

Direct Access to Theatre, a Straightforward Policy in operation at University Hospital Galway

V. K. Talreja, M. Van der Walt, J. McDonnell, B. Kinirons

Department of Anaesthesia, University Hospitals Galway, Newcastle Rd., Co. Galway, Ireland

Dear Editor,

It is established that patients presenting with major trauma receive direct access to emergency operating theatres.

In University Hospital Galway, we currently provide a unique service which facilitates patients with minor injuries and level II trauma to obtain direct access to the operating theatre. This policy is locally known as “Direct Access (DA).” Alternative policies are well established for minor elective operations, which are performed as day cases and facilitated by admission to Surgical Day Wards. However, within the DA service, the selection criteria are specific to emergency cases.

As outlined by this DA policy, specific patients whose procedure may be performed under local anaesthesia, sedation or regional anaesthesia are facilitated. Patients who deemed likely to require admission overnight are excluded. Only certain orthopaedic trauma, plastic and vascular surgery are facilitated under this DA policy.

Currently DA patients are admitted to hospital and instead of going to an inpatient ward and awaiting their operation, they bypass this stage and arrive in the operating theatre reception directly from home or the emergency department. After the DA patient’s arrival in reception, their pre-operative safety checklist is completed, and the patient is prepared for theatre. A recent review of our DA records from 2019 to 2022 revealed that approximately 50% of patients undergo a regional anaesthetic technique in our designated Block Bay and brought to theatre. Immediately post-procedure they are discharged directly home from theatre reception, bypassing the post-operative recovery room, and reducing the patient’s time spent in hospital.

It is our practice that all patients are followed up at appropriate intervals post-operatively, which is dependent on the procedure performed.

This policy undoubtedly minimises the demand on limited resources, such as inpatient beds, healthcare staff, time, and money. In hospitals which do not have a similar policy, patients may wait several days as an inpatient for an urgent operation. This policy allows for enhanced efficiency and throughput of patients between the emergency department and theatre. In practice this pathway requires input and cooperation from numerous individuals within the surgical, anaesthesia, major theatre, emergency, and inpatient bed management departments.

Each individual patient is counselled prior to undertaking a regional anaesthesia technique, and the risks, benefits and aftercare required once the patient leaves the hospital are all outlined. Written instructions are provided to each patient by means of a standardised patient information leaflet. This efficient and safe practice has been in place in University Hospital since 2011, and on average, seventy-five DA cases have been performed per year since its implementation.

Our perception is that these service increases patient satisfaction within the healthcare service, and reduces the financial burden placed on the healthcare system caused by additional inpatient admissions. In addition, DA patients experience fewer side effects, by the avoidance of general anaesthesia. This policy reduces the likelihood of hospital acquired infections associated with inpatient admission. Through implementation of this policy, patients undergo urgent operations quicker than they otherwise would, and are able to return to their routine activities sooner. We believe that this influences patient satisfaction and improves patient outcomes. Implementation of similar policies on both a local and national level may improve access to operating theatres for patients who require urgent and emergency surgery, whilst simultaneously enabling more efficient use of limited inpatient resources.

Declarations of Conflicts of Interest:

None declared.

Corresponding author:

Vinod K. Talreja,
Department of Anaesthesia,
University Hospitals Galway,
Newcastle Rd.,
Co. Galway,
Ireland.