



Figure 3: Cadre of surgeons

Discussion

The pediatric day case unit of the Lagos University Teaching Hospital is of integrated variety that boasts of a team comprising surgeons, anesthetists, nurses as well as supportive staff, which include two anesthetic technicians and one porter/cleaner.

Since, the commencement of pediatric day case surgery in the Lagos University Teaching Hospital in the 1990's there has been a gradual rise in the volume of patients treated on a day case basis. However, no study has been conducted to evaluate and audit the day case surgery unit since its inception.

In a study of day case surgery in Ile-Ife, Southwest Nigeria by Agbakwuru *et al.* where the age bracket of patients operated was 3 months to 97 years, patients <10 years accounted for 32.8% of the total cases.^[5] Lump excision and hernia repair constituted the bulk of procedures performed. The complication rate was 10.5%.^[5] Our complication rate was 1.7% and this could be due to the fact that our study was limited to children and co-morbidities that are commonly seen in much older subjects are generally rare in children.

Similarly, in a prospective study by Ojo *et al.*, 311 of a total 1,024 elective cases were performed as day surgeries.^[6] This accounted for 30.4% of the total number. Pediatric patients made up 15.8% of the total day case population.^[7] Endoscopies, lump excision and herniotomy constituted most of the cases done in the entire study.

In another study conducted by Abdur-rahman *et al.* 68.02% of pediatric elective cases were carried out on a same day basis.^[8] The male to female ratio was 14.3:1 and the age range of patients in the study was between 20 days and 15 years. Hydroceles and hernias accounted for 71.2% of the total indications for surgery which is similar to the findings from our study. There was no mortality in this same study, neither was there any unplanned admission.^[8]

The findings from these studies are similar to our own study as the bulk of cases we treated were hydroceles and hernias. As with Abdur Rahman's report, our study showed a male preponderance of ratio 8:1. We did not record any mortality, but there was one unplanned admission (1%). This was necessitated in a child who was scheduled for herniotomy but eventually developed an unexplained hyperactive airway during intubation.

Calder *et al.* in their own study of 804 children over a 4 year period obtained a complication rate of <1% and an unplanned admission of 1% which in their review, corresponds to the findings of many other centers. They attributed this to their having both a dedicated day case unit and a dedicated staff, capable of proffering standard care.^[9] Also noted in their review was the role of proper patient selection which permitted only patient without any risk of anesthetic complications for day case surgery.^[9] We believe proper patient selection is also cardinal to the low morbidity and mortality we observed from our study.

Conclusion

Day case surgery is associated with a low morbidity and no mortality in our setting.

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