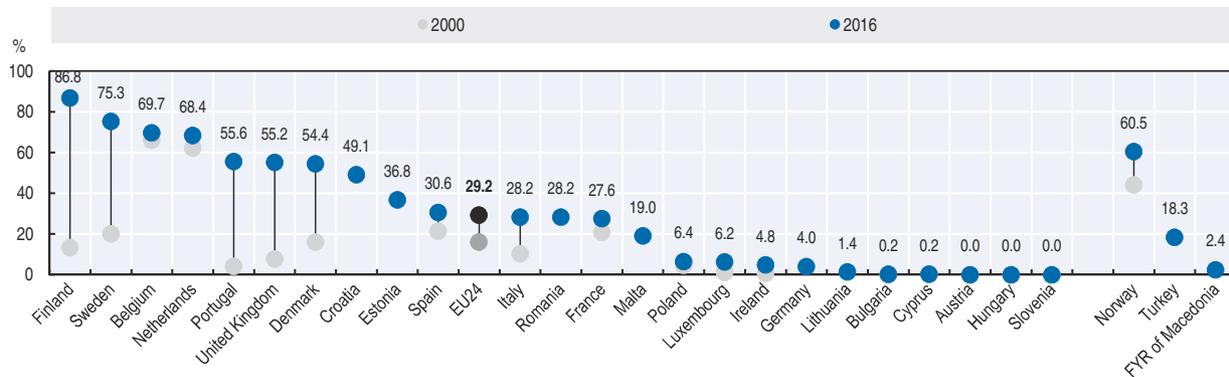


Note: Day cases do not include outpatient cases in countries where patients are not formally admitted to hospital.

Source: OECD Health Statistics 2018; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836941>

8.13. Share of tonsillectomy performed as day cases, 2000 and 2016 (or nearest year)



Source: OECD Health Statistics 2018; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836960>



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