

- Title** Elements to evaluate for managing a patient in outpatient surgery
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### Aim

This project aims to assess the elements to evaluate when treating patients by outpatient surgery to ensure that they can be discharged the same day as the procedure without additional risk. It is intended not to develop good practice recommendations, but to provide healthcare professionals with the key elements and issues to be raised to help them define management procedures.

### Conclusions and Results

Key points:

- The organisation of outpatient surgery is framed by legislation and regulations. However, there are no specific provisions especially for physician accountability, patient confidentiality, consent or accompaniment. Common law rules apply. The applicable rules are the same as for a conventional hospitalisation.
- Patient eligibility for outpatient surgery depends on the early preoperative assessment performed by an anaesthetist and a surgeon.
- The case-by-case approach must take into account the three-way combination of the facility, the procedure and the patient.
- The decision is based on the risk/benefit analysis for the patient.
- If comorbidities are present the stability of the patient's clinical status is the main basis for decision-making. It is also important to make sure that patients properly understand their disease and how to manage their regular treatments.
- Clear information tailored to each patient is required, and should be especially adapted for patients who are not French speakers, are minors, adults under guardianship or patients with judgement disorders.
- The quality of this information affects how well patients and their care-givers understand this type of management and their compliance with pre- and post-operative instructions.
- The patient participates in the decision through a special meeting, with his or her legal representative.
- Patients who refuse outpatient treatment are ineligible, but this has no effect on their medical care.
- It is vital to plan ahead for patient discharge right from the preoperative visit, both from the medical viewpoint and with regard to postoperative accommodation.

- Information exchange, particularly with private practitioners or specialised units treating the patient, is essential both before and after the procedure.
- The watchwords for outpatient surgery are anticipation and organisation, which guarantee quality care without exposing the patient to any foreseeable risks.
- Above all, consideration should be given to the elements that would necessitate conventional hospitalisation, rather than those that would justify outpatient care.

### Methods

The evaluation methodology was based on a critical analysis of data identified in the scientific literature, the argued position by learned professionals who met in a multidisciplinary working group and review by stakeholders, especially learned societies and patient and user associations.

Forty-two articles (15 recommendations, 15 guidelines 5 systematic reviews and 7 observational studies) were analysed. The results of this analysis were discussed by a multidisciplinary working group made up of 16 experts representing the following specialities: anaesthesiology-resuscitation, gynaecology-obstetrics, general and geriatric medicine, orthopaedic surgery, general and digestive surgery, paediatric surgery, urology, ophthalmology, ENT, nurses, lawyers, social workers, healthcare geography, patient representatives.

The conclusions have been reviewed by the Commission Evaluation Economique et de Santé Publique [Committee for Economic and Public Health Evaluation, CEESP], the HAS specialised appraisal committee.

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