



American College of Cardiology

Position Statement

Same-Day Surgical Admission

[The following is a position statement prepared by the Cardiovascular Surgery Committee: LAWRENCE H. COHN, MD, FACC, Chairman, DANIEL J. ULLYOT, MD, FACC* , WALTER R. CHITWOOD, MD, FACC, DELOS M. COSGROVE III, MD, FACC, JOSEPH M. CRAVER, MD, FACC, O. WAYNE ISOM, MD, FACC, ROBERT H. JONES, MD, FACC, GERARD A. KAISER, MD, FACC, MOHSEN SAKHAI, MD, FACC, GUS J. VLAHAKES, MD, FACC. This statement was approved by the Board of Trustees of the American College of Cardiology on March 13, 1993. Reprints are available from: Educational Products Sales and Services; 9111 Old Georgetown Road; Bethesda, MD 20814; 800/257-4740. This statement was reprinted in the Journal of the American College of Cardiology 1991;18:1431-3.]

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The American College of Cardiology supports efforts to achieve cost-effectiveness of cardiovascular medical and surgical care. Coupled with the increasing attention to cost-effectiveness must be the requirement to continue a high level of quality for the treatment of patients undergoing cardiac care.

In an attempt to improve cost-effectiveness of surgical care, more patients in all surgical specialties are being admitted on the day of their surgical procedure, the so-called same-day surgical admission. This potential cost-saving maneuver has resulted in major changes in the way patients are managed preoperatively and psychologically prepared for surgical procedures of varying magnitude. Traditionally, patients undergoing open heart surgery have come into the hospital for a preoperative day to undergo testing, further evaluation and psychologic preparation for potentially lifethreatening surgery. The current denial of coverage by some third-party payers for admission of cardiac surgical patients to the hospital before an operation and the increasingly aggressive stance of third-party payers on same-day surgical admission for cardiac surgery threaten the quality of patient care in many instances and may place the cardiac surgeon in a difficult position, ethically and legally. Same-day surgical admission for patients scheduled for cardiac surgical interventions may compromise the careful preparation of such patients for operation and lead to adverse consequences, including an extended length of stay, that might have been prevented by in-hospital preparation.

The purpose of the preoperative day is to provide for up to date assessment of the

cardiac surgical patient by various members of the surgical team including the surgeon, cardiologist, anesthesiologist and nurse: to obtain necessary studies including current chest X-ray film, electrocardiogram, blood chemistry and blood typing studies, pulmonary function data, often echocardiographic studies, and to initiate or update (or both) patient education including discussion of durable power of attorney, visits with clergy, social service assessment and discharge planning. In addition to these routine preparations, many patients often require additional testing for known or new concurrent medical conditions. Some require preoperative treatment for correction of electrolyte imbalance, overhydration, dehydration or bronchospasm. Occasionally, new infection or other reversible conditions (e.g., occult gastrointestinal bleeding, other vascular conditions such as carotid stenosis) are found causing elective surgery to be deferred or modified. These multiple assessments, studies and consultations are carefully coordinated and efficiently organized to take place during a single hospital day before surgery.

We acknowledge that some patients may be admitted on the day of cardiac surgery for major procedures without adverse outcomes. These are usually younger, better risk patients requiring elective surgery. It is also possible for some patients to visit the offices and laboratories individually before surgery or to come to centers where all preoperative services are centralized. Some institutions purporting to practice same-day surgery house patients in a hotel close to the hospital (e.g., physically connected) and provide essential preoperative services to the patient in the hotel. However, for many patients, particularly the elderly, those with concurrent disease and those living a considerable distance from the hospital, same-day surgical admission represents poor care.

There are few published studies on the effect of same-day surgical admission on outcome after cardiac surgery. A study by Anderson et al. (1) concludes as follows: "Patients admitted selectively for same-day coronary bypass are not at risk for an increased number of complications. Although their hospital stay is reduced, the reduction of their hospital charges is minimal. Preoperative admission of patients with comorbidity requiring medical management or with physical incapacity remains justified, and admitting decisions should remain with the operating surgeon, not third parties."

The American College of Cardiology believes that the responsible surgeon should determine the preparations for patients facing elective open heart surgery including admission to the hospital ≥ 1 day before operation. Further, the College deplores the policy of some third-party carriers to arbitrarily disallow payment for admission before operation. Such a policy appears to place financial considerations before quality of care and presumes to dictate the details of patient management to the specialist responsible for the care of surgical patients with complex conditions.

Reference

1. Anderson RP, Guyton SW, Paull DL, Tidwell SL. Selection of patients for same-day coronary

bypass operations. J Thorac Cardiovasc Surg 1993;105: 444-52.