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MEDICAL SERVICES DEVELOPMENT SECTION
MEDICAL DEVELOPMENT DIVISION
MINISTRY OF HEALTH

DAY CARE SURGERY STANDARD OPERATING PROCEDURE

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This Operating Procedure was developed by the Medical Service Development Section of Medical Development Division and the Drafting Committee of Standard Operating Procedure of Day Care Surgery
Ministry Of Health Malaysia

1st Edition
Published in August 2016

A catalogue of this document is available from the library and Resource Unit,
Institute for Medical research,
Ministry of Health Malaysia

DAY CARE SURGERY STANDARD OPERATING PROCEDURE
Coordinated by:
Surgical & Emergency Services Unit,
Medical Services Development Section,
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Ministry Of Health Malaysia
@The Ministry of Health Malaysia 2016 www.moh.gov.my
MOH/P/PAK/316.16 (GU)
ISBN 978-967-0769-37-0

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PREFACE

DIRECTOR GENERAL OF HEALTH MALAYSIA

In the last few decades Malaysia has witnessed rapid socio-economic development and this has led to changes in the healthcare needs and expectations of the population. The ever - increasing number of patients has led to overcrowding in the outpatient and specialist clinics as well as the hospital wards. The development of Day Care Surgery Services is a way to decongest the hospital wards.

With increasing number of competent specialists, medical officers and paramedics, simple low risk procedures can be done as outpatient services.
As such these will empower the patient and their relatives to take care themselves in the vicinity of their homes with fewer chances of nosocomial infections. With increasing numbers of Day Care Surgical Procedure being done, there is a need to streamline the operational procedures; as such the effort to standardize the operational procedures is to be looked at.

We need to ensure that properly documented Standard Operating Procedures are put in place in our hospitals that are acceptable, evidence based, outcome orientated, quality driven and above all suit the needs and interests of our patients. I would like to congratulate the Medical Development Division and the members of the Drafting Committee of the Day Care Surgery for taking initiative to develop and publish this comprehensive document. It is my hope that this Standard Operating Procedure will form a catalyst in transforming the service to greater heights.

Thank You.

Datuk Dr. Noor Hisham Bin Abdullah

Director-General Of Health Malaysia

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DEPUTY DIRECTOR GENERAL OF HEALTH (MEDICAL)

It takes great effort in getting the Standard Operating Procedure to be compiled since this is the first such effort.

Day Care Surgery has undergone many changes since it was started. With the event of dedicated building in the hospital like the Ambulatory Care Centre (ACC), tremendous improvement was made on how Day Care procedures are carried out. More and more procedures and tests were carried out as Day Care, which would otherwise be done as inpatient.

This Standard Operating Procedure (SOP) would be beneficial to the surgeons and other medical staffs as a guideline in selecting suitable patients for Day Care Surgery. There is less risk and patients can be discharged home on the same day. This decreases the chance of nosocomial infection to the patients as well as empowering patients and their relatives to take care of them.

I would like to thank the committee chaired by Mr. Yan Yang Wai in their effort to bring the Standard Operating Procedure for Day Care Surgery a success.

Thank You.

DATUK DR JEYAINDRAN TAN SRI SINNADURAI

The Deputy Director General of Health (Medical)

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DIRECTOR OF MEDICAL DEVELOPMENT DIVISION

As the biggest healthcare provider in the country, the Ministry of Health faces great challenges as the population grows and the disease burden increases. Rising healthcare costs, in particular, are of great concern to developing country like Malaysia. Despite these challenges, the Ministry Of Health continues to envision a healthcare service that is of high quality, safe, accessible and affordable to all.

The Standard Operating Procedure (SOP) of Day Care Surgery provides protocols on the definition, scope, workflow, infrastructure and staffing requirement of the service in Malaysia. Having a well-documented SOP will help to ensure that services are executed efficiently by utilizing existing resources.

It is essential that efforts continue to be undertaken to ensure the good deliverance of service. The availability of this Operating Procedure will provide guidance to all relevant parties on the development of the system that is more coordinated and efficient in providing care to our patients.

I would like to congratulate the Medical Development Division and the drafting committee led by Dr Yan Yang Wai for their continuing dedication and commitment in assisting the ministry to develop and provide better medical care to the community.

Thank you

DATO' DR HAJI AZMAN BIN HAJI ABU BAKAR

The Director of Medical Development Division

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FOREWORD

NATIONAL CHIEF COORDINATOR FOR DAY CARE SURGERY SERVICES MALAYSIA

It is now common practice to do Day Care around the world. This is due to the fact that it is convenient both for the patient and medical staff as well as it helps to decongest the hospital wards.

Furthermore, it is safe and cost-saving as patient is not required to stay overnight. Simple, non-complicated surgical procedures can be done as Day Care. Patients must be well selected i.e. those with no or minimal co-morbidities so that procedures can run smoothly.

Standard Operating Procedures of Day Care Surgery is the first of a kind in Malaysia. The need to streamline the operating procedures so that the quality is maintained and no or little complications arise. It can be used as a guideline in the Day Care Operating Theater and wards

Day Care surgery is the way forward. The joint effort made by the committee has successfully brought this document so that it can be used in the Ministry of Health hospitals

Thank You.

DR YAN YANG WAI
The National Chief Coordinator
Day Care Surgery Services

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1. BACKGROUND

1.1 The concept of Day Care Surgery (DCS) in Malaysia had its beginnings in the 1980s. What prompted this move was the inability of the hospitals within the Ministry of Health to cope with the over–utilization of hospital beds. In the interest of cost and efficiency, the Ministry of Health, headed by the Medical Development Division, embarked on a policy of investing in the infrastructure for Day Care Surgical services.

1.2 Historically in the Ministry of Health, prior to 1987, Day Care procedures and day surgeries across the various disciplines were conducted at different facility locations within a hospital ranging from operation theatres to wards. In 1994, one of the pioneers in Day Care Services, Hospital Ipoh converted their general wards into DCS wards.

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2. INTRODUCTION

2.1 Continuing advances in technology have enable the development of many services to be provided on an ambulatory basis, when in the past it was only safe and feasible to carry out diagnosis or treatment in an inpatient setting. It has been shown that advances in surgical techniques, such as minimally invasive surgery and laser surgery, arthroscopy, upgraded imaging such as MRI, ultrasound, endoscopy procedures and anesthetic agents, the restructuring of surgical services through the use of pre-admission clinics, education of patients and caretakers, immediate post-operative care and post discharge care at home; permits reductions in length of hospital stay and allows the provision of Day Care Surgery with improved clinical outcome and greater patient satisfaction.

2.2 The current challenge for health care administrators is to improve the delivery of health care while containing costs and maintaining quality of care. Within the system, resources should be distributed between services to optimize patients' outcome and achieve equity, and at the same time be directed to purposes that will be most efficient for the system as a whole.

2.3 Increasing demand for acute inpatient hospital admission has been demonstrated in Malaysia. To date, the focus on the delivery of health services has been on the acute care sector. There has been an increase in demand for public hospital services beyond what would be expected as a result of population growth.

2.4 The Standard Operating Procedure manual provides protocols on the scope, objectives, workflow, infrastructure and staffing requirement for Day Care Surgery service. The benefits from this project pertaining to Day Care Surgery was evident in reducing surgical waiting time to 2–10 weeks for selected elective procedures and the reduction of inpatient admission to the surgical based departments by 28.2 %.

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2.5 Through the future development and promotion of Day Care Surgery models, the Ministry of Health is working towards improving service quality and delivering cost-effective care while improving health outcomes.

3. DEFINITION

3.1 Day Care Surgery means clinical services, scheduled and completed in the same day (the same calendar day) and does not require the patient to stay overnight in the hospital.

3.2 This services should include 4 criteria viz:

3.2.1 Patients are (scheduled/elective) to undergo a treatment

3.2.2 The scheduled procedures have been done

3.2.3 Procedures carried out require a short recovery period together with the complete documentation on the progress of the patients during the observation period

3.2.4 Patients discharged from observation ward in the same calendar day

3.3 Day Care Surgery is done for diagnostic and therapeutic procedures which require local, regional, or general anesthesia, which do not carry the risk of post-operative complications but require a period of observation in the observation ward.

3.4 Day Care Surgery consists of multi-disciplinary units catering for all relevant disciplines.

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4. OBJECTIVES

4.1 From a health consumers' perspective, it is desirable to be able to obtain the combination of services that most effectively meets their needs within an appropriate setting in a smooth and continuous fashion.

4.2 Through the current review it is clear that consumer preference for Day Care Surgery over inpatient care has been an important factor in its growth.

4.3 Specific objectives of Day Care Surgery are:

4.3.1 To decongest the hospital

4.3.2 To allow the patient to return home on the day of surgery with minimal disruption to normal routines and patterns of everyday life

4.3.3 For older people, avoiding the disorientation and decreased functionality often associated with hospital admission

4.3.4 Decrease costs associated with a hospital stay and decrease costs per case

4.3.5 Satisfactory patient outcomes and reduction in surgical waiting times

4.3.6 More surgical or diagnostic procedures can be done on a same day basis

4.3.7 Avoiding risk of nosocomial infections

4.3.8 To encourage more pediatric group of patients, because children are excellent candidates for Day Care Surgery as it provides minimal separation from parents and minimal exposure to hospital environment

4.3.9 To use up hospital resources for more targeted acute cases

4.3.10 To reduce inpatient admission

4.3.11 To make surgery convenient and comfortable for the patient

4.3.12 To encourage early recovery and mobilization in a home environment with their family

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5. SCOPE AND FUNCTIONS

5.1 Day Care Surgery is a service that involves a surgical procedure in which the patient concerned is allowed to go home on the same day. Surgical procedures can be done with the help of general anesthesia, regional/local anesthesia, sedation or a combination of the above techniques.

5.2 Services are provided by multidisciplinary departments such as Ophthalmology, Otorhinolaryngology and others.

5.3 **"True Day Care Surgery"** is a service that requires operating theatre facility and/or use the general anesthetic. MOH encourage the implementation of True Day Care Surgery because this service reflects the use of the facilities in full.

5.4 All surgical disciplines are required to treat DCS as a top priority in order to promote and advance DCS. All the surgical disciplines are advised to list all the surgical procedures as DCS unless contraindicated. Heads of department of surgery and senior consultants need to ensure during preoperative discussion that no potential DCS cases are not performed as DCS.

6. INFRASTRUCTURE

6.1 Day Care Surgery is delivered in 4 major types of facilities. The classification is based on Operation Theatre (OT) facilities:

Type 1:
OT facilities that function independently in special dedicated stand - alone building

Type 2:
OT in integrated facilities whereby, one or two OT are dedicated to Day Care Surgery

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Type 3:

OTs for Day Care Surgery are in a separate location from the General OT in the same building / hospital

Type 4:

OTs for Day Care Surgery are not dedicated but are for common use together with General OT cases

6.2 Health services personnel and clinicians have a duty of care to deliver health care in the most appropriate and safe setting available. It is well recognized that significant morbidity and mortality is associated with hospitalization, which is motivating the change in traditional models of service delivery and care.

6.3 Providing efficient and high quality Day Care surgery requires the development of an infrastructure that supports best practice service delivery.

6.4 There is a need to identify and promote best practice in DCS, as well as to understand better the extent of its impact on the hospital system as a whole, including quality (patient safety and appropriateness), efficiency (best practice benchmarks), flexibility (the capacity of existing facilities and practices to accommodate future changes)

6.5 In considering future day care models, attention needs to be given to effective health service organization, including the location, characteristics and possible use of existing infrastructure, in the context of best practice

6.6 The development of stand-alone day care facilities or units within hospitals can encourage the redesign of patient care processes with patient focus. Reform of patient care processes can achieve similar outcome within existing infrastructure and it is important that health services make the best use of what they already have.

6.7 Appropriate accommodation and facilities should be made available for Day Care Surgery. Day Care Surgery units may all be designed slightly differently but there will be a number of elements common to all.

6.8 The ideal is a self-contained Day Care Surgery unit, with its own admission suite, wards, theatre and recovery area, together with administrative facilities.

6.9 Facilities will vary according to different hospitals.

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6.9.1 The unit should have a separate entrance and exit. Day Care Surgery patients need access to car parking, and at least a short-stay drop off and pick up point immediately adjacent to the unit or ward.

6.9.2 Dedicated registration counter: receptionists need facilities to admit and discharge patients

6.9.3 Waiting alley: patients and relatives need adequate sitting accommodation while waiting for admission and discharge.

6.9.4 Pre-operative assessment room: As long as all the required processes are undertaken it does not matter where pre-operative assessment takes place. It can take place in primary or secondary care. An area in the day surgery unit is ideal, as it enables the patient to visit the unit before the day of operation. Adequate consultation rooms are required for all patients to be assessed in privacy. Senior staff would be ideal to carry out pre-operative assessment.

6.9.5 Anesthesia pre-operative assessment clinic

6.9.6 Pre and post- operative ward area

6.9.7 Operating theatre

6.9.8 Recovery area: first stage recovery adjacent to the theatres needs at least one bay per theatre, and one-to-one staffing.

6.9.9 Changing room

6.9.10 Procedure room

6.9.11 Endoscopy suite

6.9.12 Pharmacy

6.9.13 Seating arrangements: reclining chairs provided sitting accommodation for patients who do not need trolleys e.g. cataract patients. They also provide step down facilities for other patients prior to discharge. Use of reclining chairs for later stages of recovery can help to increase turnaround of trolley and may be more comfortable for patients requiring longer recovery periods.

6.9.14 Play area for children

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7. STAFFING REQUIREMENT

7.1 The operational and management aspects of the Day Care Surgery the availability of an appropriate number and mix of competent and motivated staff with a commitment to the philosophy of Day Care Surgery, and systems capable of dealing with clinical and management data for Day Care Surgery, are essential considerations in supporting the services.

7.1.1 Consultants with special interest in Day Care Surgery shall be responsible in developing protocols, policies, audit and clinical governance.

7.1.2 Surgeon

7.1.3 Anesthetist

7.1.4 Physician

7.1.5 Medical Officer

7.1.6 Assistant Medical Officer

7.1.7 Matron / Sister

7.1.8 Theatre Scrub Nurse

7.1.9 General Anesthetic (GA) nurse

7.1.10 Recovery Ward Nurse

7.1.11 Physiotherapist

7.1.12 Ancillary staff

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8. PATIENT ASSESMENT CRITERIA

8.1 Day Care Surgery is a process of care by which suitable patients are managed with admission, treatment and discharge on the same calendar day

8.2 Patients want safe, efficient and effective, which provides the least possible disruption to their lives. Day Care Surgery gives patient- focused care. The great majority of patients prefer to recover in their own homes rather than staying overnight in hospital

8.3 Selecting patients for Day Care Surgery can be facilitated through use of protocols

8.4 There are 4 main elements to Day Care Surgery:

8.4.1 **PRE- OPERATIVE ASSESSMENT:**

8.4.1.1 Information on the day care surgery experience to ensure that the patient understands the procedure to be undertaken and their likely post-operative course

8.4.1.2 Assessment of the patient's gene ral medical and fitness for anesthesia

8.4.1.3 Assessment of the patient's home circumstances, and for certain types of surgery, access to the patient's home. Patient should be encouraged to arrange for a caregiver to stay with them or for them to stay with the caregiver, until they are able to be self-caring. Lack of social backup should seldom be a reason to exclude a patient from Day Care Surgery

8.4.1.4 It is an essential element to ensure efficient day care services. Pre-assessment should preferably be carried out at least 2 weeks before the procedure date

8.4.1.5 This is to ensure adequate time to correct any abnormalities and allow patient to be adequately informed and prepared for surgery

8.4.1.6 In addition, timely pre-assessment reduces cancellations and failure to attend.

8.4.1.7 Assessment should be based on social and medical criteria

8.4.1.8 There should be local agreement on which procedures may be performed as Day Care Surgery

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8.4.1.9 The decision on whether a specific patient listed for any of these procedures is managed as a Day Care Surgery case or inpatient should be made at pre-assessment

8.4.1.10 The initial screening of patients should be carried out by the surgical or medical team who first comes in contact with the patient

8.4.1.11 A **Pre-Anesthesia Assessment Form** (Refer Appendix) should be completed by the surgeon in charge and sent to the anesthesia clinic together with the patient.

8.4.1.12 A well run anesthetic clinic is essential for good pre-operative assessment

8.4.1.13 Patient's medical and social history, together with appropriate clinical assessment and necessary blood investigations and radiographic investigations should be performed prior to advising patient for day care surgery to ensure patient fitness' s for surgery and anesthesia

8.4.1.14 To conduct preoperative assessment meeting as to ensure patients are suitable/appropriate for Day Care Surgery:

a) To ensure cases are well prepared for the surgery
b) Patient appropriateness and procedure appropriateness for surgery
c) This is to determine that potential patients who are actually suitable for Day Care Surgery but were somehow not selected earlier are to be included now. This is to make sure that potential patients for Day Care Surgery are not missed out

8.4.2 **THE OPERATION:**

8.4.2.1 (Refer Basket of Procedures based on ICD-9-CM codes)

8.4.3 **DISCHARGE FROM WARD:**

8.4.3.1 Discharge should be authorized by the surgeon and anesthetist (if applicable) after discharge criteria (Refer Appendix) have been satisfied.

8.4.3.1 Ensure that patients and their career receive proper & adequate instructions on post anesthetic and surgical care.

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8.4.3.2 Include an adequate supply of post-operative analgesia with written information on how to take it.

8.4.3.3 Make arrangements for appropriate follow up

8.4.3.4 Provide an emergency contact number to the patients, and that the patient understand what to do should a problem arise

8.4.4 **POST- OPERATIVE SUPPORT:**

8.4.4.1 A 24 - hour support should be provided by the Day Care Surgery service. This will be provided by a dedicated matron 'on call' committed to out- of- hours care. In the unlikely event where by the matron on call is not contactable, the patient should immediately contact the emergency department of the respective hospital. An incident reporting is mandatory in this event.

8.4.4.2 Patients should be reassured that in the unlikely event that they are not ready to go home on the day, they will be cared for overnight (unplanned admission)

8.4.4.3 Written and verbal instructions for all relevant aspects of post anesthetic and post-surgical care must be given to the patient and the accompanying adults.

8.4.4.4 Suitable analgesia should be provided upon discharge with clear written instructions on how and when it should be used. Advice on any other regular medications is also necessary

9. ROLES AND RESPONSIBILITIES OF MATRON ON CALL

9.1 Receive calls

9.2 Document the complaints

9.3 Contact the respective disciplines

9.4 Make simple decisions pertaining to simple cases

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10. SELECTION CRITERIA FOR DAY CARE SURGERY

10.1 When patients are referred for Day Care Surgery, it is essential to ensure that:

10.1.1 The procedure is suitable

10.1.2 The risk of complications (from surgery and anesthesia) are minimized.

10.1.3 Proper technique and precautions during procedures should be taken to minimize complications and unplanned admissions.

10.1.4 Patients are supported after discharge home

10.2 The selection criteria should be defined and collaboratively agreed by surgeons, anesthetists and nurses involved in Day Care Surgery.

10.3 Suggest the following criteria to be adopted.

- **PATIENT CRITERIA**
- **SOCIAL CRITERIA**
- **SURGICAL CRITERIA**

10.3.1 **PATIENT CRITERIA**

10.3.1.1 Health status: Patients classified in categories ASA1 and 2 are suitable for Day Care Surgery

10.3.1.2 Age limit for General Anesthesia (GA): Patients with age above 75 years and children less than 6 months should not be selected

10.3.1.3 Physical factors: Patients with no obvious difficulty airway features and BMI < 35kgm^2

10.3.1.4 As for the Local Anesthesia (LA) cases, the selection is based on surgeon's discretion

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10.3.2 **SOCIAL CRITERIA**

10.3.2.1 Patients or parents must be willing to cooperate and physically and mentally able to understand, comply and cope with post procedural instructions after receiving adequate information and an opportunity to discuss any anxieties

10.3.2.2 Escort: All patients selected for Day Care Surgery must have a physically and mentally capable escort, who is responsible for patient's care and able to accompany patient home and supervised their recovery at home for a minimum of 24 hours. In children, two responsible people should accompany a child home, one to drive the car and the other to care for the child

10.3.2.3 Transport: Suitable transport must be available to transport patient home post-surgery and also to come back to the hospital in event of emergency. In the event the patient chooses to travel using public transport, they should ensure that the mode of public transport is suitable. Travelling home on motor cycles following surgery are inappropriate and not advisable

10.3.2.4 Geography: Patients should live within 1 hour travelling distance from a hospital

10.3.2.5 Social support: Patients must have access to telephone services readily available at all times

10.3.3 **SURGICAL CRITERIA**

10.3.3.1 Simple surgery that should not last more than 90 minutes

10.3.3.2 Procedures that have minimal risk of postoperative complications e.g. hemorrhage or airway compromise

10.3.3.3 Procedures with minimal postoperative pain that can be controlled by simple analgesia

10.3.3.4 No special postoperative nursing required post-surgery

10.3.3.5 Patient would not have prolonged immobility after the procedure

10.3.3.6 Rapid return of normal food and fluid intake possible after the procedure

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11. DAY CARE SURGERY PROCEDURES – BASED ON ICD-9-CM CODES

List of surgical – based discipline considered for Day Care Surgery

11.1 General surgery

11.2 Pediatric surgery

11.3 Breast and Endocrine surgery

11.4 Plastic& Reconstructive surgery

11.5 Obstetrics &Gynecology

11.6 Orthopedic

11.7 Otorhinolaryngology

11.8 Ophthalmology

11.9 Urology

11.10 Oral & Maxillofacial surgery

11.11 Pediatric Dental surgery

11.12 Vascular surgery

11.13 Upper GI surgery

11.14 Colorectal surgery

11.15 Hepatobiliary surgery

GENERAL SURGERY		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Laparoscopic unilateral repair of inguinal hernia	17.1
2	Laparoscopic repair of direct inguinal hernia with graft prosthesis	17.11
3	Laparoscopic repair of indirect inguinal hernia with graft or prosthesis	17.12
4	Laparoscopic repair of inguinal hernia with graft or prosthesis, not otherwise specified	17.13
5	Laparoscopic bilateral repair of inguinal; hernia	17.2
6	Laparoscopic bilateral repair of direct inguinal hernia with graft or prosthesis	17.21
7	Laparoscopic bilateral repair of indirect inguinal hernia with	17.22

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	graft or prosthesis	
8	Laparoscopic bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis	17.23
9	Laparoscopic bilateral repair of inguinal hernia with graft or prosthesis, not otherwise specified	17.24
10	Simple excision of lymphatic structure	40.2
11	Excision of deep cervical lymph node	40.21
12	Excision of internal mammary lymph node	40.22
13	Excision of axillary lymph node	40.23
14	Excision of inguinal lymph node	40.24
15	Laparoscopic incidental appendectomy	47.11
16	Laparoscopic cholecystectomy That by laser	51.23
17	Repair of Hernia Includes: hernioplasty herniorrhaphy	53
18	Other unilateral repair of inguinal hernia	53.0
19	Unilateral repair of inguinal hernia, not otherwise specified	53.00
20	Other and open repair of direct inguinal hernia Direct and indirect inguinal hernia	53.01
21	Other and open repair of indirect inguinal hernia	53.02
22	Other and open repair of direct inguinal hernia with graft or prosthesis	53.03
23	Other and open repair of indirect inguinal hernia with graft or prosthesis	53.04
24	Repair of inguinal hernia with graft or prosthesis, not otherwise specified	53.05
25	Other bilateral repair of inguinal hernia	53.1
26	Bilateral repair of inguinal hernia, not otherwise specified	53.10
27	Other and open bilateral repair of direct inguinal hernia	53.11
28	Other and open bilateral repair of indirect inguinal hernia	53.12
29	Other and open bilateral repair of inguinal hernia, one direct and one indirect	53.13
30	Other and open bilateral repair of direct inguinal hernia with graft or prosthesis	53.14
31	Other and open bilateral repair of indirect inguinal hernia with graft or prosthesis	53.15
32	Other and open bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis	53.16
33	Bilateral inguinal hernia repair with graft or prosthesis, not otherwise specified	53.17
34	Unilateral repair of femoral hernia	53.2
35	Unilateral repair of femoral hernia with graft or prosthesis	53.21
36	Other unilateral femoral herniorrhaphy	53.29
37	Bilateral repair of femoral hernia	53.3
38	Bilateral repair of femoral hernia with graft or prosthesis	53.31
39	Repair of umbilical hernia	53.4
40	Other and open repair of umbilical hernia with graft or	53.41

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	prosthesis	
41	Other open umbilical herniorrhaphy	53.49
42	Local excision of lesion of breast Lumpectomy Removal of area of fibrosis from breast	85.21
43	Resection of quadrant of breast	85.22
44	Excision of ectopic breast tissue Excision of accessory nipple	85.24
45	Excision of nipple	85.25
46	Operations on skin and subcutaneous tissues Includes operations on: Hair follicles Male perineum Nails Sebaceous glands Subcutaneous fat pads Sudoriferous glands Superficial fossae	86

OPHTHALMOLOGY		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Incision of eyelid	08.0
2	Incision of lid margin	08.01
3	Other incision of eyelid	08.09
4	Excision or destruction of lesion or tissue of eyelid	08.2
5	Removal of lesion of eyelid, not otherwise specified	08.20
6	Excision of chalazion	08.21
7	Excision of other minor lesion of eyelid Excision of: verruca Wart	08.22
8	Excision of major lesion of eyelid, partial thickness Excision involving one-fourth or more of lid margin, partial thickness	08.23
9	Excision of major lesion of eyelid, full thickness Excision involving one fourth or more of lid margin, full thickness Wedge resection of eyelid	08.24
10	Destruction of lesion of eyelid	08.25
11	Repair of blepharoptosis and lid retraction	08.3
12	Repair of blepharoptosis by frontalis muscle technique with suture	08.31
13	Repair of blepharoptosis by frontalis muscle technique with fascial sling	08.32
14	Repair of blepharoptosis by resection or advancement of levator muscle or aponeurosis	08.33
15	Repair of blepharoptosis by other levator muscle technique	08.34
16	Repair of blepharoptosis by tarsal technique	08.35

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17	Repair of blepharoptosis by other technique Correction of eyelid ptosis NOS Orbicularis oculi muscle sling for correction of blepharotosis	08.36
18	Reduction of overcorrection of ptosis	08.37
19	Correction of lid retraction	08.38
20	Repair of entropion or ectropion	08.4
21	Repair of entropion or ectropion by thermos cauterization	08.41
22	Repair of entropion or ectropion by suture technique	08.42
23	Repair of entropion or ectropion with wedge resection	08.43
24	Repair of entropion or ectropion with lid reconstruction	08.44
25	Other repair of entropion or ectropion	08.49
26	Other adjustment of lid position	08.5
27	Canthotomy	08.51
28	Blepharorrhaphy Canthorrhaphy Tarsorrhaphy	08.52
29	Other Canthoplasty NOS Repair of epicanthal fold	08.59
30	Reconstruction of eyelid with flaps or grafts	08.6
31	Reconstruction of eyelid with skin flap or graft	08.61
32	Reconstruction of eyelid with mucous membrane flap or graft	08.62
33	Reconstruction of eyelid with hair follicle	08.63
34	Reconstruction of eyelid with tarsoconjunctival flap	08.64
35	Other reconstruction of eyelid with flaps or grafts	08.69
36	Other reconstruction of eyelid	08.7
37	Reconstruction of eyelid, not otherwise specified	08.70
38	Reconstruction of eyelid involving lid margin, partial-thickness	08.71
39	Other reconstruction of eyelid, partial-thickness	08.72
40	Reconstruction of eyelid involving lid margin, full-thickness	08.73
41	Other reconstruction of eyelid, full-thickness	08.74
42	Other repair of eyelid	08.8
43	Linear repair of laceration of eyelid or eyebrow	08.81
44	Repair of laceration involving lid margin, partial-thickness	08.82
45	Other repair of laceration of eyelid, partial thickness	08.83
46	Repair of laceration involving lid margin, full-thickness	08.84
47	Other repair of laceration of eyelid, full-thickness	08.85
48	Lower eyelid rhytidectomy	08.86
49	Upper eyelid rhytidectomy	08.87
50	Other eyelid repair	08.89
51	Other operation on eyelids	08.9
52	Electrosurgical epilation of eyelid	08.91
53	Cryosurgical epilation of eyelid	08.92
54	Other epilation of eyelid	08.93
55	Other	08.99
56	Manipulation of lacrimal passage Removal of calculus That with dilation	09.4

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57	Probing of lacrimal punctum	09.41
58	Probing of lacrimal canaliculi	09.42
59	Probing of nasolacrimal duct	09.43
60	Intubation of nasolacrimal duct Insertion of stent into nasolacrimal duct	09.44
61	Other manipulation of lacrimal passage	09.49
62	Incision of lacrimal sac and passage	09.5
63	Incision of lacrimal punctum	09.51
64	Incision of lacrimal canaliculi	09.52
65	Incision of lacrimal sac	09.53
66	Other incision of lacrimal passages Incision(and drainage) of nosolacrimal duct NOS	09.59
67	Repair of canaliculi and punctum	09.7
68	Correction of everted punctum	09.71
69	Other repair of punctum	09.72
70	Repair of canaliculus	09.73
71	Fistulization of lacrimal tract to nasal cavity	09.8
72	Dacryocystorhinostomy(DCR)	09.81
73	Conjunctivocystorhinotomy Conjunctivodacryocystorhinostomy (CDCR)	09.82
74	Conjunctivorhinostomy with insertion of tube or stent	09.83
75	Operation on conjunctiva	10
76	Removal of embedded foreign body from conjunctiva by incision	10.0
77	Other incision of conjunctiva	10.1
78	Diagnostic procedures on conjunctiva	10.2
79	Biopsy of conjunctiva	10.21
80	Other diagnostic procedures on conjunctiva	10.29
81	Excision or destruction of lesion or tissue of conjunctiva	10.3
82	Excision of lesion or tissue of conjunctiva Excision of ring of conjunctiva around cornea	10.31
83	Destruction of lesion of conjunctiva	10.32
84	Other destructive procedures on conjunctiva Removal of trachoma follicle	10.33
85	Conjunctivoplasty	10.4
86	Repair of symblepharon with free graft	10.41
87	Reconstruction of conjunctival cul-de-sac with free graft	10.42
88	Other reconstruction of conjunctival cul-de-sac	10.43
89	Other free graft to conjunctiva	10.44
90	Other conjunctivoplasty	10.49
91	Lysis of adhesion of conjunctiva and eyelid Division of symblepharon (with insertion of conformer)	10.5
92	Repair of laceration of conjunctiva	10.6
93	Other operations on conjunctiva	10.9
94	Subconjunctival injection	10.91
95	Other	10.99
96	Diagnostic procedures on cornea	11.2
97	Scraping of cornea for smear or culture	11.21

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98	Biopsy of cornea	11.22
99	Other diagnostic procedures on cornea	11.29
100	Excision of pterygium	11.3
101	Transposition of pterygium	11.31
102	Excision of pterygium with corneal graft	11.32
103	Other excision of pterygium	11.39
104	Excision or destruction of tissue or other lesion of cornea	11.4
105	Mechanical removal of corneal epithelium	11.41
106	Thermo-cauterization of corneal lesion	11.42
107	Other removal or destruction of corneal lesion	11.49
108	Other reconstructive and refractive surgery on cornea	11.7
109	Keratomileusis	11.71
110	Keratophakia	11.72
111	Keratoprosthesis	11.73
112	Thermokeratoplasty	11.74
113	Radial keratotomy	11.75
114	Epikeratophakia	11.76
115	Other	11.79
116	Other operation on cornea	11.9
117	Tattooing of cornea	11.91
118	Removal of artificial implant from cornea	11.92
119	Other	11.99
120	Iridotomy and simple iridectomy	12.1
121	Iridotomy with transfixion	12.11
122	Other iridotomy Corectomy Discussion of iris Iridotomy NOS	12.12
123	Excision of prolapsed iris	12.13
124	Other iridectomy	12.14
125	Diagnostic procedures on iris, ciliary body, sclera, and anterior chamber	12.2
126	Diagnostic aspiration of anterior chamber of eye	12.21
127	Biopsy of iris	12.22
128	Other diagnostic procedures on iris, ciliary body, sclera, and anterior chamber	12.29
129	Iridoplasty and coreoplasty	12.3
130	Lysis of goniosynechiae Lysis of goniosynechiae by injection of air or liquid	12.31
131	Lysis of other anterior synechiae Lysis of anterior synechiae: NOS By injection of air or liquid	12.32
132	Lysis of posterior synechiae Lysis of iris adhesion NOS	12.33
133	Lysis of corneovitreal adhesions	12.34
134	Coreoplasty Needling of pupillary membrane	12.35

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135	Other iridoplasty	12.39
136	Excision or destruction of lesion of iris and ciliary body	12.4
	Removal of lesion of anterior segment of eye, not otherwise specified	12.40
137	Destruction of lesion of iris, nonexcisional Destruction of lesion of iris by: Cauterization Cryotherapy Photocoagulation	12.41
138	Excision of lesion of iris	12.42
139	Destruction of lesion of ciliary body, nonexcisional	12.43
140	Excision of lesion of ciliary body	12.44
141	Other procedures for relief of elevated intraocular pressure	12.7
142	Cyclodiathermy	12.71
143	Cyclocryotherapy	12.72
144	Cyclophotocoagulation	12.73
145	Diminution of ciliary body, not otherwise specified	12.74
146	Other glaucoma procedures	12.79
147	Other operation on iris, ciliary body, and anterior chamber	12.9
148	Therapeutic evacuation of anterior chamber Paracentesis of anterior chamber	12.91
149	Injection into anterior chamber Injection of: air, liquid, medication into anterior chamber	12.92
150	Removal or destruction of epithelial down growth from anterior chamber	12.93
151	Other operation on iris	12.97
152	Other operation on ciliary body	12.98
153	Other operations on anterior chamber	12.99
154	Intra capsular extraction of lens Code also any synchronous insertion of pseudophakos(13.71)	13.1
155	Intra capsular extraction of lens by temporal inferior route	13.11
156	Other intra capsular extraction of lens Cataract extraction NOS Cryoextraction of lens Erysiphake extraction of cataract Extraction of lens NOS	13.19
157	Extra capsular extraction of lens by linear extraction technique	13.2
158	Extra capsular extraction of lens by simple aspiration (and irrigation) technique	13.3
159	Extra capsular extraction of lens by fragmentation and aspiration technique	13.4
160	Phacoemulsification and aspiration of cataract	13.41
161	Mechanical phacofragmentation and aspiration of cataract by posterior route Code also any synchronous vitrectomy(14.74)	13.42
162	Mechanical phacofragmentation and other aspiration of cataract	13.43
163	Other extra capsular extraction of lens	13.5

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	Code also any synchronous insertion of pseudophakos(13.71)	
164	Extra capsular extraction of lens by temporal inferior route	13.51
165	Other extra capsular extraction of lens	13.59
166	Other cataract extraction Code also any synchronous insertion of pseudophakos(13.71)	13.6
167	Discission of secondary membrane(after cataract)	13.64
168	Excision of secondary membrane Capsulectomy	13.65
169	Mechanical fragmentation of secondary membrane (after cataract)	13.66
170	Other cataract extraction	13.69
171	Insertion of prosthetic lens (pseudophakos)	13.7
172	Insertion of pseudophakos, NOS	13.70
173	Insertion of intraocular lens prosthesis at time of cataract extraction, one-stage Code also synchronous extraction of cataract (13.11-13.69)	13.71
174	Secondary insertion of intraocular lens prosthesis	13.72
175	Removal of implanted lens Removal of pseudophakos	13.8
176	Destruction of lesion of retina and choroid	14.2
177	Destruction of chorioretinopathy or isolated chorioretinal lesion	
178	Destruction of chorioretinal lesion by diathermy	14.21
179	Destruction of chorioretinal lesion by cryotherapy	14.22
180	Destruction of chorioretinal lesion by xenon arc photocoagulation	14.23
181	Destruction of chorioretinal lesion by laser photocoagulation	14.24
182	Destruction of chorioretinal lesion by photocoagulation of unspecified type	14.25
183	Destruction of choriretinal lesion by radiation therapy	14.26
184	Destruction of chorioretinal lesion by implantation of radiation source	14.27
185	Other destruction of choriretinal lesion Destruction of lesion of retina and choroid NOS	14.29
186	Repair of retinal tear Repair of retinal defect	14.3
187	Repair of retinal tear by diathermy laser surgery (YAG)	14.31
188	Repair of retinal tear by cryotherapy	14.32
189	Repair of retinal tear by xenon arc photocoagulation	14.33
190	Repair of retinal tear by laser photocoagulation	14.34
191	Repair of retinal tear by photocoagulation of unspecified type	14.35
192	Other repair of retinal tear	14.39

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OTORHINOLARYNGOLOGY		
OPERATIONS ON THE EAR		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Operation on external ear	18.0
2	Piercing of ear lobe	18.01
3	Incision of external auditory canal	18.02
4	Other incision of external ear	18.03
5	Diagnostic procedures on external ear	18.1
6	Otoscopy	18.11
7	Biopsy of external ear	18.12
8	Other diagnostic procedures on external ear	18.19
9	Excision or destruction of lesion of external ear	18.2
10	Excision of pre-auricular sinus	18.21
11	Excision or destruction of other lesion of external ear Cauterization of external ear Coagulation of external ear Cryosurgery of external ear Curettage of external ear Electrocoagulation of external ear Enucleation of external ear Excision of: exostosis of external auditory canal Pre auricular remnant (appendage) Partial excision of ear	18.29
12	Suture of laceration of external ear	18.4
13	Reconstruction of external auditory canal Canaloplasty of external auditory meatus Construction(reconstruction) of external meatus of ear: Osseous portion Skin-lined (with skin graft)	18.6
14	Other operation on external ear	18.9
15	Reconstructive operations on middle ear	19
16	Stapes mobilization Division, otosclerotic: material, process, remobilization of stapes, stapediolysis, transcrural stapes mobilization	19.0
17	Stapedectomy with incus replacement Stapedectomy with incus Homograft Prosthesis	19.11
18	Other stapedectomy	19.19
19	Revision of stapedectomy with incus replacement	19.21
20	Other revision of stapedectomy	19.29
21	Other operation on ossicular chain	19.3
22	Myringoplasty	19.4
23	Other tympanoplasty	19.5
24	Revision of tympanoplasty	19.6
25	Other repair of middle ear	19.9
26	Myringotomy with insertion of tube	20.01

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27	Other myringotomy	20.09
28	Removal of tympanostomy	20.1
29	Incision of mastoid	20.21
30	Incision of middle ear	20.23
31	Electrocochleography	20.31
32	Biopsy of middle and inner ear	20.32
33	Other diagnostic procedures on middle and inner ear	20.39
34	Operation on Eustachian tube	20.8
35	Injection of tympanum	20.94
36	Implantation of electromagnetic hearing device; bone conduction hearing device	20.95
37	Other operation on middle and inner ear	20.99
OPERATIONS ON THE NOSE,MOUTH AND PHARYNX		
1	Control of epistaxis, not otherwise specified	21.00
2	Control of epistaxis by anterior nasal packing	21.01
3	Control of epistaxis by posterior (and anterior) packing	21.02
4	Control of epistaxis by cauterization (and packing)	21.03
5	Control of epistaxis by other means	21.09
6	Incision of nose	21.1
7	Rhinoscopy	21.21
8	Biopsy of nose	21.22
9	Other diagnostic procedure on nose	21.29
10	Excision or destruction of lesion of nose ,not otherwise specified	21.30
11	Local excision or destruction of intranasal lesion; nasal polypectomy	21.31
12	Local excision or destruction of other lesion of nose	21.32
13	Sub- mucous resection of nasal septum	21.5
14	Turbinectomy by diathermy or cryosurgery	21.61
15	Fracture of the turbinates	21.62
16	Other turbinectomy	21.69
17	Closed reduction of nasal fracture	21.71
18	Open reduction of nasal fracture	21.72
19	Suture of laceration of nose	21.81
20	Closure of nasal fistula	21.82
21	Other septoplasty	21.88
22	Lysis of adhesion of nose	21.91
23	Other nasal procedures	21.99
24	Aspiration and lavage of nasal sinus, not otherwise specified	22.00
25	Puncture of nasal sinus for aspiration or lavage	22.01
26	Aspiration or lavage of nasal sinus through natural ostium	22.02
27	Closed (endoscopic)(needle) biopsy of nasal sinus	22.11
28	Open biopsy of nasal sinus	22.12
29	Other diagnostic procedures on nasal sinuses endoscopy without biopsy	22.19
30	Intranasal antrotomy	22.2
31	Closure of nasal –antral fistula repair if oroantral fistula	22.71
32	Excision or destruction of lesion or tissue of tongue	25.1

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33	Closed (needle) biopsy of tongue	25.01
34	Open biopsy of tongue / wedge biopsy	25.02
35	Other diagnostic procedures on tongue	25.09
36	Suture of laceration of tongue	25.51
37	Lingual frenotomy	25.91
38	Lingual frenectomy	25.92
39	Lysis of adhesions of tongue	25.93
40	Other tongue procedures	25.99
41	Incision of salivary gland or duct	26.0
42	Closed (needle)biopsy of salivary gland or duct	26.11
43	Open biopsy of salivary gland or duct	26.12
44	Other diagnostic procedures on salivary glands and ducts	26.19
45	Marsupialization of salivary gland cyst	26.21
46	Other excision of salivary gland lesion	26.29
47	Suture of laceration of salivary gland	26.41
48	Closure of salivary fistula	26.42
49	Other repair and plastic operation on salivary gland or duct	26.49
50	Probing of salivary duct	26.91
51	Other procedures	26.99
52	Drainage of face and floor of mouth	27.0
53	Incision of palate	27.1
54	Biopsy of bony palate	27.21
55	Biopsy of uvula and soft palate	27.22
56	Biopsy of lip	27.23
57	Biopsy of mouth, unspecified structure	27.24
58	Other diagnostic procedures on oral cavity	27.29
59	Local excision or destruction of lesion or tissue of bony palate Local excision or destruction of palate by: Cautery, chemotherapy, cryotherapy	27.31
60	Suture of laceration of lips	27.51
61	Suture of laceration of other part of mouth	27.52
62	Closure of fistula of mouth	27.53
63	Incision of uvula	27.71
64	Excision of uvula	27.72
65	Repair of uvula	27.73
66	Other operation on uvula	27.79
67	Incision of mouth, unspecified structure	27.92
68	Other operations on oral cavity	27.99
69	Incision and drainage of tonsil and peritonsillar structures	28.0
70	Biopsy of tonsils and adenoids	28.11
71	Other diagnostic procedures on tonsils and adenoids	28.19
72	Tonsillectomy without adenoidectomy	28.2
73	Tonsillectomy with adenoidectomy	28.3
74	Excision of tonsil tag	28.4
75	Excision of lingual tonsil	28.5
76	Adenoidectomy without tonsillectomy	28.6
77	Removal of foreign body from tonsil and adenoid by incision	28.91

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78	Excision of lesion of tonsil and adenoid	28.92
79	Other	28.99
80	Pharyngoscopy	29.11
81	Other diagnostic procedures on pharynx	29.19
82	Suture of laceration of pharynx	29.51
83	Closure of other fistula of pharynx	29.53
84	Lysis of pharyngeal adhesion	29.54
85	Other repair of pharynx	29.59
86	Dilation of pharynx, nasopharynx	29.91
87	Other operation of pharynx	29.99
88	Biopsy of lymphatic structure Transbronchoscopic needle aspiration(TBNA) of lymph node	40.11
89	Excision of deep cervical lymph node	40.21
90	Removal of other foreign body without incision from head and neck Removal of embedded foreign body from eyelid or conjunctiva without incision	98.22
91	Removal of intraluminal foreign body from ear without incision	98.11
92	Irrigation of ear Irrigation with removal of cerumen	96.52
93	Packing of external auditory canal	96.11
94	Removal of intraluminal foreign body from mouth without incision	98.01
95	Removal of intraluminal foreign body from pharynx without incision	98.13
96	Insertion of endotracheal tube	96.04
97	Dilatation of esophagus	42.92

ORAL & MAXILLOFACIAL SURGERY		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Other external maxillary antrotomy	22.39
2	Closure of nasal –antral fistula repair if oroantral fistula	22.71
3	Removal and restoration of teeth	23
4	Forceps extraction of tooth	23.0
5	Extraction of other tooth Extraction of tooth NOS	23.09
6	Surgical removal of tooth	23.1
7	Other surgical extraction of tooth Odontectomy NOS Removal of impacted tooth Tooth extraction with elevation of mucoperiosteal Flap	23.19
8	Implantation of tooth	23.5
9	Prosthetic dental implant Endosseous dental implant	23.6
10	Apicoectomy	23.73

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11	Other operation on gum	24.3
12	Excision of lesion or tissue of gum	24.31
13	Alveoloplasty Alveolectomy (interradicular) (intraseptal) (radical) (simple) (with graft or implant)	24.5
14	Exposure of tooth	24.6
15	Application of orthodontic appliance Application, insertion, or fitting of: Arch bars Orthodontic obturator Orthodontic wiring Periodontal splint	24.7
16	Extension or deepening of buccolabial or lingual sulcus	24.91
17	Excision or destruction of lesion or tissue of tongue	25.1
18	Sialoadenectomy	26.3
19	Closure of salivary fistula	26.42
20	Other repair and plastic operation on salivary gland or duct	26.49
21	Other procedures	26.99
22	Local excision or destruction of lesion or tissue of bony palate Local excision or destruction of palate by: Cautery, chemotherapy, cryotherapy	27.31
23	Other excision of lesion or tissue of lip	27.43
24	Other excision of mouth	27.49
25	Suture of laceration of lips	27.51
26	Suture of laceration of other part of mouth	27.52
27	Incision of mouth, unspecified structure	27.92
28	Local excision or destruction of lesion of facial bone	76.2
29	Other reconstruction of other facial bone	76.46
30	Other reconstruction of mandible	76.43
31	Open reduction of temporomandibular dislocation	76.95
32	Marsupialization oral cavity	76.2
33	TMJ-reduction-open	76.94
34	TMJ-reduction-closed	76.93
35	Closed reduction & fixation-midfacial bone	76.73
36	Closed reduction & fixation-mandible	76.75
37	Elevation maxillofacial-zygomatic arch/complex	76.72
38	Open reduction & internal fixation-mandible	76.76
39	Open reduction & internal fixation of dentoalveolar fracture-per site	76.77
40	Augmentation-alveolar bone-with graft	76.91
41	Augmentation-chin	76.68
42	Sequestrectomy - maxilla	76.01
43	Implant maxillofacial 1st stage surgery-per unit	76.92
44	Operation on cranial and peripheral nerves	04
45	Division of trigeminal nerve Retrogasserianneurotomy	04.02
46	Other neuroplasty	04.79

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47	Removal of foreign body-orofacial	98.01
48	Removal dental implant-per unit	97.35
49	Removal maxillofacial implant-per unit	76.99
50	Removal internal fixation-maxillofacial	76.97
51	Removal external fixation- maxillofacial	97.39
52	Control of hemorrhage- Post surgery	39.98
53	Harvesting of bone –intra-oral	76.99
54	Harvesting of skin graft	86.6

PEADIACTIC SURGERY		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Excision Of Thyroglossal Duct Or Tract	06.7
2	Lingual frenotomy	25.91
3	Excision of branchial cleft cyst or vestige	29.2
4	Excision or destruction of other lesion of external ear Cauterization of external ear Coagulation of external ear Cryosurgery of external ear Curettage of external ear Electrocoagulation of external ear Enucleation of external ear Excision of: Exostosis of external auditory canal Pre auricular remnant (appendage) Partial excision of ear	18.29
5	Esophogogastroduodenoscopy (EGD) with closed biopsy	45.16
6	Endoscopic polypectomy of large intestine	45.42
7	Colonoscopy Flexible fiberoptic colonoscopy	45.23
8	Flexible sigmoidoscopy Endoscopy of descending colon	45.24
9	Other and open repair of indirect inguinal hernia	53.02
10	Other and open bilateral repair of direct inguinal hernia	53.11
11	Other and open repair of umbilical hernia with graft or prosthesis	53.41
12	Diagnostic procedure on the bladder	57.3
13	Circumcision	64.0
14	Unilateral orchiectomy Orchidectomy (with epididymectomy) NOS	62.3
15	Orchiopexy	62.5

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ORTHOPEDICS		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Release of Carpal tunnel	04.43
2	Open reduction of fracture with external fixation Carpal & metacarpal	79.33
3	Arthroscopy	80.2
4	Arthroscopy Knee	80.26
5	Excision of semilunar cartilage of knee Excision of meniscus of knee	80.6
6	Synovectomy Complete or partial resection of synovial membrane	80.7
7	Excision of lesion of tendon sheath of hand	82.21
8	Excision of other lesion of soft tissue of hand	82.29
9	Open biopsy of soft tissue	83.21
10	Excision of lesion of tendon sheath Excision of ganglion of tendon sheath, except of hand	83.31
11	Suture of tendon sheath	83.61
12	Delayed suture of tendon	83.62
13	Revision of amputation stump	84.3
14	Closed biopsy of skin and subcutaneous tissue	86.11

BREAST & ENDOCRINE SURGERY		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Partial substernal thyroidectomy	06.51
2	Excision of deep cervical lymph node	40.21
3	Excision of axillary lymph node	40.23
4	Local excision of lesion of breast Lumpectomy Removal of area of fibrosis from breast	85.21
5	Resection of quadrant of breast	85.22
6	Excision of ectopic breast tissue Excision of accessory nipple	85.24
7	Excision of nipple	85.25
8	Closed biopsy of skin and subcutaneous tissue	86.11

UPPER GASTROINTESTINAL SURGERY		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Esophagomyotomy	42.7
2	Dilation of esophagus Dilation of cardiac sphincter	42.92
3	Percutaneous (endoscopic) gastrostomy (PEG) Percutaneous transabdominal gastrostomy	43.11
4	Other gastrostomy	43.19
5	Laparoscopic procedures for creation of	44.67

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	esophagogastricsphincteric competence Fundoplication	
6	Open jejunostomy	46.39
7	Insertion of totally implantable vascular access device(VAD) Totally implanted port	86.07
8	Esophageal manometry	89.32

COLORECTAL SURGERY		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Incision or excision of anal fistula	49.1
2	Anal fistulotomy	49.11
3	Anal fistulectomy	49.12
4	Procedures on hemorrhoids	49.4
5	Reduction of hemorrhoids	49.41
6	Injection of hemorrhoids	49.42
7	Cauterization of hemorrhoids Clamp and cautery of hemorrhoids	49.43
8	Destruction of hemorrhoids by cryotherapy	49.44
9	Ligation of hemorrhoids	49.45
10	Excision of hemorrhoids Hemorrhoidectomy NOS	49.46
11	Other procedures on hemorrhoids Lord procedure	49.49
12	Division of anal sphincter	49.5
13	Left lateral anal sphincterotomy	49.51
14	Posterior anal sphincterotomy	49.52
15	Other anal sphincterotomy Division of sphincter NOS	49.59

HEPATOBILIARY SURGERY		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Laparoscopic cholecystectomy That by laser	51.23
2	Endoscopic retrograde cholangiopancreatography (ERCP)	51.10
3	Cholecystectomy	51.22

UROLOGY		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Ureterotomy Incision of ureter for: drainage exploration removal of calculus	56.2
2	Diagnostic procedures on ureter	56.3

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3	Transurethral clearance of bladder	57.0
4	Other suprapubic cystostomy	57.18
5	Other cystoscopy Transurethral cystoscopy	57.32
6	Closed (transurethral) biopsy of bladder	57.33
7	Transurethral excision or destruction of bladder tissue	57.4
8	Urethral meatotomy	58.1
9	Urethral meatoplasty	58.47
10	Release of urethral stricture	58.5
11	Dilation of urethra	58.6
12	Ureteral catheterization	59.8
13	Ultrasonic fragmentation of urinary stones	59.95
14	Retrograde pyelogram	87.74
15	Retrograde cystourethrogram	87.76
16	Circumcision	64.0
17	Diagnostic procedures on the penis	64.1
18	Dorsal or lateral slit of prepuce	64.91
19	Therapeutic distention of bladder Intermittent distention of bladder	96.25
20	Closed Percutaneous needle biopsy of prostate	60.11
21	Excision of hydrocele (of tunica vaginalis)	61.2
22	Open biopsy of testis	62.12
23	Unilateral orchiectomy Orchidectomy (with epididymectomy) NOS	62.3
24	Bilateral orchiectomy	62.4
25	Orchiopexy	62.5
26	Insertion of testicular prosthesis	62.7
27	Excision of cyst of epididymis	63.2
28	Vasectomy	63.73

VASCULAR SURGERY		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Resection of vessel with anastomosis Angiectomy Excision of: aneurysm (arteriovenous) with anastomosis blood vessel (lesion) with anastomosis Upper limb vessels: Axillary, Brachial, Radial, Ulnar	38.33
2	Arteriovenonostomy for renal dialysis Anastomosis for renal dialysis Formation of(peripheral)arteriovenous fistula for renal (kidney) dialysis	39.27
3	Revision of arteriovenous shunt for renal dialysis Conversion of renal dialysis: End-to-end anastomosis to end-to-side End-to-side anastomosis to end-to-end Vessel-to-vessel cannula to arteriovenous shunt Removal of old arteriovenous shunt and creation of new	39.42

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	shunt	
4	Ligation and stripping of varicose veins Lower limb veins: Femoral, Popliteal, Saphenous, Tibial	38.59
5	Insertion of totally implantable vascular access device (VAD) Totally implanted port	86.07

OBSTETRIC & GYNAECOLOGY		
OPERATIONS ON THE FEMALE GENITAL ORGANS		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Diagnostic Procedures On Ovaries	65.1
2	Aspiration biopsy of ovary	65.11
3	Other biopsy of ovary	65.12
4	Laparoscopic biopsy of ovary	65.13
5	Other laparoscopic diagnostic procedures on ovaries	65.14
6	Other diagnostic procedures on ovaries	65.19
7	Local excision or destruction of ovarian lesion or tissue	65.2
8	Marsupialization of ovarian cyst	65.21
9	Wedge resection of ovary	65.22
10	Laparoscopic marsupialization of ovarian cyst	65.23
11	Laparoscopic wedge resection of ovary	65.24
12	Unilateral oophorectomy	65.3
13	Laparoscopic unilateral oophorectomy	65.31
14	Other unilateral oophorectomy	65.39
15	Unilateral salpingo-oophorectomy	65.4
16	Laparoscopic unilateral salpingo-oophorectomy	65.41
17	Other unilateral salpingo-oophorectomy	65.49
18	Bilateral salpingo-oophorectomy	65.6
19	Other removal of remaining ovary and tube	65.62
20	Laparoscopic removal of both ovaries and tubes at the same operative episode	65.63
21	Laparoscopic removal of remaining ovary and tube	65.64
22	Other simple suture of ovary	65.71
23	Other re-implantation of ovary	65.72
24	Other salpingo-oophoroplasty	65.73
25	Laparoscopic simple suture of ovary	65.74
26	Laparoscopic re-implantation of ovary	65.75
27	Laparoscopic salpingo-oophoroplasty	65.76
28	Other repair of ovary (oophoropexy)	65.79
29	Biopsy of fallopian tube	66.11
30	Other diagnostic procedures on fallopian tubes	66.19
31	Bilateral endoscopic destruction or occlusion of fallopian tubes Includes: bilateral endoscopic destruction or occlusion of fallopian tubes by: Culdoscopy	66.2

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	Endoscopy Hysteroscopy Laparoscopy Peritoneoscopy Endoscopic destruction of solitary fallopian tube	
32	Bilateral endoscopic ligation and crushing of fallopian tubes	66.21
33	Bilateral endoscopic ligation and division of fallopian tubes	66.22
34	Other bilateral endoscopic destruction or occlusion of fallopian tubes	66.29
35	Other bilateral destruction or occlusion of fallopian tubes Includes: destruction of solitary fallopian tube	66.3
36	Other bilateral ligation and crushing of fallopian tubes	66.31
37	Other bilateral ligation and division of fallopian tubes (Pomeroy operation)	66.32
38	Other bilateral destruction or occlusion of fallopian tubes	66.39
39	Total unilateral salpingectomy	66.4
40	Removal of both fallopian tubes at same operative episode	66.51
41	Removal of remaining fallopian tube	66.52
42	Other salpingectomy Includes: salpingectomy by: Cauterization Coagulation Electrocoagulation Excision	66.6
43	Excision or destruction of lesion of fallopian tube	66.61
44	Salpingectomy with removal of tubal pregnancy	66.62
45	Bilateral partial salpingectomy, not otherwise specified	66.63
46	Other partial salpingectomy	66.69
47	Insufflation of fallopian tube Insufflation of fallopian tube with: Air Dye Gas Saline Rubin's test	66.8
48	Other operation on fallopian tube	66.9
49	Aspiration of fallopian tube	66.91
50	Unilateral destruction or occlusion of fallopian tube	66.92
51	Implantation or replacement of prosthesis of fallopian tube	66.93
52	Removal of prosthesis of fallopian tube	66.94
53	Insufflation of therapeutic agent into fallopian tubes	66.95
54	Dilation of fallopian tube	66.96
55	Burying of fimbriae in uterine wall	66.97
56	Other	66.99
57	Operation on cervix	67
58	Dilation of cervical canal	67.0
59	Diagnostic procedures on cervix	67.1
60	Endo cervical biopsy	67.11

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61	Other cervical biopsy	67.12
62	Other diagnostic procedures on cervix	67.19
63	Conization of cervix	67.2
64	Other excision or destruction of lesion or tissue of cervix	67.3
65	Marsupialization of cervical cyst	67.31
66	Destruction of lesion of cervix by cauterization	67.32
67	Destruction of lesion of cervix by cryosurgery	67.33
68	Other excision or destruction of lesion or tissue of cervix	67.39
69	Other repair of cervix	67.6
70	Suture of laceration of cervix	67.61
71	Repair of fistula of cervix	67.62
72	Other repair of cervix	67.69
73	Diagnostic procedures on uterus and supporting structures	68.1
74	Digital examination of uterus	68.11
75	Hysteroscopy	68.12
76	Closed biopsy of uterine ligaments Endoscopic(laparoscopic)biopsy of uterine adnexa, except ovary and fallopian tube	68.15
77	Closed biopsy of uterus Endoscopic(laparoscopy)(hysteroscopy)biopsy of uterus	68.16
78	Endometrial ablation Dilation and curettage Hysteroscopic endometrial ablation	68.23
79	Dilation and curettage of uterus	69.0
80	Dilation and curettage for termination of pregnancy	69.01
81	Dilation and curettage following delivery or abortion	69.02
82	Other dilation and curettage	69.09
83	Other excision or destruction of uterus and supporting structures	69.19
84	Aspiration curettage of uterus	69.5
85	Aspiration curettage of uterus for termination of pregnancy	69.51
86	Aspiration curettage following delivery or abortion	69.52
87	Other aspiration curettage of uterus	69.59
88	Menstrual extraction or regulation	69.6
89	Insertion of intrauterine contraceptive device	69.7
90	Artificial insemination	69.92
91	Removal of cerclage material from cervix	69.96
92	Operation on vagina and cul-de-sac	70
93	Culdocentesis	70.0
94	Incision of vagina and cul-de-sac	70.1
95	Hymenotomy	70.11
96	Culdotomy	70.12
97	Other vaginotomy	70.14
98	Diagnostic procedures on vagina and cul-de-sac	70.2
99	Vaginoscopy	70.21
100	Culdoscopy	70.22
101	Biopsy of cul-de-sac	70.23
102	Vaginal biopsy	70.24

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103	Other diagnostic procedures on vagina and cul-de-sac	70.29
104	Local excision or destruction of vagina and cul-de-sac	70.3
105	Hymenectomy	70.31
106	Suture of laceration of vagina	70.71
107	Diagnostic procedures on vulva	71.1
108	Biopsy of vulva	71.11
109	Other diagnostic procedures on vulva	71.19
110	Operation on Bartholin's gland	71.2
111	Percutaneous aspiration of Bartholin's gland(cyst)	71.21
112	Incision of Bartholin's gland (cyst)	71.22
113	Marsupialization of Bartholin's gland (cyst)	71.23
114	Excision or other destruction of Bartholin's gland (cyst)	71.24
115	Other operations on Bartholin's gland	71.29
116	Other local excision or destruction of vulva and perineum	71.3
117	Operation on clitoris Amputation of clitoris Clitoridotomy: incision into clitoris Female circumcision	71.4
118	Repair of vulva and perineum	71.7
119	Suture of laceration of vulva or perineum	71.71
120	Other repair of vulva and perineum	71.79
121	Other operation on vulva	71.8
122	Other operation on female genital organs	71.9

OBSTETRIC & GYNAECOLOGY		
OBSTECRICAL PROCEDURES		
NO	**PROCEDURES**	**ICD 9CM CODES**
1	Other operations assisting delivery	73.9
2	External version	73.91
3	Other Obstetric Operations	75
4	Intra-amniotic injection for abortion Injection of: prostaglandin } for induction of saline } abortion Termination of pregnancy by intrauterine injection	75.0
5	Diagnostic amniocentesis	75.1
6	Intrauterine transfusion Exchange transfusion in utero Insertion of catheter into abdomen of fetus for transfusion	75.2
7	Other intrauterine operation on fetus and amnion	75.3
8	Amnioscopy Fetoscopy Laparoamnioscopy	75.31
9	Other fetal monitoring Antepartum fetal nonstress test Fetal monitoring, not otherwise specified	75.34
10	Amnioinfusion	75.37

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INDEX TARGET PROCEDURES		
ICD 9CM CODES	**PROCEDURES**	**TARGET %**
GENERAL SURGERY		
53	Repair of Hernia Include hernioplasty herniorrhaphy	60%
85.21	Local excision of lesion of breast Lumpectomy Removal of area of fibrosis from breast	60%
VASCULAR SURGERY		
39.27	Arteriovenonostomy for renal dialysis Anastomosis for renal dialysis Formation of (peripheral)arteriovenous fistula for Renal(kidney)dialysis	60%
UROLOGY		
56.0	Transurethral removal of obstruction from ureter and renal pelvis Removal of: calculus from ureter or renal pelvis without incision	60%
56.3	Diagnostic procedures on ureter	60%
BREAST & ENDOCRINE SURGERY		
85.21	Local excision of lesion of breast Lumpectomy Removal of area of fibrosis from breast	60%
ORL		
23.19	Other surgical extraction of tooth odontectomy NOS Removal of impacted tooth Tooth extraction with elevation of mucoperiosteal flap	50%
28.2	Tonsillectomy without adenoidectomy	30%
28.3	Tonsillectomy with adenoidectomy	30%
OPTHALMOLOGY		
13.41	Phacoemulsification and aspiration of cataract	30%
HEPATOBILIARY		
51.23	Laparoscopic cholecystectomy	30%
ORTHOPEDICS		
80.26	Arthroscopy Knee	30%

- The target for the Surrogate Procedure Index will be reviewed in the National Advisory Daycare Surgical Committee Meeting

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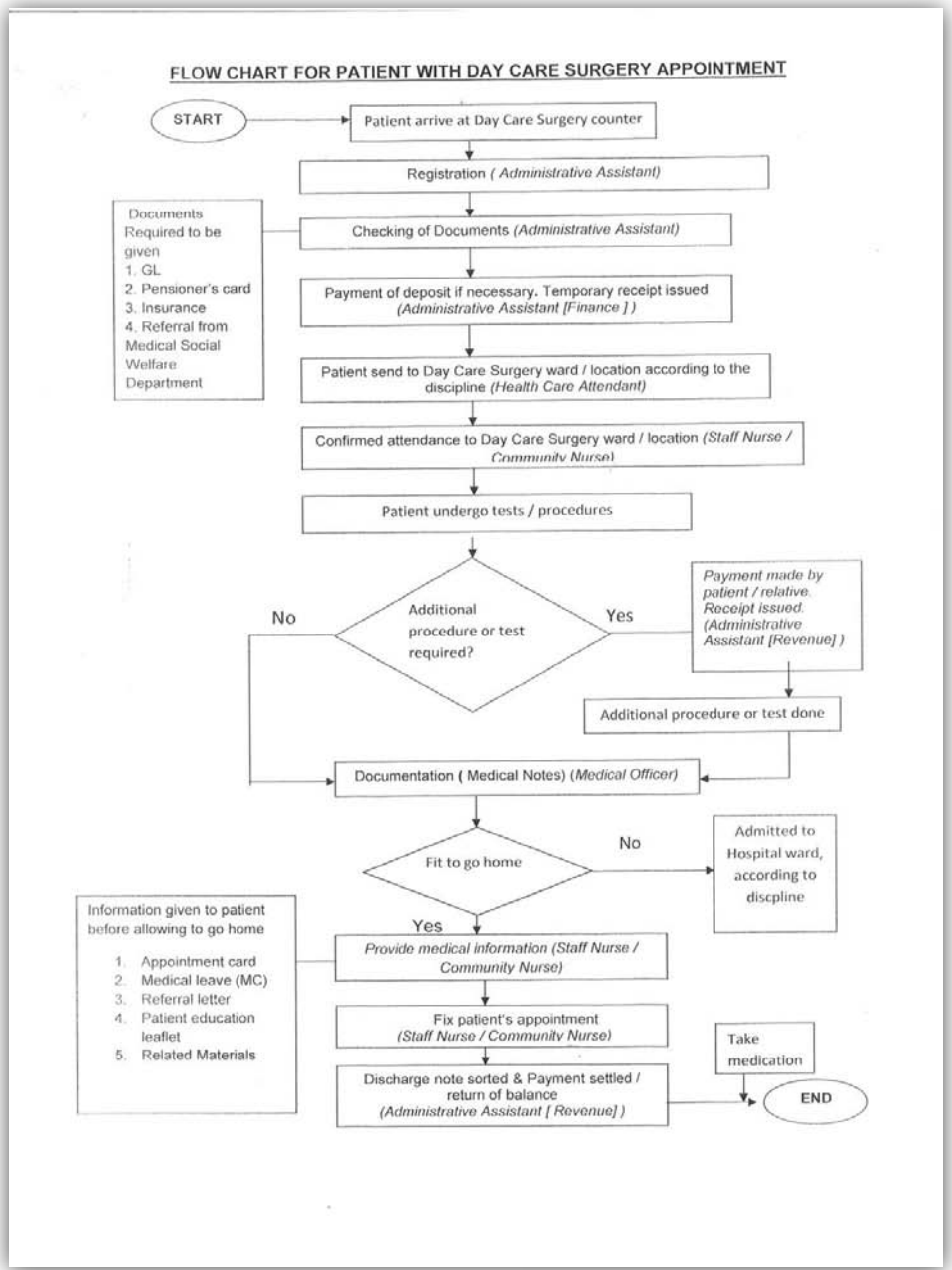
12. DAY CARE SURGERY WORK FLOW



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13. WAY FORWARD

13.1 Regulations should strive to create conditions for fair competition in the DCS market, particularly between institutional providers and independent professional practices.

13.2 The public's awareness of novel DCS services is a paramount consideration. Standard nomenclature for services and public signage should serve to reduce consumer confusion.

13.3 Patient safety and quality standards for new models of care should equal or exceed existing clinical standards.

13.4 Continuity of care, particularly with patients' primary care practices, should be preserved and promoted.

14. REFFERENCES

- Direction for Your Health System - Metropolitan Health Strategy: Ambulatory Care Services, Victorian Government Publishing Service
- Day Surgery In A Developing Country – The Malaysian Experience, Health Statistics Unit, National Research Centre, Kuala Lumpur, Malaysia
- Protocol for Day Care Anesthesia, Surgical & Emergency Medicine Services Unit, Medical Development Section of the Medical Development Division, Ministry of Health Malaysia.
- National Health Service Policy

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APPENDIX 1

QUESTIONNAIRE FOR PATIENT ASSESSMENT

(To be completed by the doctor in the specialist clinic)

Name :.....

Sex M / F:.....

Age :.....

I/C No :.....

SOCIAL:

1. Do you have a relative to stay with you overnight after the operation? Yes / No
2. Will there be someone to accompany you home? Yes / No
3. Do you have an access to a telephone? Yes / No
4. Do you live within an hour's drive fro m the hospital? Yes / No
5. Can you arrange your own transport? Yes / No
6. Do you have indoor toilet facilities? Yes / No
7. If you live in high rise building, is there a lift? Yes / No

MEDICAL HISTORY:

1. Are you in normally good health? Yes / No
2. Are you attending any other hospital / clinic? Yes / No
   If yes, specify_____
3. Have you ever had a serious illness? Yes / No
   If yes, specify_____
4. Have you ever had an operation or general anesthesia Yes / No
   If yes, specify_____
5. Was there any surgical / anesthetic complications? Yes / No
   If yes, specify_____
6. Are currently on medications? Yes / No
   If yes, specify_____
7. Do you have history of :

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a) Rheumatic fever / heart disease	Yes / No
b) High blood pressure	Yes / No
c) Chest pain	Yes / No
d) Breathlessness	Yes / No
e) Diabetes	Yes / No
f) Asthma / Bronchitis	Yes / No
g) Jaundice	Yes / No
h) Anemia	Yes / No
i) Kidney or urinary trouble	Yes / No
j) Stroke	Yes / No
k) Convulsions (fits) / black out	Yes / No
l) Excessive bleeding or bruising	Yes / No
m) Allergy	Yes / No
n) Any family illness	Yes / No
o) Do you smoke?	Yes / No
p) Last menstrual period	Yes / No
q) Do you take any traditional medication	Yes / No

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APPENDIX 2

PROTOCOL FOR CLERKING / CHECK LIST

ON DAY OF ADMISSION

(To be filled up by S/N in charge)

Blood Pressure : …… ..…. mmHg

Pulse Rate : ……. /min.

Temperature : …… ºC

Body Weight : …….. kg

PRE-OPERATIVE / PROCEDURE ASSESSMENT CHECKLIST

Relatives to accompany patient home after surgery	YES / NO
Upper Respiratory tract infection	YES / NO
Fasting	YES / NO
Bowel preparation	YES / NO
Taken any medications this morning	YES / NO

IF YES, specify :

Last menstrual period :

PROTOCOL FOR CLERKING / CHECK LIST

NAME :

AGE :

IC NO :

R/N :

SEX :

RACE :

PRESENTING COMPLAINTS : ……..

……

……

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CO-MORBID FACTOR: **HPT** ☐ **IHD** ☐ **DM** ☐

ASTHMA ☐ **OTHERS** ☐

PAST SURGICAL HISTORY : ……

PAST ANESTHETIC HISTORY : ……

H/O ALLERGIES : YES / NO

IF YES, SPECIFY : ……..

EXAMINATION FINDINGS : ……..

DIAGNOSIS : ……

ASA CLASSIFICATION : ……..

PROPOSED SURGERY : …… ……..

NAME OF THEDOCTOR : ……..

SIGNATURE : ……..

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APPENDIX 3

KEIZINAN PEMBEDAHAN

Hospital: ……..

Saya……beralamat……..……

dengan ini memberi keizinan menyerahkan anak / anak jagaan saya……...

untuk menjalani pembedahan……...

……

…… yang keadaan dan tujuannya

telah diterangkan oleh Doktor ……

Saya juga memberi izin untuk sebarang langkah pembedahan selanjutnya atau yang lain sebagaimana yang didapati perlu bagi pembedahan tersebut diatas dan memberikan bius umum biasa, pelali setempat atau lain-lain bagi apa juga tujuan ini.

Tidak ada jaminan yang telah diberi kepada saya bahawa pembedahan itu akan dijalankan oleh mana-mana pegawai perubatan yang tertentu ataupun Perkhidmatan rawatan bius itu akan dijalankan oleh mana-mana Pengamal Bius yang tertentu.

Seperti yang diarahkan:

1. Saya tidak makan dan minum 6 jam sebelum pembedahan.
2. Saya tidak akan memandu kereta, menunggang motosikal atau menggunakan alat-alat berkaitan dengan mesin dalam masa 2 jam selepas pembedahan.
3. Saya tidak akan meminum minuman keras dalam tempoh 24 jam selepas pembedahan.
4. Saya akan diiringi pulang ke rumah bersama seorang yang bertanggungjawab.
5. Saya akan ditemani oleh seseorang semasa berada di dalam rumah selepas pembedahan.
6. Saya berjanji akan menghubungi unit rawatan harian jika komplikas iberlaku selepas pembedahan.

Tandatangan pesakit :……

Tandatangan ibubapa /penjaga :……

Tandatangan doktor :……

Tarikh :……

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APPENDIX 4

DISCHARGE CHECKLIST:

NAME : ....……...

AGE : ……..……

SEX : MALE / FEMALE

I/C : …… ……..……

R/N : ……..

DIAGNOSIS : …… ……

OPERATION: …… ……

Observation stable	Yes / No
Fully conscious	Yes / No
Surgical complications	Yes / No
If Yes specify: ……...	
Anesthetic complication	Yes / No
If Yes specify: ……..	
Tolerating orally well	Yes / No
Able to ambulate	Yes / No
Able pass urine	Yes / No
IV line off	Yes / No
STO date given	Yes / No
Appointment date given	Yes / No
Medication given	Yes / No
Post-Op / Procedure instructions given	Yes / No
Going home with someone responsible	Yes / No

SURGEON'S NAME :
SIGNATURE :

ANAESTHETIST'S NAME :
SIGNATURE :

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APPENDIX 5

PRE-OP INSTRUCTIONS FOR DAY CARE ANESTHESIA

(To be given to patients after assessment at anesthesia clinic)

- Should not eat any solid food after midnight
- Can take unrestricted plain water until 2 hours before the scheduled surgery
- Do not drink any alcohol 24 hours before your surgery
- Take routine medications with small sips of water as directed by your surgeon or anesthesiologist. Bring a list of these medications and the dosages with you.
- Shower with soap, shampoo your hair and brush your teeth on the morning of surgery.
- Remove all nail polish and makeup. You are required to remove any contact lenses, dentures or partial plates before the surgery. Remember to bring containers for these articles.
- Leave all jewelry, money, watches and other valuables at home. Hospital will not be responsible for any loss.
- Wear comfortable, casual, clothing that is easy to get on and off. The hospital will provide with gown and slippers. There will be a locker available for clothing while in surgery.
- Bring appointment card and other related documents.
- Before you come to the hospital, please make arrangements for an adult friend or relative to accompany you to and fro on the day of surgery.
- Person under 18 years of age must have a parent or legal guardian with them to sign consent.
- Failure to follow the above instructions may result in surgery being cancelled.

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APPENDIX 6

DISCHARGE INSTRUCTIONS

(To be given to patient at discharge. Nurse to explain instructions to patient)

You should be under the care of a responsible adult for 24 hours after discharge.

For the next 24 hours:

- Do not drive any vehicle
- Do not use power tools or appliances which may cause harm or injury.
- Do not make any important decisions or sign any legal documents
- Do not consume alcohol
- Nausea and vomiting are common after general anesthesia. If you have these take the medication provided for this. If it persists, you must call the contact numbers provided for advice.
- Take medications as instructed including those for pain relief. If pain persists, you call the contact numbers provided for advice.
- Call the numbers provided if you have any of the following:
    - Difficulty in passing urine
    - Fever
    - Bleeding
    - Redness or infection at the site of the operation
    - Any other complication that you are worried about
    - Contact numbers(to be filled by individual hospital)
    - Office hours: day care ward
    - After office hours : respective surgical ward

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APPENDIX 7

DISCHARGE CRITERIA

(For information of surgeon, anesthetist and nurses)

- The patient must be awake, alert and orientated to person, place and time
- Stable vital parameters
- The patient must be able to tolerate fluids.
- Pain should be managed with oral analgesics
- There must be minimal nausea, vomiting and dizziness.
- There must be no or minimal bleeding
- Upon discharge patients must be given verbal and written instructions, discharge prescription, relevant contact numbers in case of an emergency
- Patients will be informed that they will be contacted the next day by the day care staff to enquire about their well-being.
- Patients must be advised not to consume alcohol, drive, operate machinery, and sign legal documents etc. for at least 24 hours.
- Patients must be accompanied by a responsible adult (2 adults for pediatric cases) who will care and stay with the patient for at least 24 hours.

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