



Title	Operation for Vaginal Wall Prolapse in Day Surgery – A Health Technology Assessment
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Aim

To investigate whether surgery for vaginal wall prolapse can be done on an outpatient basis.

Conclusions and results

The result of the health technology assessment (HTA) shows that outpatient treatment can be introduced without changing the already low complication and recurrence rates of the procedure. Furthermore, outpatient treatment can increase the training opportunities for young surgeons, provide high patient-satisfaction, and save healthcare resources. The HTA also shows a need to analyze the existing organization before changing to an outpatient regime, and a need to involve all personnel when implementing the outpatient regime.

There is no increased risk of complications or relapse after day surgery compared to inpatient surgery. Day surgery requires preparation of the patient (eg, good quality information about the process), preparation for the procedure, and precautionary measures following surgery.

The patient is affected by smaller amounts of sedatives and feels ill for a short period after outpatient treatment.

Successful conversion to outpatient treatment requires a deliberate, transparent process, wherein different contributors have ownership and collaborate on the goals defined during the implementation process. Communication throughout the entire process is important.

Day surgery requires less admission time, less surgical time, and less wake-up time, amounting to a reduction of about 1/3 of the expenses of surgery during hospitalization and without significantly increased costs during followup in the primary sector.

Recommendations

Conversion to outpatient treatment affects major parts of the organization. Future changeover to outpatient treatment needs to be preceded by a thorough description of the existing organization, and a model for the new regime must be chosen.

Methods

The HTA included retrospective and prospective investigation of 2 nonrandomized cohorts, structured interviews, questionnaire, collection of data from patient records, decision analysis, and cost minimization analysis.