

Evaluate the Feasibility of Hospital Day-Care Management of Delayed Gynecological Emergencies

Robyn*

Department of Gynecology and Obstetrics, The University of Melbourne, Parkville, Australia

*Corresponding author: Robyn, Department of Gynecology and Obstetrics, The University of Melbourne, Parkville, Australia Email: Robyn43@gmail.com

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Description

Hospital-day-care surgery is currently a priority for the healthcare system and is booming due to its' favorable financial impact. In **gynecology**, the management of surgical interventions for patients who've come to the Hospital Emergency Department, could in a number of cases, be delayed for a few h or several days. It would be it possible to organize a specific hospital day-care management program for the delayed surgeries. The aim of the study is to evaluate the feasibility of hospital day-care management of delayed gynecological emergencies. This is a prospective, observational, unicentric study performed in the gynecological department of a teaching hospital from January 2016 through March 2017. Women having gynecological emergencies requiring surgical management were included in this study. The leading causes for surgical management and thus for inclusion in this study were nonviable pregnancies or retained products of conception, vulvar or **breast abscesses, ectopic pregnancies** and complications of **ovarian cysts**. For women with emergencies that could be delayed, surgery was scheduled between 12 h and 12 days after a woman's initial emergency examination at the hospital. Postoperative consultation was at the emergency department or completed by the referring physician. Re-hospitalization and re-intervention rates were collected 6 to 8 weeks after the initial emergency management.

Benefits of Day-Care Surgery

Day-care hospital surgery is a surgical procedure performed with less than 12 h of hospitalization and with no overnight. Many benefits of day-care surgery have been reported for patients and for an economical health system such as a decrease in nosocomial infections or venous thrombotic events for patients, a possible optimization of an operating theatre's occupancy and a decrease in cost for the healthcare system. Because of its financial impact, it is becoming a priority for the healthcare system with an objective of a 70% rate of day-care surgery for our national healthcare system. In gynecology, this

objective is feasible as previously published for different reasons: the important use of minimally invasive approaches (laparoscopy, hysteroscopy, and vaginal way), the adjustment of anesthetic methods for these minimally invasive approaches and women patients who are mainly young with little comorbidity. However, in France, emergency surgery is excluded from the definition of day-care surgery even if the length of hospitalization is less than 12 h without an overnight stay.

Evaluate the Feasibility of Delayed Day-Care Surgery for Gynecological Emergency Surgeries

In the emergency department, hospital admittance is immediately performed and the surgery is then performed when possible, depending on the severity of the emergency. The preoperative length of hospitalization varies greatly but could sometimes be up to 3-4 days. In gynecology, some surgical emergencies could be delayed for a few hours or up to a few days, enabling the organization of "planned" day-care surgery. To our knowledge, delayed day-care surgery has never been evaluated with published results. However, day-care surgery could widely be improved in emergency cases with the creation of adapted of care pathways. The main objective of this study is to evaluate the feasibility of delayed day-care surgery for gynecological emergency surgeries. Delayed day-care surgery is feasible with a high satisfaction rate in women and a low rate of emergency surgery prior to the scheduled one, a low rate of extra consultations to the referring physician or to the emergency department and a low rate of rehospitalizations. The major place held by first trimester pathologies in the surgical activity of gynecological emergencies would merit the creation of a dedicated "early pregnancy unit". The delayed surgical management of gynecological emergencies thus seems feasible and beneficial for both women and the healthcare system. An economic evaluation could be performed to evaluate the lower costs/savings for delayed day-care management of gynecological emergencies.