

# PAEDIATRIC AMBULATORY SURGERY IN A RURAL HOSPITAL- A CONTEXTUALISED APPROACH

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## INTRODUCTION

- 50-80% of elective paediatric surgery is suitable for ambulatory surgery (AS).
- Lower uptake in SSA compared to the West due to operational models.
- Local adaptation of AS is feasible- maximise benefits and improve service delivery.

## RESULTS (n= 506)

Similarities between the two groups:

- Median age 4years
- Majority cases done under general anaesthesia

Conversion rate

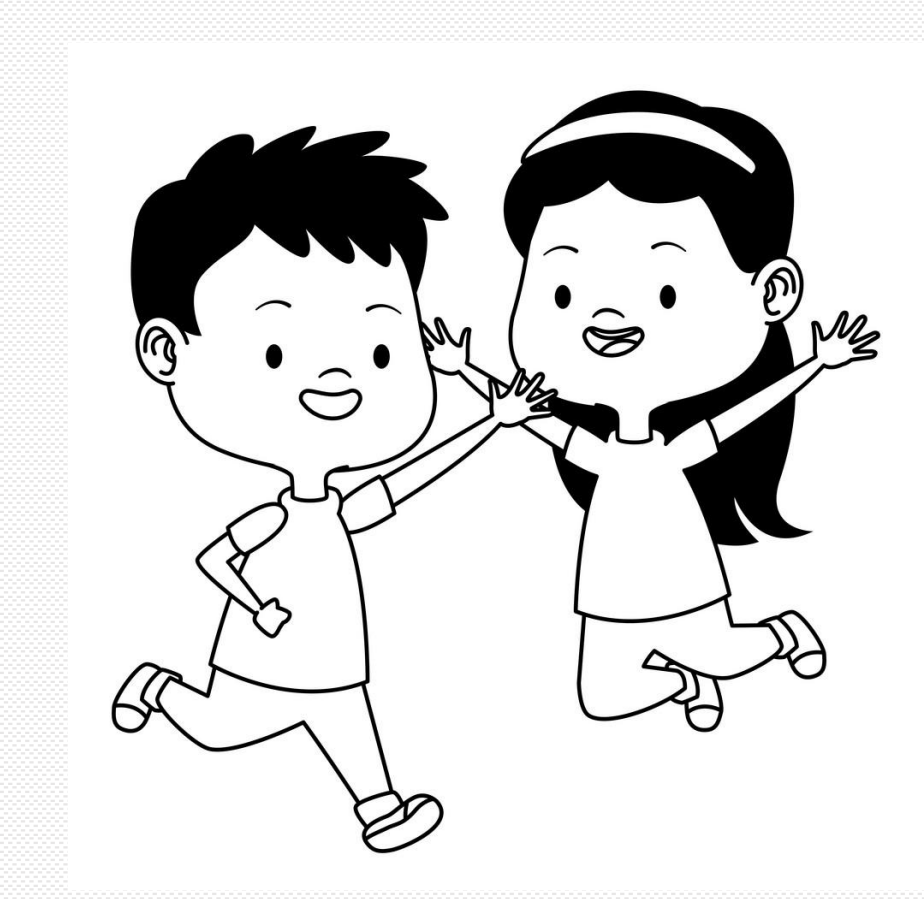
- 23 cases (9.1%)
  - 8 cases (3.2%)- medical reasons
  - 15 (5.9%)- social reasons

## DISCUSSION

Outcome of AS implementation

- Shorter PACU stay
- Cost effective
- Patient safety

Conversion rate- better patient/OR list selection

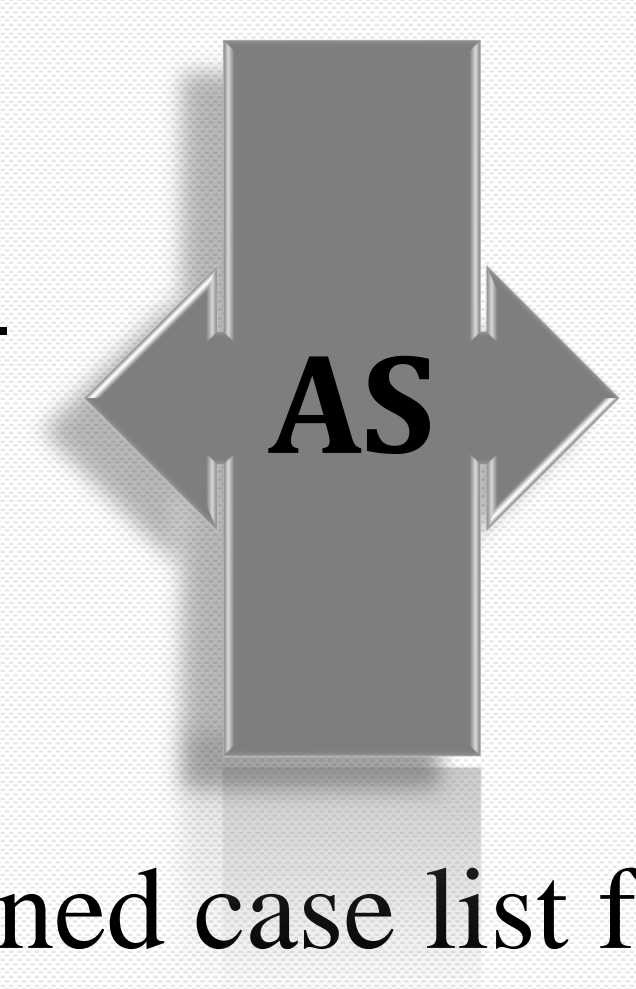


## METHODS

Retrospective chart review

- Pre and post institutional initiation of AS

June 2020-  
May 2021



June 2021-  
May 2022

Predetermined case list for patients <18 years.

Observational study, ISERC

Variable	Pre- AS	Post- AS	p- value
Median time to surgery (days)	15 (1-240)	15 (1-365)	p= 0.32
Median stay in PACU (minutes)	141 (44 - 660)	95 (30- 678)	p= 0.000008
Median cost of surgery (Ksh)	68, 606 (13,513 - 218,056)	61, 633 (8,676- 251,301)	p= 0.004
30 day post-op complication rate	7.9%	5.5%	p=0.1441

## CONCLUSION

Contextualised implementation of AS in rural SSA

- Improved resource utilization
- Cost saving
- Quality patient care

Addressing social challenges can ameliorate service delivery to the patient.

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