

Chapter 1 : Ambulatory Surgical Centers - Capital Women's Care | MD, DC, & VA

Ambulatory Gynecologic Surgery: Finding the Optimal Opioid Prescription The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government.

News ASC Procedures Rest assured that most outpatient surgical procedures can be performed at our surgery center. To learn more, see below for some of the more common types of surgical procedures:

Diagnostic Laparoscopy A diagnostic laparoscopy is a surgical procedure in which a thin, lighted tube called a laparoscope is inserted through an incision in the abdominal wall to examine the pelvic organs. To diagnose certain conditions, your doctor needs to look directly into your abdomen at your reproductive organs. Diagnostic laparoscopy is often used to diagnose causes of abdominal pain, including ectopic pregnancy, endometriosis, cysts, adhesions, fibroids and infection, as well as causes of infertility.

Laser Laparoscopy In addition to using a laparoscope to look into the abdomen to diagnose a problem diagnostic laparoscopy, your doctor can also use the procedure for treatment. Laser laparoscopy is a common surgical procedure used to treat a variety of conditions causing pelvic pain; a medical laser is attached to the laparoscope to assist with surgical treatments.

Laparoscopic Hysterectomy Laparoscopic hysterectomy is a procedure to remove the uterus through a few tiny incisions in the abdomen below the navel. We perform three types of hysterectomies at our surgery center:

Laparoscopic Supracervical Hysterectomy LSH Is an option that uses laparoscopy alone to remove the uterus, but leaves the cervix intact. During the procedure, a laparoscope and small surgical instruments are inserted through tiny incisions in the navel and abdomen. Using these instruments, the surgeon is able to carefully separate the uterus from its pelvic connections and from the cervix. The uterus is then removed through one of the incisions. It was developed to reduce pain and trauma to the body, minimize scarring, and shorten recovery time. Oftentimes the organs are removed through the vagina.

Laparoscopically Assisted Vaginal Hysterectomy LAVH Is a procedure that removed the uterus and cervix through an incision inside the vagina-but also includes the use of a laparoscope a thin, lighted telescope which is inserted through a tiny incision in the navel and abdomen. Use of a laparoscope allows the upper abdomen to be carefully inspected during surgery and allows the surgeon to perform part of the surgery through incisions leaving small scars. Tubes and ovaries may be removed if needed by this technique.

Hysteroscopy with or without endometrial ablation A hysteroscopy is a procedure that allows your physician to look inside your uterus to help diagnose or treat a uterine problem. A thin, telescope-like instrument called a hysteroscope is inserted into the uterus through the vagina and cervix. A hysteroscopy is usually performed just after menstruation to obtain the clearest view of the uterine cavity. Endometrial ablation is a procedure used to control abnormal bleeding by destroying ablating the uterine lining.

Tubal Ligation A tubal ligation, or female sterilization, is a surgical procedure that involves tying, cutting or blocking the fallopian tubes so eggs cannot travel down the tubes to be fertilized or to implant in the uterus. The surgery center currently uses the blocking technique.

Laser Ablation of Condyloma Laser ablation of condyloma genital warts involves the removal of the growths or bumps, which can appear on the vagina, vulva external parts of the genitals, cervix the opening between the vagina and womb, rectum or groin. Genital warts are spread by a sexually transmitted virus.

Uterine Suspension Uterine suspension is a procedure to reposition a tipped uterus from its backward-facing position to a forward-facing position. Not all women with a tipped uterus experience symptoms as a result of this condition. However, for some women who experience problems from a tipped uterus, such as painful intercourse or painful periods, uterine suspension can provide relief.

Biopsy A biopsy is the removal and examination of tissues, cells or fluids in order to diagnose diseases. Your gynecologist may perform a biopsy on the following areas:

Chapter 2 : ambulatory gynecologic surgery | Download eBook pdf, epub, tuebl, mobi

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Correspondence to Seok-Cheol Choi. Received May 11; Accepted May Ambulatory surgery has rapidly increased in recent years due to the request of patients and the increase in the cost of inpatient health services [1]. Patients who undergo ambulatory surgery usually receive general anesthesia or local anesthesia with sedation. Studies have reported that these types of anesthesia can impair cognitive and psychomotor performance [2 - 4]. The impairment of cognitive and psychomotor performance may threaten the safety of patients who undergo ambulatory surgery because patients are often discharged 2 to 3 hours post-operatively. Therefore, discharge criteria have been devised to ensure patient safety [2]. Gynecologic surgeries such as loop electrosurgical excisional procedure LEEP are usually performed as ambulatory surgery. However, there is no study addressing the usefulness of discharge criteria in patients who undergo ambulatory gynecologic surgery. If the patient passed all the MKDC, the patient was discharged without notification to physicians. Between 3 and 7 days after discharge, the head nurse of the gynecology ward called by telephone the patient and asked whether or not the patient revisited the hospital after discharge due to medical problems. One and two patients failed the 10th and 12th elements of the MKDC, respectively. The patient who failed the 10th element of the MKDC discharge order was not discharged because the frozen biopsy of the LEEP specimen reported an invasive cervical cancer. Two patients who failed the 12th element of the MKDC accompanying escort were discharged with precautions. None of 98 patients who were discharged on the day of surgery revisited the hospital due to medical problems. Sixteen of 17 nurses completed the evaluation using MKDC within 5 minutes and responded that use of the MKDC is necessary to ensure the safety of patients. We think that every institute and physician has their own discharge criteria for patients who undergo ambulatory gynecologic surgery. However, we believe that validated discharge criteria should be developed to ensure the safety of patients and to protect ourselves from potential lawsuits. Systematic review of questionnaires measuring patient satisfaction in ambulatory anesthesia. Awad IT, Chung F. Factors affecting recovery and discharge following ambulatory surgery. Sleep tendency as a measure of recovery after drugs used for ambulatory surgery. Post-anaesthetic psychomotor and cognitive function. Eur J Anaesthesiol Suppl.

Chapter 3 : ADVANCED GYNECOLOGIC SURGERY CENTER ATHENS, GA; NPI #

The Ambulatory Surgery Center's state-of-the-art facility has the latest technology and a comprehensive team of experts including general, gynecologic, orthopedic and podiatric surgeons. Sanford's surgeons across the Midwest have performed more than 55, procedures every year, and our safety and recovery rates are among the highest in the.

Open in a separate window The overall unplanned admission rate was 4. One hundred and thirty-one patients One laparoscopic hysterectomy patient and 1 laparoscopic myomectomy patient developed a fever greater than They subsequently had a negative infectious workup and were discharged home with uncomplicated follow-up. One laparoscopic myomectomy patient developed acute anemia immediately after the operation and was transferred to the hospital for continued observation and subsequent blood transfusion. She was discharged home without further event and had an uncomplicated follow-up. Of the patients who were discharged within 23 hours, 3 patients 2. One hysterectomy patient developed a postoperative ileus, which resolved with conservative management. One hysterectomy patient developed a fever greater than One fertility-sparing treatment of endometriosis patient developed a fever and pain postoperatively, which had a negative infectious workup and was responsive to heparin. She was diagnosed with septic pelvic thrombophlebitis. Each of these patients were discharged home with uneventful follow-up Table 1.

DISCUSSION This study suggests that advanced laparoscopic gynecologic surgery can be safely performed using a fast-track model in freestanding ambulatory surgery centers with a low unplanned admission rate, a low complication rate, and high discharge rate within 23 hours. As the foundation for laparoscopic surgery in gynecology continues to grow and becomes the standard of care, the skill of individual surgeons and available instrumentation increases. Many surgeons, however, do not yet feel comfortable performing major gynecologic surgery as an outpatient surgery and certainly not in a surgery center. This study suggests that with a skilled surgeon and a trained operating room and recovery team, ambulatory surgery centers are safe and effective for major gynecologic surgery. There are several factors that contribute to the success of ambulatory surgery center surgeries: Proper patient selection of low-risk surgical candidates is an important initial step to ensure safety. This includes correction of baseline anemia with iron supplementation or hormonal treatment, such as gonadotropin-releasing hormone injections, and preoperative assessment of American Society of Anesthesia category. Finally, extensive preoperative counseling prepares patients and their caregivers for common events and discomforts postoperatively. This helps alleviate the anxiety of being discharged home, which decreases postoperative admission rates. Each patient is given their medications prior to surgery so there are no lapses without pain medication or antiemetics. The two most common indications for continued observation and admission to the hospital include persistent pain and postoperative nausea, which were not noted to be contributing factors in this study. The surgical techniques of using meticulous dissection, assurance of hemostasis, removal of all intra-abdominal fluid, and removal of the carbon dioxide gas appear to increase patient comfort postoperatively. Patients routinely receive intravenous Toradol postoperatively, which helps to decrease the need of narcotic drugs. This low incidence of postoperative pain is particularly impressive as a large proportion of this patient population is diagnosed with chronic pelvic pain and routinely takes narcotic pain medication. Postoperative nausea is controlled with intravenous ondansetron and metoclopramide while recovering, but each patient is also prescribed oral ondansetron to take at home. This significantly decreases nausea with narcotic pain medication and decreases the anxiety of developing nausea once discharged. The surgery centers in this study have the availability for an overnight registered nurse if the patient remains longer than the usual 4 to 6 hours postoperatively. There is the availability to have typed and crossed blood delivered in case of emergencies, and there are several hospitals within the near vicinity. However, as shown in this study, these additional resources are rarely needed. The estimated rate of unplanned admission following ambulatory surgery center was 4. There is a growing body of evidence that ambulatory surgery centers are also a safe and acceptable location in which to have major surgery. Taylor 11 was part of the first team in the United States to extol the feasibility of laparoscopic hysterectomy in an outpatient setting. Subsequently, continued support has gathered for the use of ambulatory surgery centers for laparoscopic

hysterectomy. Despite these advantages, many procedures, which could be performed in an ambulatory surgery center, are still performed at hospitals with the possibility of decreased efficiency and unnecessary overnight stays. To our knowledge, this is the first study that shows by using proper patient selection and preparation, following strict surgical techniques, and having available resources, more advanced surgical procedures, such as treatment of stage IV endometriosis, bowel surgery, ureteroneocystostomies, and bladder resections, can be performed in fast-track ambulatory surgery centers with high patient safety and efficiency. However, it must be recognized that a very experienced surgeon with a high-volume practice performed these surgeries. Nonetheless, with the continued growth of minimally invasive surgery and more specialized surgeons, the use of ambulatory surgery centers will likely continue to expand as further studies support the safety of major gynecologic surgery in freestanding ambulatory surgery centers. Cambridge University Press; Laparoscopy-assisted colectomy versus open colectomy for treatment of non-metastatic colon cancer: Laparoscopy versus laparotomy for benign ovarian tumour. Cochrane Database Syst Rev. Laparoscopy versus laparotomy for the management of early stage endometrial cancer. Bian J, Morrisey MA. Free-standing ambulatory surgery centers and hospital surgery volume. A comparison of ambulatory perioperative times in hospitals and freestanding centers. Laparoscopic cholecystectomy and management of biliary tract stones in a freestanding ambulatory surgery center. A meta-analysis of ambulatory versus inpatient laparoscopic cholecystectomy. Replacement of expensive, disposable instruments with old-fashioned surgical techniques for improved cost-effectiveness in laparoscopic hysterectomy. Outpatient laparoscopic hysterectomy with discharge in 4 to 6 hours. J Am Assoc Gynecol Laparosc. S35 [PubMed] Home within 24 hours of laparoscopic hysterectomy. Thiel J, Gamelin A. Outpatient total laparoscopic hysterectomy. Total laparoscopic hysterectomy and early discharge: J Minim Invasive Gynecol. Same-day discharge after laparoscopic hysterectomy. Acta Obstet Gynecol Scand. Outpatient laparoscopic hysterectomy for large uteri. Outpatient laparoscopic hysterectomy in a rural ambulatory surgery center. Safe laparoscopic entry guided by Veress needle CO2 insufflation pressure. Schipper E, Nezhat C. Video-assisted laparoscopy for the detection and diagnosis of endometriosis: Int J Womens Health. Laparoscopic management of bowel endometriosis: Lewis LA, Nezhat C. Laparoscopic treatment of bowel endometriosis. Laparoscopic ureteroneocystostomy and vesicopsoas hitch for infiltrative endometriosis. Laparoscopy vs laparoscopically assisted myomectomy in the management of uterine myomas: Am J Obstet Gynecol. The role of laparoscopic-assisted myomectomy LAM. Int J Fertil Menopausal Stud. Mezei G, Chung F. Return hospital visits and hospital readmissions after ambulatory surgery. Retrospective evaluation of unanticipated admissions and readmissions after same day surgery and associated costs. Predictive factors for unanticipated admission following day case surgery. J Eval Clin Pract. Use of laparoscopic modified Nerve-sparing Radical Hysterectomy for the treatment of Endometriosis curious.

Chapter 4 : Patient Safety in Ambulatory Gynecology | Obgyn Key

Gynecology procedures at Iowa City ASC are performed in an outpatient environment. This provides a cost-effective surgical option without sacrificing the quality of care you or your child will receive.

Such surgery is commonly less complicated than that requiring hospitalization. An ASC specializes in providing surgery, including certain pain management and diagnostic e. Overall, the services provided can be generally called procedures. An ambulatory surgery center and a specialty hospital often provide similar facilities and support similar types of procedures. The specialty hospital may provide the same procedures or slightly more complex ones and the specialty hospital will often allow an overnight stay. ASCs do not routinely provide emergency services to patients who have not been admitted to the ASC for another procedure. Procedures[edit] As of , physicians performed more than 23 million procedures per year in over 5, ASCs in the United States. In the s and s, many procedures that used to be performed exclusively in hospitals began taking place in ASCs as well. Many knee, shoulder, eye, spine and other surgeries are currently performed in ASCs. As of , of procedures in ASCs funded by Medicare in the United States , the three most common were cataract surgery with intraocular lens insert Physicians partners who perform surgeries in the center will often own at least some part of the facility. Ownership percentages vary considerably, but most ASCs involve physician owners. Occasionally, an ASC is entirely physician-owned. Some large healthcare companies own many types of medical facilities, including ambulatory surgery centers. In the US, most ASCs are licensed, certified by Medicare and accredited by one of the major health care accrediting organizations. California has ASCs. He previously served as the director of the Washington office for the American Dental Association. Some of the goals of these organizations include continuous improvement of medical care in surgery centers and providing an external organization where the public can get information on many aspects of ASCs. These accreditation organizations require members to receive periodic audits. These audits will come every one to three years, depending on the accreditation organization and the circumstances of the surgery center. Effective in , California was the first state in the United States to require accreditation for all outpatient surgery settings that administer anesthesia. In a document "Ambulatory day surgery:

Chapter 5 : ASHFORD CENTER FOR GYNECOLOGIC SURGERY LLC NPI

Ambulatory Health Care Facilities. There are currently no reviews for ADVANCED GYNECOLOGIC SURGERY CENTER Be the first to post a comment or review.

Chapter 6 : Uterine Fibroids | Newton-Wellesley Hospital

As in any surgery, complications from myomectomy, such as bleeding, infection, or injury to nearby organs, may occur. There is a % chance of having to convert from a laparoscopic myomectomy to an abdominal myomectomy.

Chapter 7 : Sacramento, Lawrence J. Ellison Ambulatory Care Center | UC Davis Obstetrics and Gynecolo

Gynecologic Surgery. Treatment for a number of female reproductive conditions may require surgery. We help you get back on your feet and back to your normal activities faster with robotic surgery.

Chapter 8 : PHYSICIANS â€“ Physicians Ambulatory Surgery Center

ORIGINAL RESEARCH Postoperative Recovery at Home After Ambulatory Gynecologic Laparoscopic Surgery Kathy J. Horvath, PhD, RN The purposes of this descriptive, correlational study were to measure.

Chapter 9 : Gynecology - Pocono Ambulatory Surgery Center

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The Capital Women's Care Frederick Ambulatory Surgical Center is a beautifully-designed, gynecologic surgical facility with certified, operating suite procedure rooms and fully-equipped recovery areas.