Title: Unplanned admission, ED visit, and/or physician’s visit following outpatient surgery

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Introduction: Ambulatory surgery/outpatient surgery is a planned surgical procedure and patients remain in the hospital for less than 24-hours. Use of ambulatory surgery as an alternative to inpatient surgery has become common in last few decades.

Identification of the Problem: There is minimal oversight and research to monitor adverse events and quality outcomes in ambulatory surgery settings.

Purpose: To describe prevalence of unplanned admission and emergency department (ED) visit after ambulatory surgery discharge; and examine factors likely to have contributed to these visits.

Methods: A descriptive-correlational examination of the newly released National Survey of Ambulatory Surgery (NSAS) data was undertaken. Characteristics of surgery and immediate post operative period were examined for their relationship to these events: physician visit, hospital admission, and ED visit.

Results: Only .1% of patients required admission to hospital and went to ED after discharge. Most common associated factors were blood transfusion required, dysrhythmia/arrhythmia, and hypoxia. Another 0.4% of patients went to their doctor. Although exact reasons for the ED/physician visits were not reported, events during or immediately after surgery included: fainting/vasovagal syncope, nausea, and hypertension.

Conclusion: Admission, ED and physician visit after surgery were low.

Implications: The results of this research provide needed benchmarks related to frequency of post discharge care and potential reasons. Future research should examine the exact reasons for admission, visits to ED/physician, which were not assessed.