

**Vanderbilt University Medical Center**  
**Emergency General Surgery Service**  
Surgical Residency Rotation and Curriculum

**UNIT 16      MANAGEMENT OF AMBULATORY SURGERY and**  
**OUTPATIENT CARE**

**PART A: MANAGEMENT OF AMBULATORY SURGERY**

**UNIT OBJECTIVES:**

1. Demonstrate knowledge of the principles and rationale for performing ambulatory surgical procedures where ambulatory surgery is defined as any procedure for which the patient is admitted and discharged on the same day, regardless of type of anesthesia.
2. Demonstrate the ability to manage surgical conditions in an ambulatory setting.

**COMPETENCY-BASED KNOWLEDGE OBJECTIVES:**

1. Discuss the principles and rationale for performing ambulatory surgery on selected patients, including:
  - a. Assessment of patient risk
  - b. Patient selection
  - c. Level of preparation for patients with co-morbid diseases
2. Analyze the importance of postoperative pain management in the ambulatory setting.
3. Discuss postoperative follow-up procedures, including methods for monitoring and managing complications.

**COMPETENCY-BASED PERFORMANCE OBJECTIVES:**

1. Complete a preoperative evaluation of a patient as a potential candidate for ambulatory surgery, including consideration of patient risks and treatment options.
2. Counsel patients and their families appropriately about ambulatory surgery and follow-up care, including obtaining informed consent after discussing the risks, benefits, and alternatives to the procedure.
3. Preoperatively prepare a patient with co-morbid diseases for ambulatory surgery.
4. Perform selected ambulatory surgical procedures such as:
  - a. Incising and draining (I & D) abscesses
  - b. Hernia repairs
  - c. Laparoscopic cholecystectomy
5. Perform appropriate postoperative examination prior to discharge.
6. Prescribe necessary follow-up care, including:
  - a. Prescribing appropriate postoperative analgesia
  - b. Communicating instructions and expectations for follow-up, such as:
    - (1) Pain level and location
    - (2) Possible side-effects of medications

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- (3) Level of activity and return to work
- (4) Wound care and potential problems
- (5) Timing of follow-up appointment

c. Arrange for home health and other outpatient services using institutional and community resources

**PART B: OUTPATIENT CARE**

Includes Office Experience/Pre- and Post- Hospital Care of the Surgical Patient

**UNIT OBJECTIVES:**

- 1. Maintain continuity in terms of care of the patient with surgical diseases from pre-hospital evaluation through post-surgical management and follow-up.
- 2. Develop and hone skills in history-taking, physical examination, interpersonal communication, critical appraisal, and self-directed learning.

**COMPETENCY-BASED KNOWLEDGE OBJECTIVES:**

- 1. Delineate the components of and discuss the importance of a focused history and physical examination performed in an outpatient setting on a patient with a surgical disease.
- 2. Demonstrate a working knowledge of the natural history of surgical diseases:
  - a. If untreated
  - b. If treated surgically
  - c. If treated non-surgically
- 3. Describe the expected appearance of wound sites at various postoperative intervals.
- 4. Delineate appropriate pain medications and dosages.
- 5. Specify the need for drains and tubes, stating the types and special requirements for replacement or removal.

**COMPETENCY-BASED PERFORMANCE OBJECTIVES:**

- 1. Demonstrate the ability to obtain the essential elements of a focused preoperative history, including assessment of medications.
- 2. Perform a complete physical examination, paying special attention to assessment of cardiopulmonary risk of surgery.
- 3. Order appropriate and cost-effective laboratory tests for screening and pre- and post-operative evaluation.
- 4. Appropriately and sensitively counsel the patient and patient's family regarding:
  - a. Disease entity (prognosis, treatment options, additional treatment)
  - b. Surgical issues
    - (1) Operative risks (possible complications, including mortality)

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- (2) Operative procedures (preparation, testing, duration of surgery and hospitalization)
  - (3) Anesthesia
  - (4) Prognosis (curative vs. palliative)
  - c. Other treatment options (no treatment [explain natural history of disease] and non-surgical therapy)
  - d. Informed consent
  - e. Community resources
5. Explain the prospective surgical approach to the patient.
  6. Postoperatively, obtain appropriate follow-up history, including:
    - a. General well-being
    - b. Pain control
    - c. Presence of fever
    - d. Nutritional state (ability to eat, nausea)
    - e. Bowel function
    - f. Level of activity
    - g. Compliance with instructions (medications, complications of medication, physical therapy)
  7. Perform appropriate postoperative examination of the surgical site.
  8. Provide appropriate wound care. Identify and manage wound problems, including:
    - a. Superficial wound separation; abdominal dehiscence
    - b. Seromas
    - c. Infections (cellulitis or abscess, determining the need for antibiotics, drainage, office vs. operating room care)
    - d. Lymphoceles
    - e. Incisional hernia
    - f. Foreign body reaction (to sutures, staples)
  9. Assess the need for further follow-up, including:
    - a. Arrangement for home nursing evaluation and care
    - b. Assessment/arrangement for other support (e.g., the homemaker)
    - c. Prescribing appropriate dietary supplements
  17. Prescribe appropriate pain medication.
  18. Assess patient's ability to maintain level of activity (drive motor vehicle, work, exercise, sexual activity)
  19. Appropriately and sensitively communicate with patient and family.
  20. Appropriately communicate with referring physicians in a timely fashion regarding patient outcome.

**COMPETENCY-BASED ATTITUDINAL OBJECTIVES:**

1. Have a working understanding of the role of the surgeon as primary care giver in office and clinical settings.
2. Demonstrate professionalism, empathy, and compassion by showing respect for

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a patient's privacy and self-esteem during aspects of the physical examination that may be uncomfortable, frightening, or embarrassing for the patient.

3. Demonstrate an awareness of, and respect for, patient autonomy, especially regarding:
  - a. Decisions about therapy
  - b. Decisions not to treat
  - c. Issues of patient compliance
4. Show an awareness of, and respect for, the contributions of other office staff members (nurses, technicians, and secretaries).
5. Demonstrate a respect for medical students in office and/or clinic settings.
6. Demonstrate an understanding of, and sensitivity to, patient socioeconomic concerns regarding such issues as:
  - a. Insurance and the ability to pay for physician services, hospitalization, and prescribed medications
  - b. Possible loss of work time and wages
8. Demonstrate sensitivity and appropriate flexibility regarding patient fears and concerns, including:
  - a. Preoperatively
    - (1) Anxiety about pain and procedure's findings
  - b. Intraoperatively
    - (1) Pain and individual response to pain
    - (2) Modesty
    - (3) Comfort
  - c. Postoperatively
    - (1) Ability to care for self
    - (2) Drugs
    - (3) Level of function
    - (4) Prognosis
9. Display a working knowledge of the management of the office and the outpatient surgical setting.