Abstract

Minor or intermediate surgical procedures account for a significant proportion of booked emergency cases and these cases are frequently cancelled or delayed due to more urgent ‘major ‘work on general emergency lists. Implementing a day surgery pathway for appropriately selected cases can improve patient flow and experience, save emergency theatre time and decrease in-patient bed occupancy. Several gynaecological emergencies are very readily managed via such pathways (ERPC’s and Bartholin’s cyst for example). With growing confidence in such pathways, more complex procedures, such as gynaecological laparoscopies, can be undertaken as ambulatory cases in selected patients. This talk aims to present a background to the subject and practical options around implementing such pathways based on recent experience.