

Day surgery in Scotland – reviewing progress

Prepared for the Auditor General for Scotland

April 2004



Auditor General for Scotland

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Part 1. Introduction



Day surgery should be the preferred option where it provides better or more acceptable care for patients, or where the care is of the same standard but the cost is lower.

Benefits of day surgery

1.1 Over a decade ago the Royal College of Surgeons of England concluded that day surgery is superior to inpatient care for many conditions and that it can be an effective way of reducing waiting times¹. Day surgery should be the preferred option where it provides better or more acceptable care for patients, or where the care is of the same standard but the cost is lower.

1.2 A recent Department of Health report² summarised the benefits of day surgery as:

- Patients receive treatment that is suited to their needs and which allows them to recover in their own home.
- Cancellation of surgery due to emergency pressures in a dedicated day surgery unit is unlikely.
- The risk of hospital acquired infection is reduced.
- Clinicians can provide high quality care for appropriate patients, and release inpatient beds for more major cases.
- Trusts improve their throughput of patients, facilitate bookings, and reduce waiting lists.

Reviewing day surgery in Scotland

1.3 In the early 1990s the Audit Commission developed a basket of 20 common surgical procedures which were at that time being treated as either day cases or inpatients. The basket accounted for about 40% of all surgery in the specialties represented. The Audit Commission report highlighted the scope to significantly increase the proportion of patients treated as day cases.

A review carried out by the Scottish Office Audit Unit in 1991 found a similar picture in Scotland, and this led to the establishment of Scottish targets. These were adopted by the Scottish Health Service Management Executive in 1994 with the goal of achieving the targets by 1997.

1.4 The Accounts Commission's report *Better by the day?* was published in 1997 and an up-date report issued in 1998³. Both reports reviewed the level of day surgery in Scotland for the selected 'basket' of procedures against the 1997 targets. *Better by the day?*⁴ recommended revised targets⁴ which the then Scottish Office Health Department adopted.

1.5 The Scottish basket of procedures is currently the same as that adopted by the Audit Commission in 1990 with the exceptions that the Scottish basket does not include dilation and curettage or myringotomy as at the time of our last review there was a body of opinion that the two are often used when alternative treatments would be more appropriate^{5,6}. The Scottish basket splits inguinal hernia between procedures undertaken on adults and those undertaken on children as a child's operation is more likely to be appropriate for day surgery. Appendix one provides a short description of each of the 19 procedures in the Scottish basket.

1.6 The purpose of this data review is to compare levels of day surgery against:

- previous performance
- Scottish Executive targets, and
- levels of day surgery in England.

1.7 The Information and Statistics Division (ISD) of the Common Services Agency provided the data upon which the review is based.

Summary of key findings

1.8 Our main findings are that:

- There is still scope for increasing day surgery. If all trusts achieved the SEHD 1998 targets set for the basket of procedures the number of day case procedures would increase by about 10%.
- The percentage of surgery undertaken as day surgery continues to rise but the rate of increase has slowed considerably.
- In 2002/03 across Scotland as a whole the Scottish Executive's 1998 targets were achieved for only seven of the revised basket of 19 procedures.
- The percentage of day surgery varies considerably amongst trusts.
- In general Scotland has lower day surgery rates than England.
- Some procedures, such as cystoscopies, which were previously carried out in inpatient and day case settings can now be dealt with as outpatients due to medical advances in treatment. During 2002/03 10,000 cystoscopies were carried out as inpatients, 16,000 as day cases and 3,100 as outpatients. There is a need to monitor these types of procedures to ensure that they are carried out in the most appropriate setting and that day case targets are not acting as a perverse incentive.

1 *Guidelines for Day Case Surgery*, (revised edition March 1992), Royal College of Surgeons of England.

2 *Day Surgery: Operational guide, waiting, booking and choice*, August 2002, Department of Health.

3 *Better by the day? Day surgery in Scotland*, 1997, Accounts Commission, *Better by the day-update*, August 1998, Accounts Commission.

4 The targets, a description of the various procedures and the OPCS and ICD codes are given in appendices 1 and 2.

5 *Diagnostic dilatation and curettage: is it used appropriately?*, (1993), Coulter, Klassen, MacKenzie and McPherson.

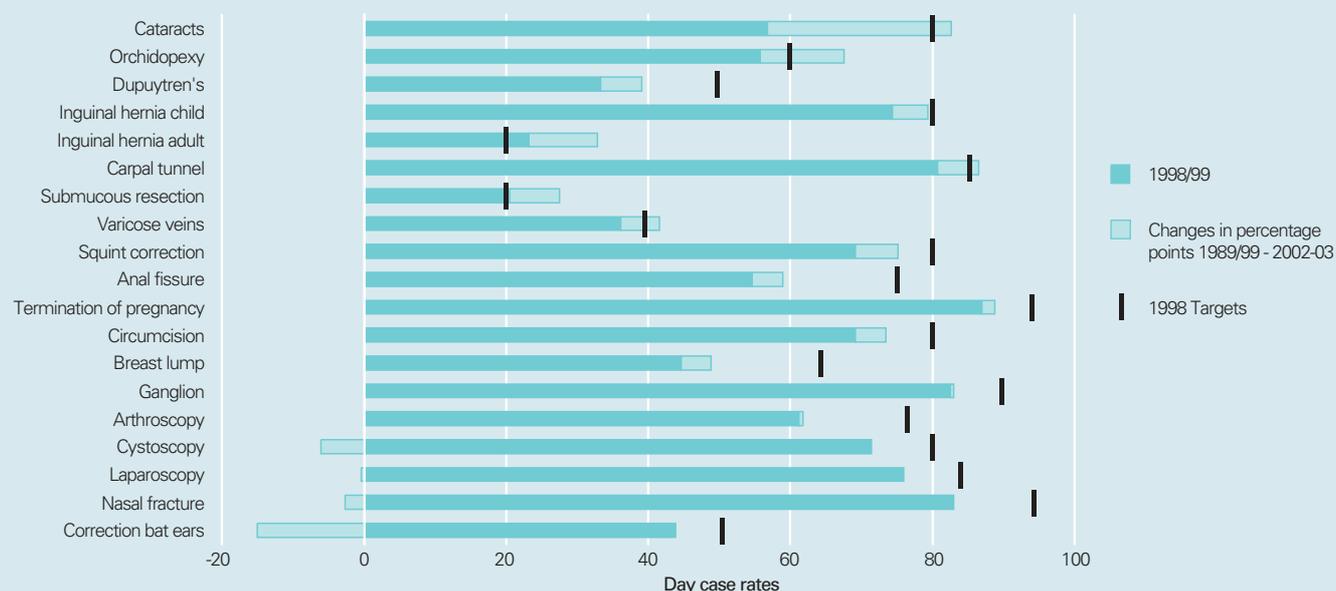
6 *Children First: a study of hospital services*, (1993), Audit Commission.

Part 2. Progress against 1998 targets



Exhibit 1

Change in day surgery rates between 1998/99 and 2002/03



2.1 Across Scotland as a whole the Scottish Executive's 1998 targets were achieved for seven of the 19 procedures in 2002/03. Although the target is still not being met for 12 procedures, the percentage of day cases for 15 of the 19 procedures reviewed has increased since 1998. Four procedures showed a fall in performance ([Exhibit 1](#)).

2.2 The Scottish Executive Health Department has included a composite annual day surgery rate for each NHS Board area in the Performance Assessment Framework, which is used to support the accountability reviews between the Department and each NHS Board.

Variation among trusts

2.3 The Scotland wide position disguises the large variation among trusts in achieving day case targets. The best performing trusts achieved 70% of the 1998 targets in 2002/03. Three trusts achieved less than 25% ([Exhibit 2 overleaf](#)). When trusts are compared against the lower 1997 targets six are achieving over 70% but one still only achieves 25%.

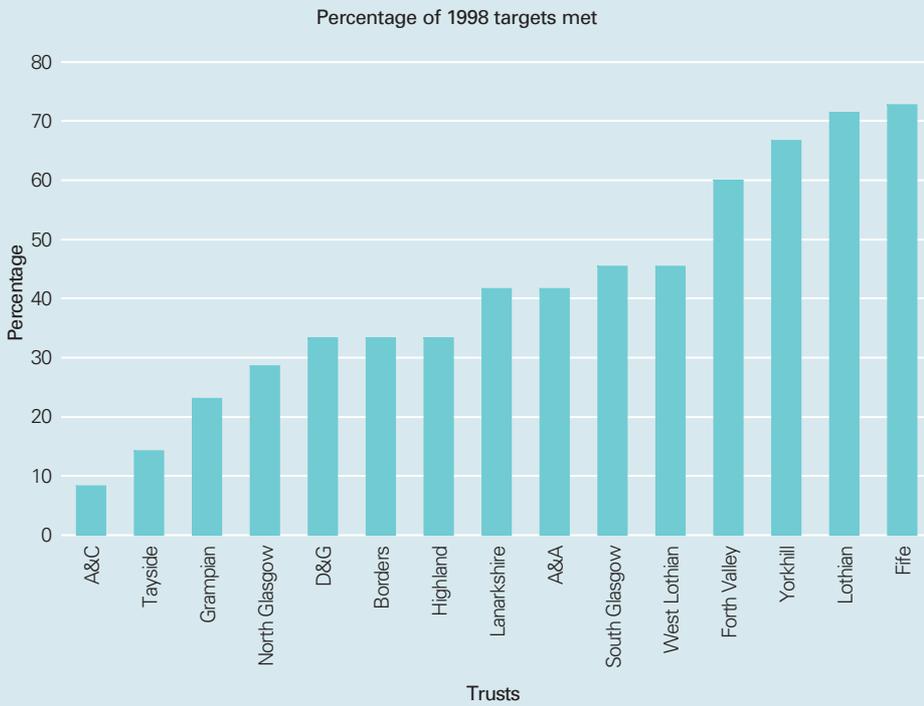
2.4 Appendix 2 shows for each of the 19 procedures the performance of trusts which carried out at least 100 operations during 2002/03⁷.

2.5 The level of variation is considerable, and is greater than can be explained by location or differences in patients' circumstances. As well as the variation among trusts, there is variation within trusts. Previous work for the Waiting List Support Group in 1998 showed that there is considerable variation among consultants in the percentage of day surgery they carry out.

7 One-hundred operations was chosen as it was felt that less than this number would give unreliable percentages.

Exhibit 2

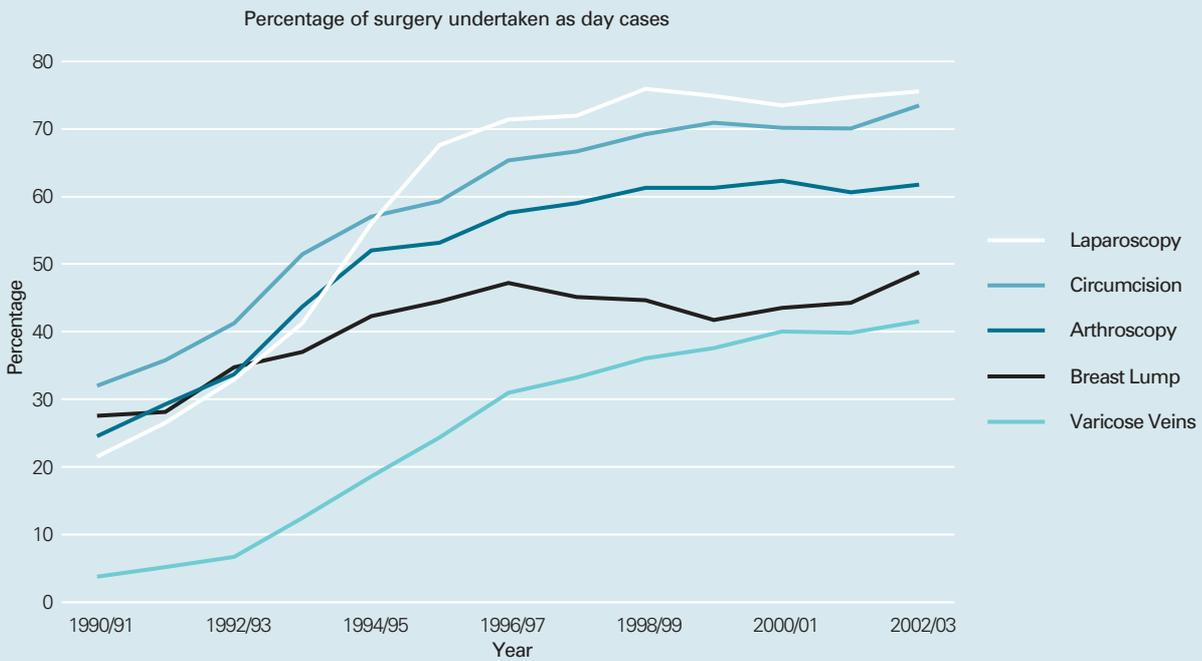
Trusts' performance against the 1998 day case targets



Note: These figures include only those procedures where a trust undertook more than 100 operations in 2002/03.

Exhibit 3

Trends in day surgery rates



Trends in day surgery

2.6 The general trend is a slowing in the rate of increase in day surgery (Exhibit 3).

2.7 This may be because trusts have reached the optimum level of day surgery, or because some trusts are paying less attention to developing day surgery as an alternative to inpatient care.

2.8 Exhibit 4 overleaf shows the change in day surgery rates for varicose veins and arthroscopy between 1999/2000 and 2002/03. It demonstrates that some trusts with low rates of day surgery have stayed the same over the time period, while others with high rates reduced their rates. This suggests that trusts have not reached the optimum level. These two procedures were chosen for illustrative purposes as they are carried out in large numbers (4,500 and 6,500 day cases per year respectively), and are from different specialties.

Barriers to day surgery

2.9 One potential barrier to high day surgery rates in Scotland may be the rural nature of some trusts. Extra travel time means some cases may need to be treated as inpatients rather than as day cases. However, there are many examples of rural trusts undertaking high percentages of procedures as day cases which exceed the 1998 targets (Appendix 2). For example:

- Highland Acute carries out 92% of carpal tunnel procedures as day cases.
- Dumfries and Galloway – 99% of cataracts as day cases.
- Argyll and Clyde – 58% of submucous resection as day cases.

- Borders – 90% of laparoscopies as day cases.

2.10 In each case, a rural trust is exceeding the national target, and doing better than most urban trusts.

2.11 There is variation among rural trusts which suggest that geography is not the only determinant of performance. Examples include:

- Laparoscopies, where Borders has the second highest percentage rate but Highland and Dumfries & Galloway have the lowest.
- Submucous resection, where Argyll & Clyde has the highest percentage but Dumfries & Galloway is second lowest.
- Cataracts, where Dumfries & Galloway is the highest and Argyll & Clyde is the second lowest.

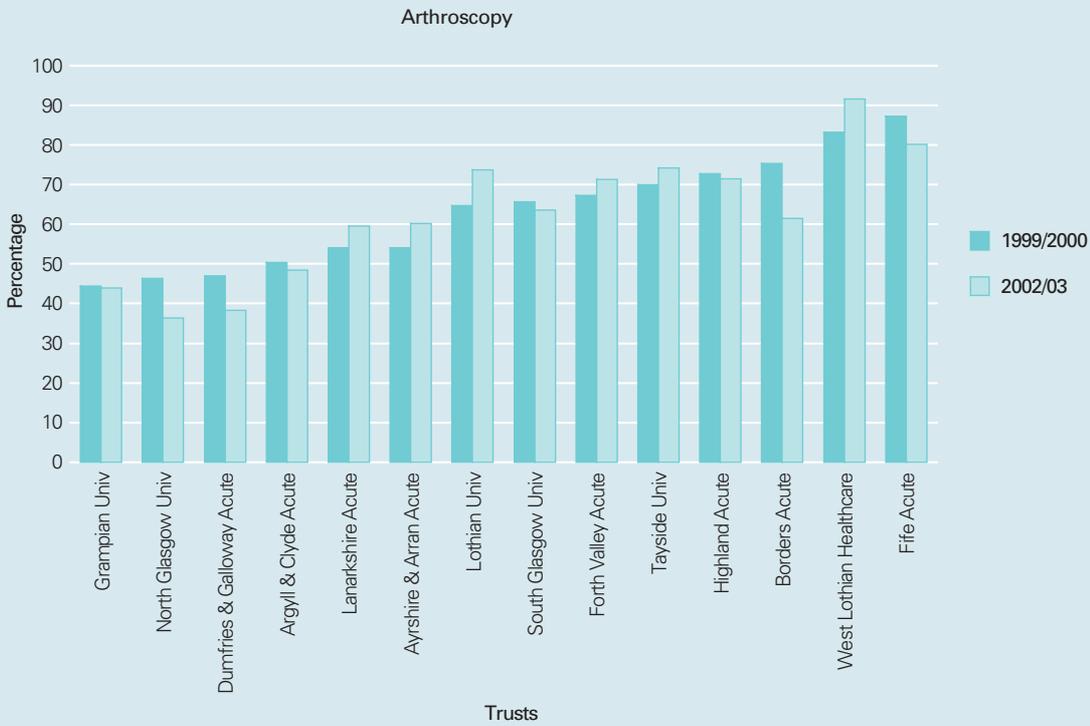
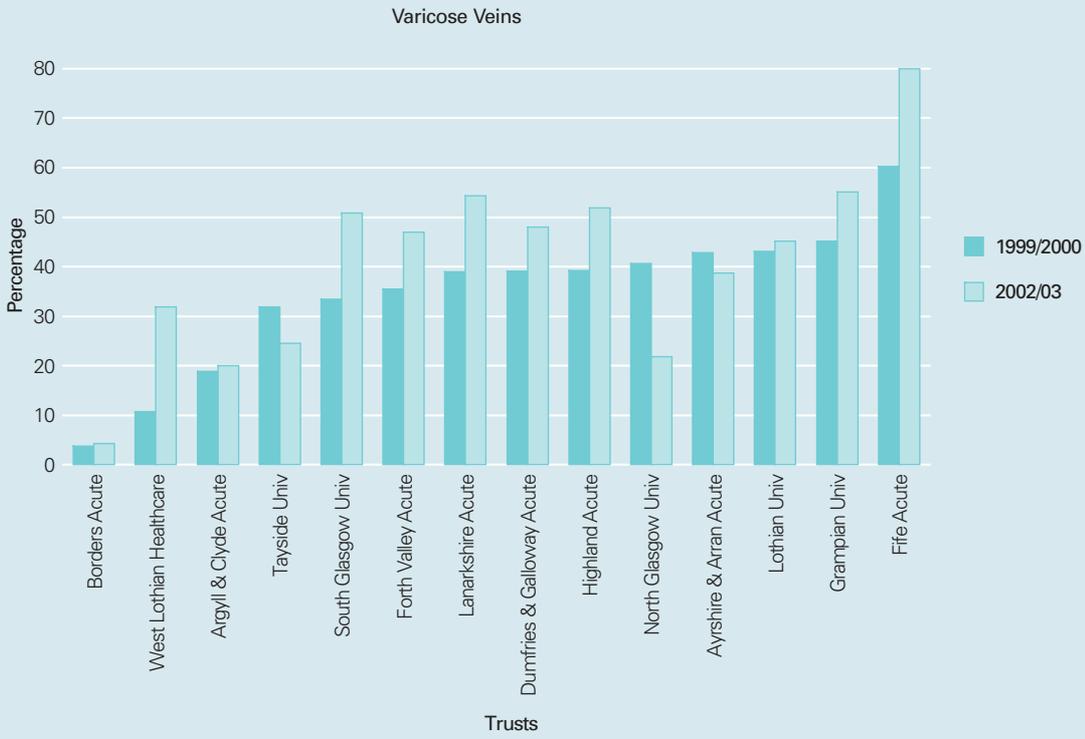
2.12 Previous audits found that the main barriers to optimum rates of day surgery are:

- inappropriate and inadequate use of day surgery units
- poor management and organisation of day surgery units
- some clinicians preferences for inpatient surgery.

2.13 NHS Boards should monitor the levels of day surgery by procedure and specialty, to establish where day case rates are low and take appropriate action. They should also monitor levels of outpatient, endoscopy and day surgery to ensure that procedures more appropriately dealt with in an outpatient or endoscopy setting are not inappropriately using day case facilities.

Exhibit 4

Trends in day surgery rates for varicose veins and arthroscopy



Part 3. Comparison with England



3.1 We compared the performance of Scottish hospitals with English hospitals for 25 procedures which make up the current basket of day surgery procedures used by the Audit Commission. Overall Scotland has lower day surgery rates than England:

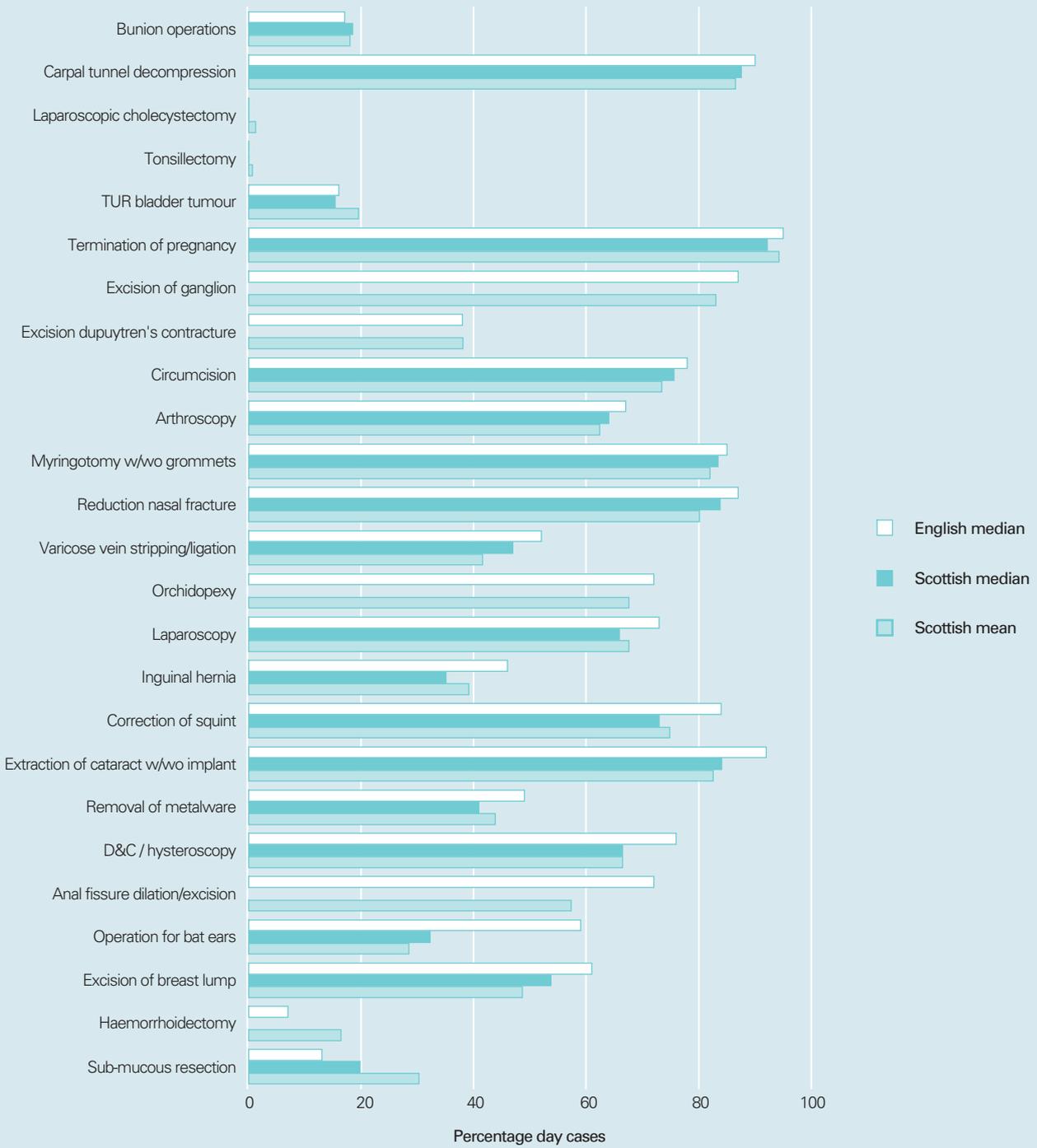
- The percentage of day cases was similar for 12 procedures.
- English hospitals carry out a higher percentage of day cases for a further 11 procedures.
- Scottish hospitals carry out a higher percentage of day cases in two procedures.

3.2 [Exhibit 5 overleaf](#) shows the levels of day surgery for Scotland and England for the revised 'basket' of procedures. The English figures shown are the median for 2001/02. The Scottish figures are for 2002/03 and show both the means and medians. Because of the small number of trusts in Scotland the median is sensitive so we have included the mean to give another way of measuring Scottish performance. This comparison highlights again the opportunity to increase day surgery.

3.3 These English indicators include myringotomy and D&C/hysteroscopy. Neither myringotomy or D&C were included in our original report or the first part of this report. The decision not to include D&C and myringotomy was taken in 1997 as there was a body of opinion that the two were often used when alternative treatments would be more appropriate.

Exhibit 5

Scottish and English day surgery rates



Note: Dilatation and curettage and myringotomy are included although these are not included in the Scottish basket.

Part 4. Refining the basket of procedures of procedures



4.1 A basket of procedures is used to provide a consistent measure of performance. The original basket used in Scotland and England included procedures which:

- are commonly performed, so that they account for a large volume of surgery
- are suitable for treatment as day cases
- would not generally be performed in an outpatient setting, thus focusing attention on the potential to treat more inpatients as day cases.

4.2 However, advances in medical treatment mean that the basket needs revising periodically to ensure that the procedures are still appropriate for day surgery rather than outpatient treatment. In 2000 the Audit Commission, in liaison with the British Association of Day Surgery, revised its basket of procedures. The Audit Commission retained all the procedures used in the Scottish 'basket' except cystoscopy. This procedure can now

be carried out on an outpatient basis and so is no longer a reliable measure of progress with day surgery.

4.3 We asked ISD to check six of the procedures to see if they are now routinely done as outpatients. Data on outpatient procedures are not as robust as for day and inpatient surgery and therefore the results are not as comprehensive. But, in line with England, the only procedure to show any significant number of outpatient cases was cystoscopy. In 2002/03 there were about 26,000 day and inpatient cases and about 3,100 outpatient cases. For the other procedures checked the number of outpatient operations recorded was in single figures.

4.4 One trust undertakes a large number of cataract operations as outpatient procedures while still undertaking large numbers as both day cases and inpatients. This, along with the changes taking place in the provision of cystoscopy procedures, demonstrates the need to collect information on outpatient, day case and inpatient treatment on a consistent basis. We recommend that:

- SEHD adopts the revised basket of procedures in use in England with the exception of inguinal hernia which we would recommend remains split between children and adults. This would allow:
 - the comparison of overall performance of Scotland with England
 - comparisons with a larger number of trusts. This would be useful for all procedures but would have a particular value for children's hospitals where the comparisons available on a Scotland wide basis are limited.
- Information on outpatient, day case and inpatient treatment is collected on a consistent basis to allow monitoring of how boards are progressing the shift from inpatient to day case and from inpatient and day case to outpatient care.

Part 5. Increasing day surgery



5.1 Comparisons against Scottish targets and English performance demonstrate that there is still potential to increase day surgery rates. This is supported by the variation among trusts, with some achieving the 1998 targets but many falling considerably short.

5.2 To give some indication of the potential for increase, we calculate that if all trusts achieved the 1998 targets, then day case rates for the basket of procedures would increase by about 10% which equates to an extra 5,700 cases (Appendix 3 shows the number of inpatient and day cases for each procedure).

5.3 More than a quarter of English trusts are performing above the 1998 targets for fourteen out of sixteen Scottish procedures for which we have English comparators. This, together with the number of Scottish trusts already achieving the targets, confirms that the targets are achievable.

5.4 As surgery continues to develop and new procedures become appropriate for day surgery or outpatient treatment, there will be more opportunities to move away from inpatient care. Targets for day surgery are an important way of encouraging new methods of treatment, but they need to be used flexibly to avoid constraining further change in future.

Part 6. Costs of day surgery

6.1 The importance of day surgery is that, for appropriate procedures, it can provide better care and be more cost effective than inpatient treatment. A number of studies since the 1970s have shown that, managed efficiently, day surgery is cheaper than inpatient surgery.

Variations in cost

6.2 The Scottish Health Services Costs Book gives the average cost of a day case as £450. The average cost ranges from £245 at the Victoria Infirmary, Glasgow to £758 in Borders General Hospital. At specialty level, for general surgery the range is from £141 at Victoria Infirmary, Glasgow to £1,569 at Borders General Hospital. However these aggregated figures are of limited use. The cost of different procedures varies, so comparing the average cost per case of all day surgery can be misleading as it does not take account of case mix variations.

6.3 Variation in cost can also be due to other factors:

- day cases in one trust may include procedures which are commonly being carried out in outpatient settings in other trusts
- even for similar day case procedures the financial information may not be compiled on a like-for-like basis.

6.4 Using an agreed basket of procedures helps address the problem of inconsistency, but it does not resolve the difficulty of different costing methods.

Comparative costs – inpatients and day surgery

6.5 For day surgery to be cost effective the alternative must be inpatient surgery rather than outpatient treatment. All 19 procedures in the Scottish basket, with the exception of cystoscopy, are still appropriately treated as either day cases or inpatients.

6.6 We asked ISD to produce inpatient and day case costs for two of our basket of procedures – excision of breast lump and laparoscopy. Inpatient cases were between 2 and 2.5 times more expensive – £1,266 compared to £511 for excision of a breast lump, and £1,350 compared to £606 for laparoscopy. This level of saving may not be achievable in practice, as patients who are likely to experience complications are more likely to be treated as inpatients which in itself may increase costs.

6.7 Real savings can be made if day surgery directly substitutes for inpatient surgery, and inpatient beds are reduced as a result. However, in many cases beds released by day surgery are used for other patients. In this situation total costs will rise, but as more patients have been treated in a less expensive way the cost per case will fall. Both scenarios are cost effective, but only one achieves a real cost reduction.

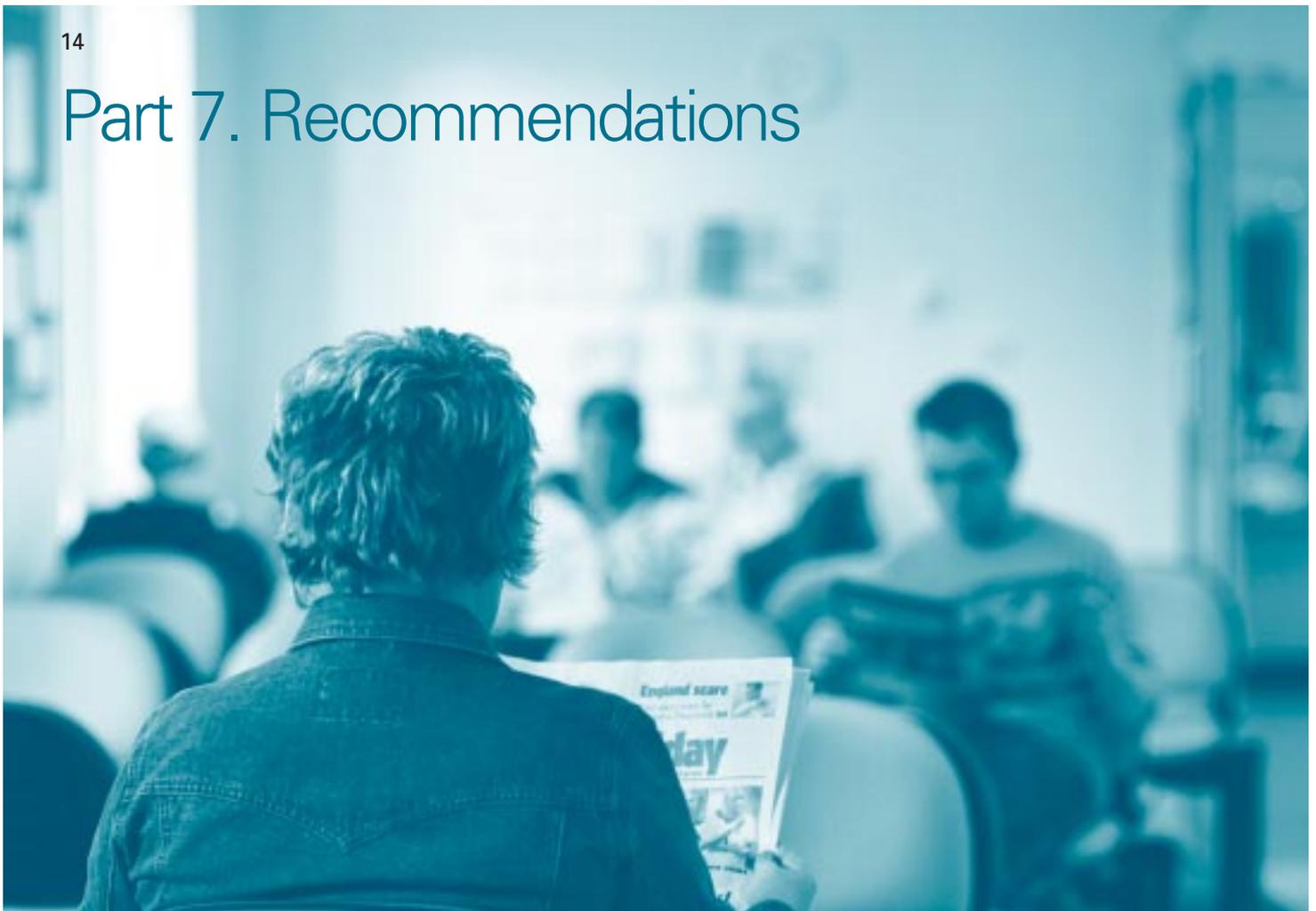
Cost effectiveness of changes in the treatment of cataract removal

6.8 Between 1990/91 and 1996/97 the total number of cataract removals increased from 10,000 to 16,000. The increase was all day cases; the number of inpatient cases remained the same at 10,000. There was no substitution of day cases for inpatient cases over this period; instead all the increase in demand was catered for by increased day case activity.

6.9 Between 1996/97 and 2002/03 the total number of cataract removals increased from 16,000 to 20,000. Over this period, the number of inpatient cases dropped from 10,000 to 3,500. The increase in day cases from 6,000 to 16,500 not only covered all the increases in cases as in the earlier period, but also directly substituted for inpatient cases, allowing inpatient numbers to drop by over 6,500.

6.10 In summary change in costs are not simple to predict. It depends on absolute levels of care as well as local circumstances. But day surgery is more cost-effective than inpatient care, and allows more patients to be treated for a given level of resources.

Part 7. Recommendations



7.1 NHS Boards should monitor the levels of day surgery by procedure and specialty, to establish where day case rates are low and take appropriate action. They should also monitor levels of outpatient, endoscopy and day surgery to ensure that procedures more appropriately dealt with in an outpatient or endoscopy setting are not inappropriately using day case facilities

7.2 The Scottish Executive Health Department (SEHD) should monitor the performance of NHS Boards.

7.3 SEHD should consider the benefits of adopting the same basket of procedures as used in England with the exception of retaining both adult and children's inguinal hernia. This would allow comparison with England and would also mean the adoption of a basket which had already been developed in consultation with the British Association for Day Surgery.

7.4 SEHD in conjunction with ISD should ensure information on outpatient, day case and inpatient treatment is collected on a consistent basis to allow monitoring of how boards are progressing the shift from inpatient to day case and from inpatient and day case to outpatient care.

Appendix 1: The 'basket' of procedures

1. Inguinal hernia operations: repair of a rupture in the groin.

This operation is to remove an outpouching of the abdominal sack. In children it is usually sufficient to tie off the sack (Herniotomy) but in adults it is also necessary to repair the weakness in the muscles by using a darn of strong thread or wire (Herniorraphy). Although these are technically correct terms, both operations are commonly referred to as 'hernia repair'.

Specialties usually performing this procedure are general surgery and paediatric surgery.
OPCS 4 & ICD 9 codes: T19 through to T21

2. Excision of breast lump

The operation may consist of removing the whole lump or only part of it. Sometimes, if it is thought likely to be cancer, the biopsy can be examined immediately using a microscopy technique called 'frozen section'. In this case, the intention may be to proceed straight away to a mastectomy (breast removal) if the result confirms cancer, and such cases will not be day cases.

The specialty usually performing this procedure is general surgery.
OPCS 4 & ICD 9 codes: B32, B28.3

3. Anal fissure dilatation or excision

Treatment for a tear of the bowel lining just inside the anus. Anal dilatation is also used in the absence of a fissure as a treatment for haemorrhoids.

The specialty usually performing this procedure is general surgery.
OPCS 4 & ICD 9 codes: H54, H56.2, H56.4

4. Varicose vein stripping or ligation

The removal or tying off of tortuous veins in the leg.

The specialty usually performing this procedure is general surgery.
OPCS 4 & ICD 9 codes: L85, L87

5. Cystoscopy, diagnostic and operative

Inspection of the inside of the bladder to establish a diagnosis and/or carry out simple procedures.

The specialty usually performing this procedure is urological surgery.
OPCS 4 & ICD 9 codes: M28, M29, M30, M42, M43, M44, M45, M76, M77, M32.1, M32.2 M32.3

6. Circumcision

The cutting off of the foreskin or prepuce.

Specialties usually performing this procedure are general surgery, urological surgery and paediatric surgery.
OPCS 4 & ICD 9 codes: N30.3

7. Excision of Dupuytren's contracture

Removal of contracted fibrous tissue (fascia) under the skin of the palm.

The specialty usually performing this procedure is orthopaedic surgery.
OPCS 4 & ICD 9 codes: If principal diagnosis = 728.6 and op codes T52, T54

8. Carpal tunnel decompression

A nerve, called the median nerve, runs down the arm to supply some of the muscles and skin sensation in the hand. Sometimes it becomes compressed where it passes through the wrist, under a band of fibrous tissue. The treatment is to make an incision at the wrist and release the nerve.

The specialty usually performing this procedure is orthopaedic surgery.
OPCS 4 & ICD 9 codes: A65

9. Arthroscopy – any joint diagnostic and operative

Inspection of the inside of a joint- most commonly the knee.

The specialty usually performing this procedure is orthopaedic surgery.
OPCS 4 & ICD 9 codes: W82 through to W88

10. Excision of ganglion

Removal of the outpouching of the lining of a small joint.

The specialty usually performing this procedure is orthopaedic surgery.
OPCS 4 & ICD 9 codes: T59, T60

11. Orchidopexy

An operation to correct undescended testes, usually in children aged 2 - 8 years. It is very rare in adults.

Specialties usually performing this procedure are general surgery, urological surgery and paediatric surgery.
OPCS 4 & ICD 9 codes: N08, N09

12. Cataract extraction, with or without implant

Removal of an opacified lens from the eye sometimes including the insertion of an artificial lens.

The specialty usually performing this procedure is ophthalmology.
OPCS 4 & ICD 9 codes: If principal diagnosis = 366 and op. Codes C71 through to C77.

13. Correction of squint

A squint is caused by disturbance to the balance of pull of the six muscles which move the eyeball in its socket. Correction involves re-positioning of the muscles on the eyeball to reduce the effect of some by recession and increase the effect of others by resection or shortening.

The specialty usually performing this procedure is ophthalmology.
OPCS 4 & ICD 9 codes: If principal diagnosis = 378 and op. Codes C31 through to C35.

14. Myringotomy, with or without insertion of grommets

A hole is made in the ear drum (myringotomy), then a small tube or grommet may be inserted into the ear drum to keep the hole open.

Specialties usually performing this procedure are ear, nose and throat surgery (ENT) and paediatric surgery.
OPCS 4 & ICD 9 codes: D15, D20.2, D20.3

15. Sub mucous resection

An incision is made in the mucous membrane covering the septum, and misplaced cartilage and bone are then cut away.

The specialty usually performing this procedure is ENT surgery.
OPCS 4 & ICD 9 codes: E04, E03.1, E03.6

16. Reduction of nasal fracture

The realignment of displaced bones following a broken nose.

The specialty usually performing this procedure is ENT surgery.
OPCS 4 & ICD 9 codes: V09.2

17. Operation for 'bat' ears

The removal of skin and soft tissue from behind the ears to allow the ear to sit back flatter against the head.

The specialty usually performing this procedure is plastic surgery.
OPCS 4 & ICD 9 codes: D03.3

18. Dilatation & Curettage

The opening up of the neck of the womb to allow for its lining to be scraped out.

The specialty usually performing this procedure is gynaecology.
OPCS 4 & ICD 9 codes: Q10.3

19. Laparoscopy, with or without sterilisation

The inspection of the abdominal cavity sometimes including blocking the 'tubes' from the ovaries to the womb.

The specialty usually performing this procedure is gynaecology.
OPCS 4 & ICD 9 codes: Q35, Q36, Q38, Q39, Q41, Q49, Q50, Q37.1, T43.9

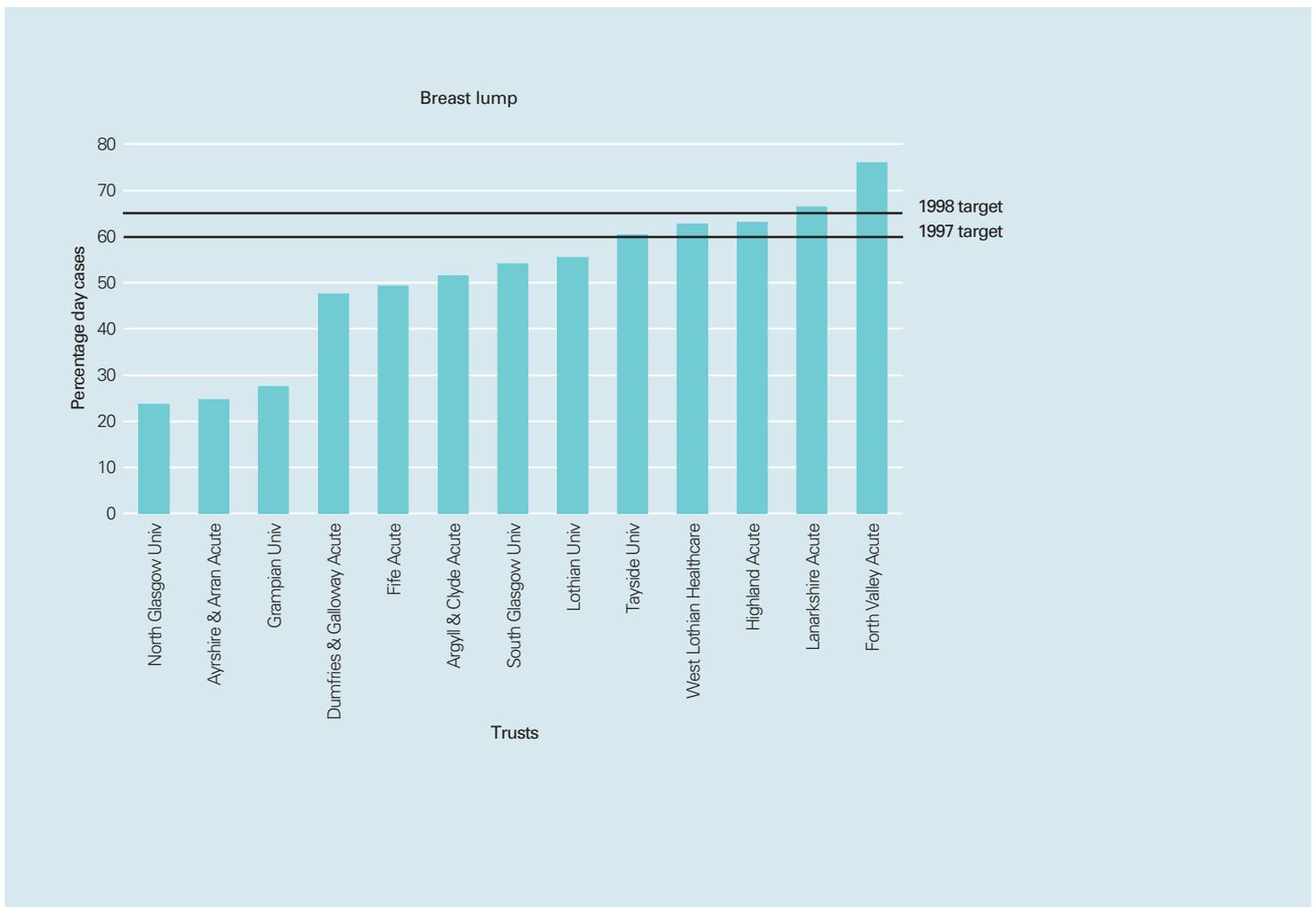
20. Termination of pregnancy

Removal of an intra-uterine pregnancy through the neck of the womb.

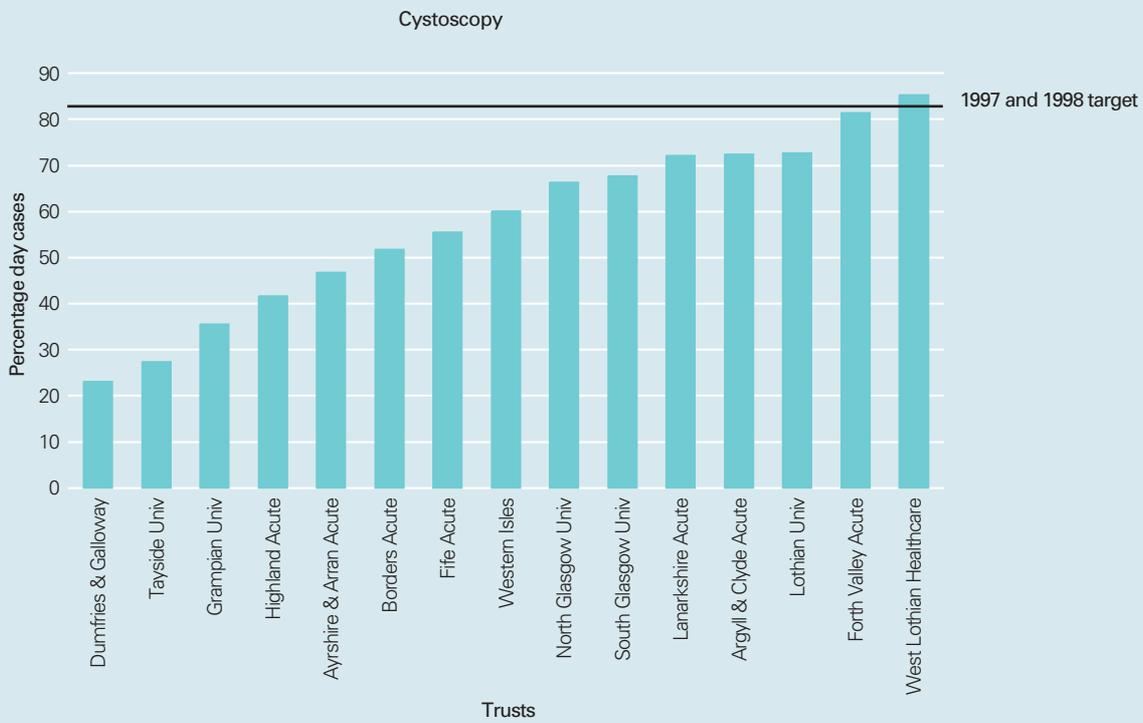
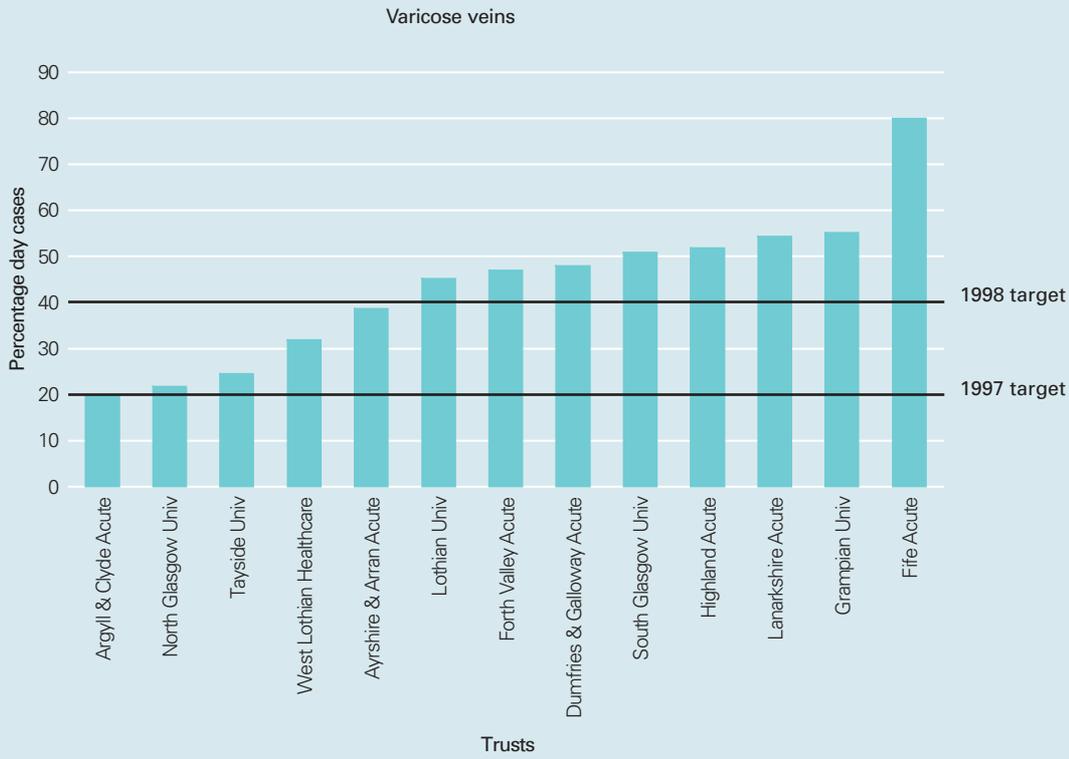
The specialty usually performing this procedure is gynaecology.
OPCS 4 & ICD 9 codes: If principal diagnosis = 635 and Q10, Q11, Q14 in 1st or 2nd position.

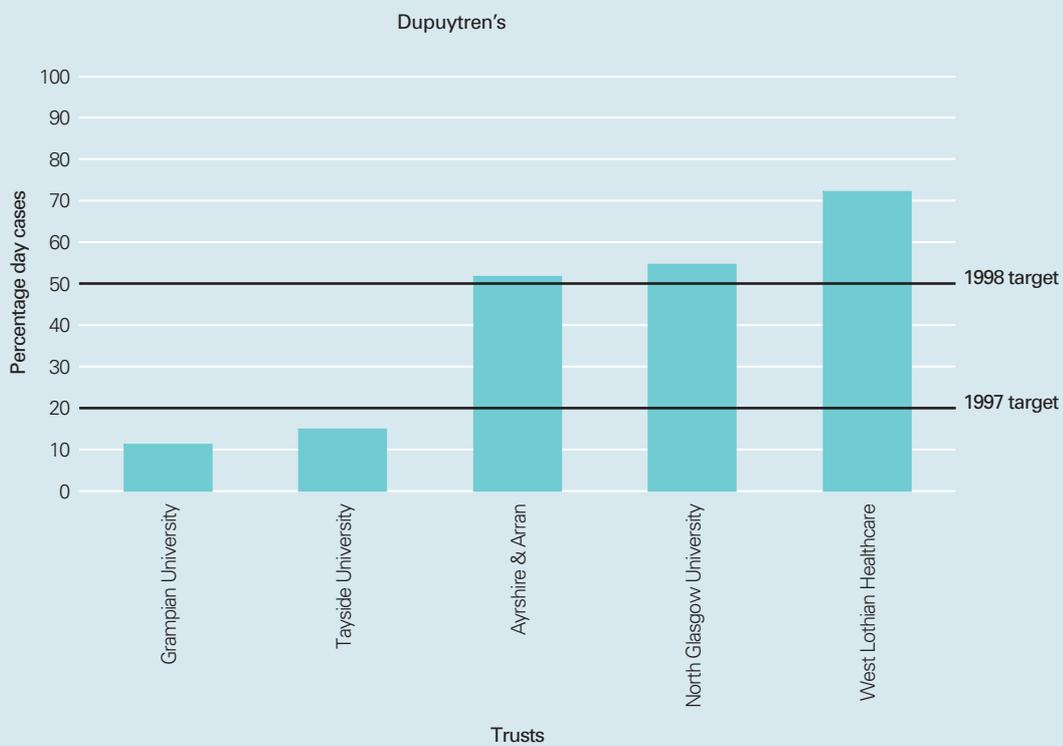
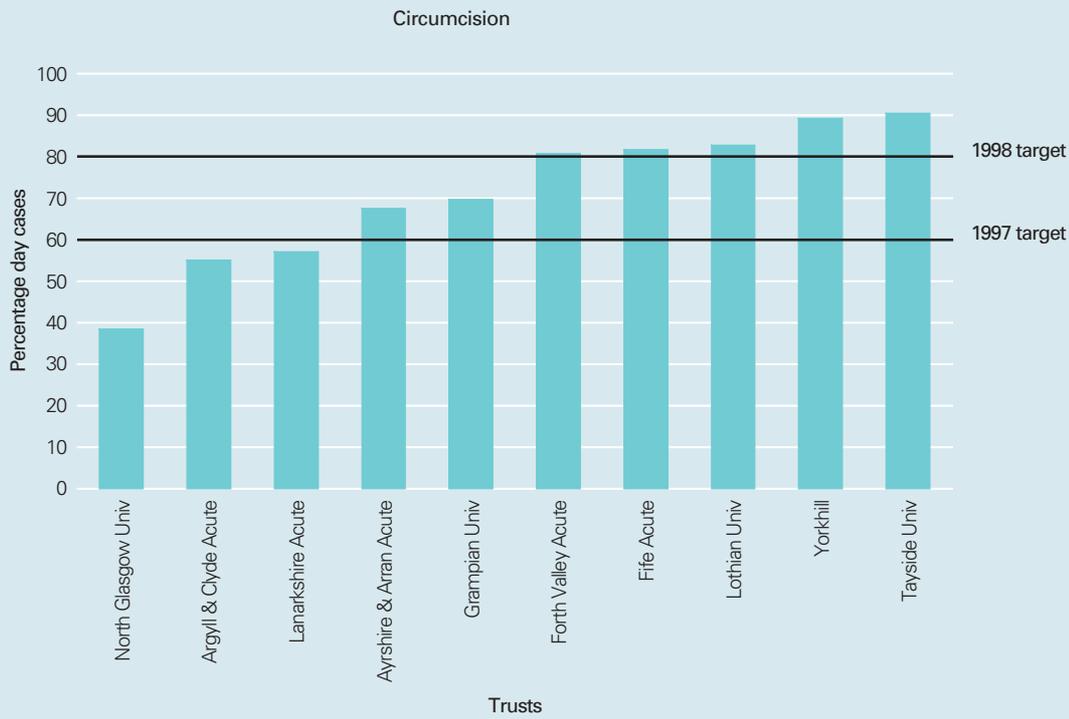
Appendix 2: Variation in trusts' performance against targets for a basket of day surgery procedures

The graphs show the percentage of day cases in 2002/03 for those trusts carrying out at least 100 operations of the procedure⁸.

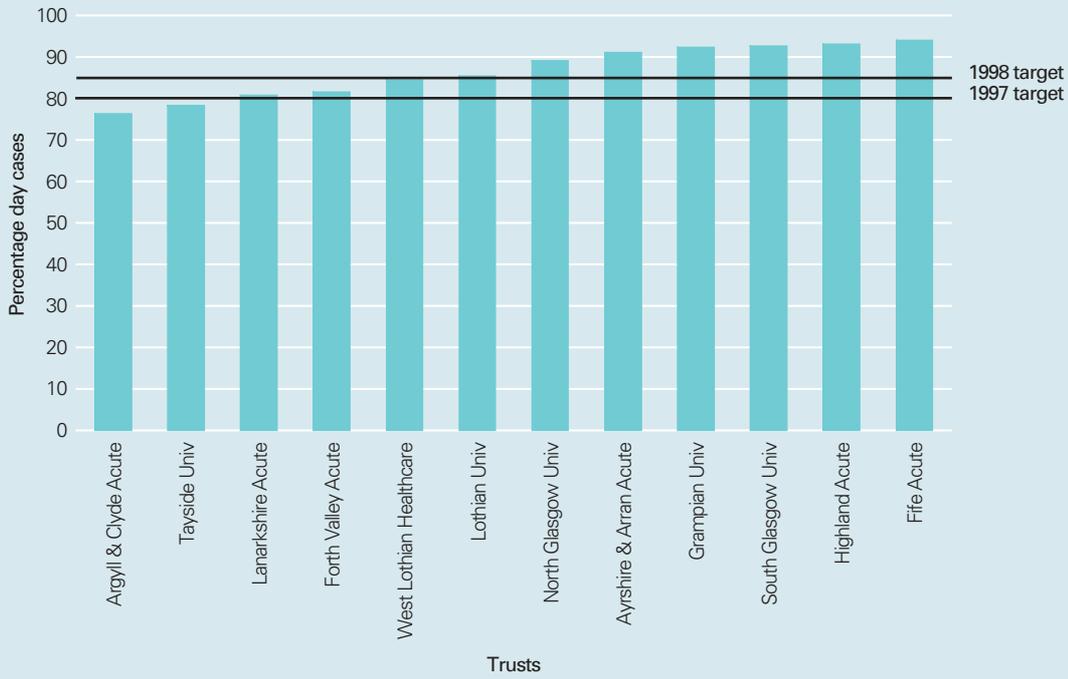


⁸ Data for orchidopexy, anal fissure, ganglion, and bat ears have not been included as no trust carried out more than 100 procedures.

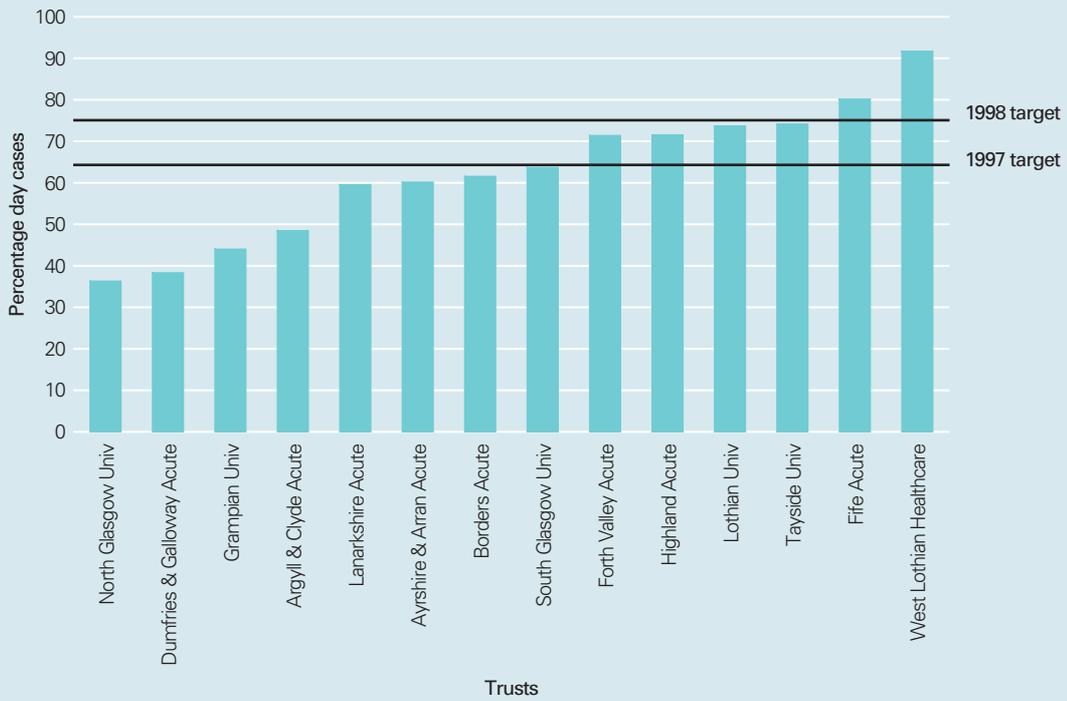


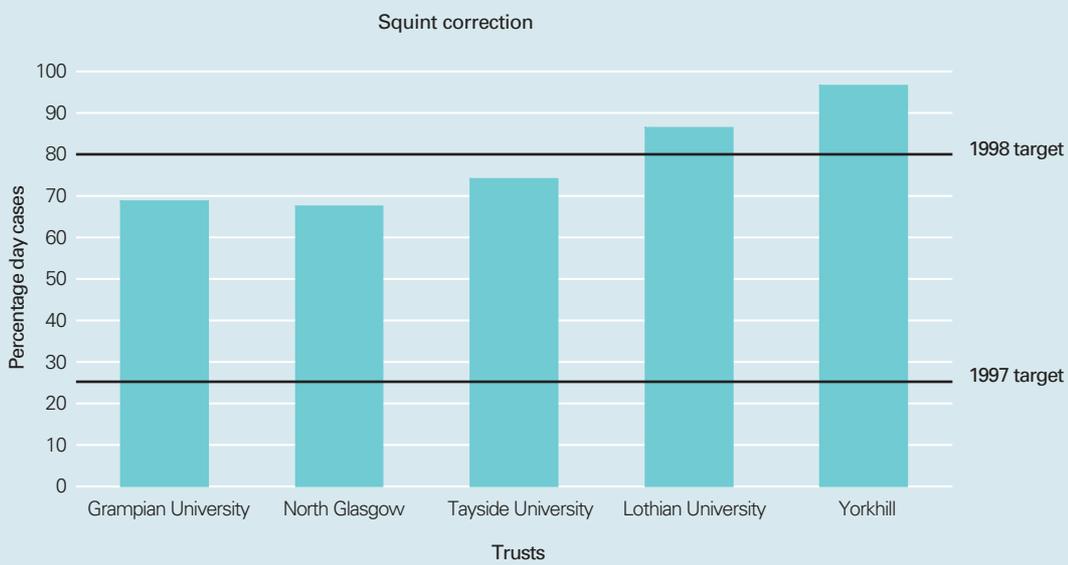
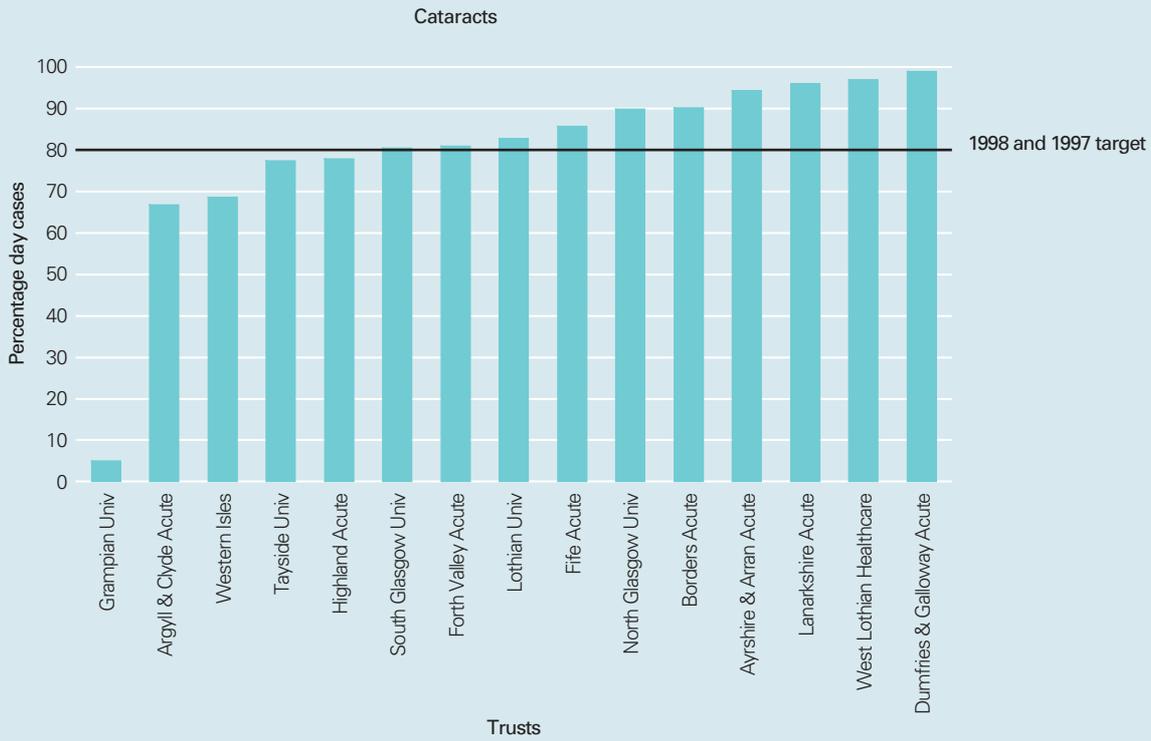


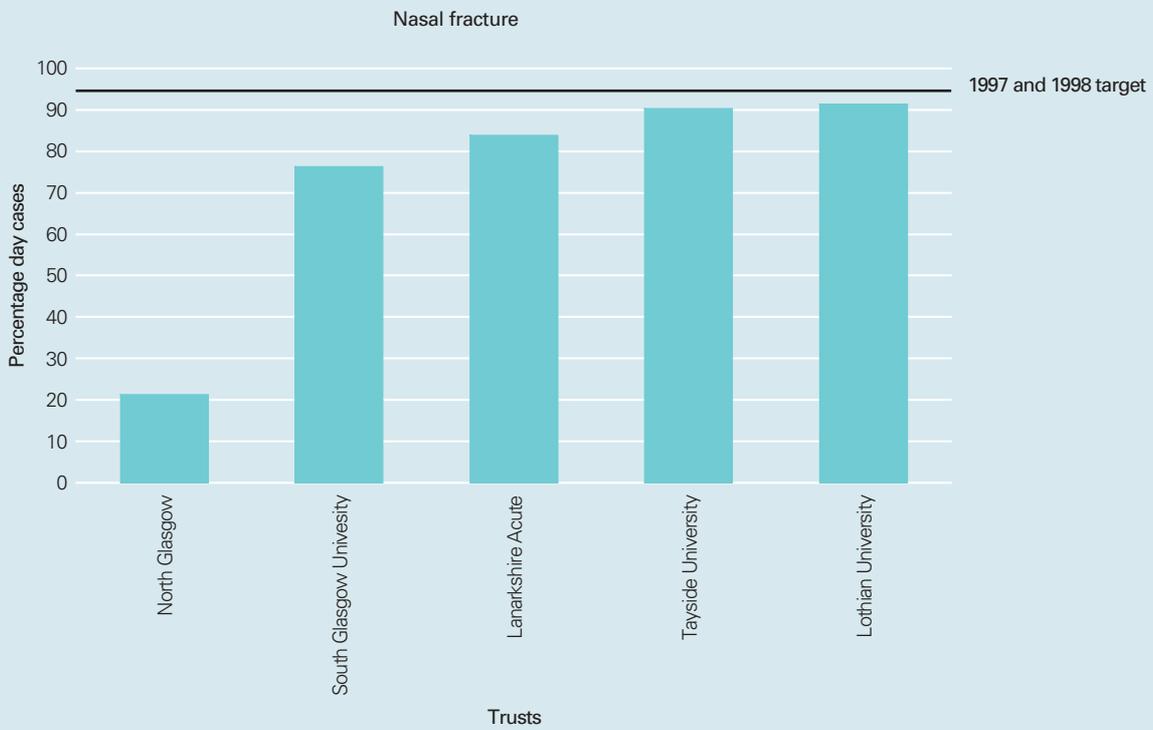
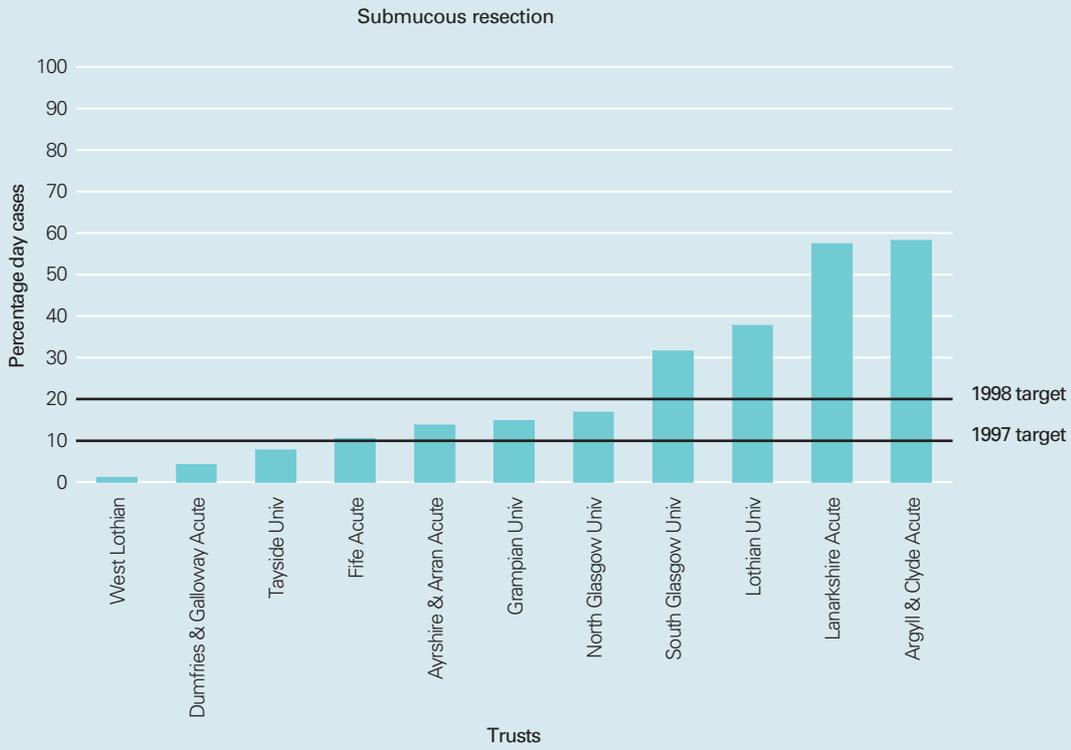
Carpal tunnel



Arthroscopy



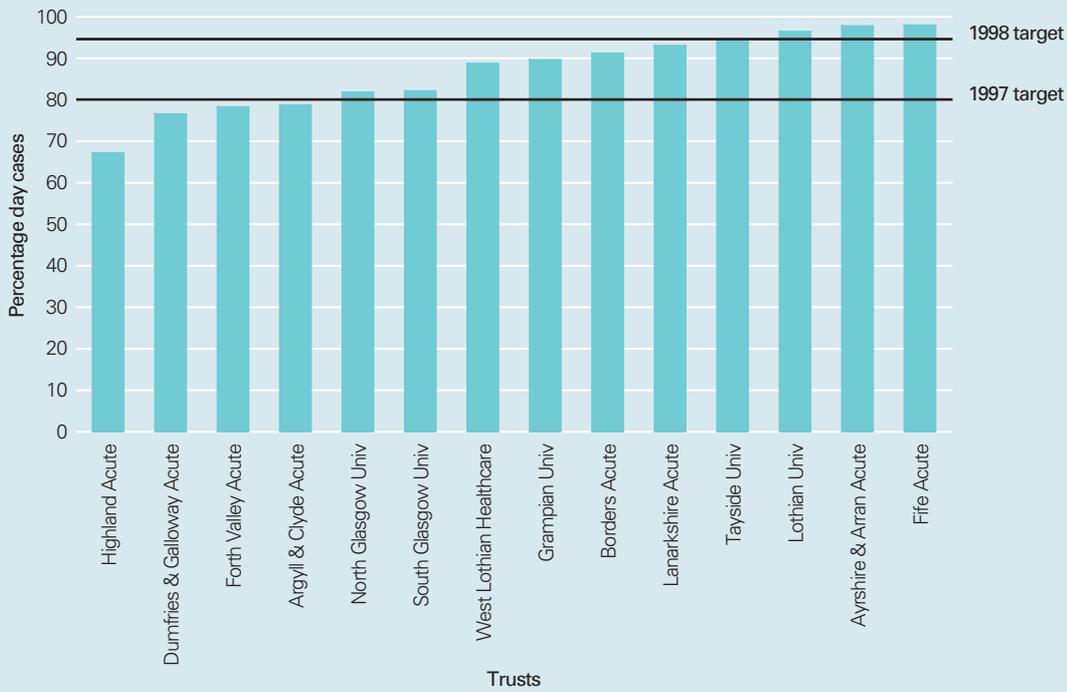




Laparoscopy



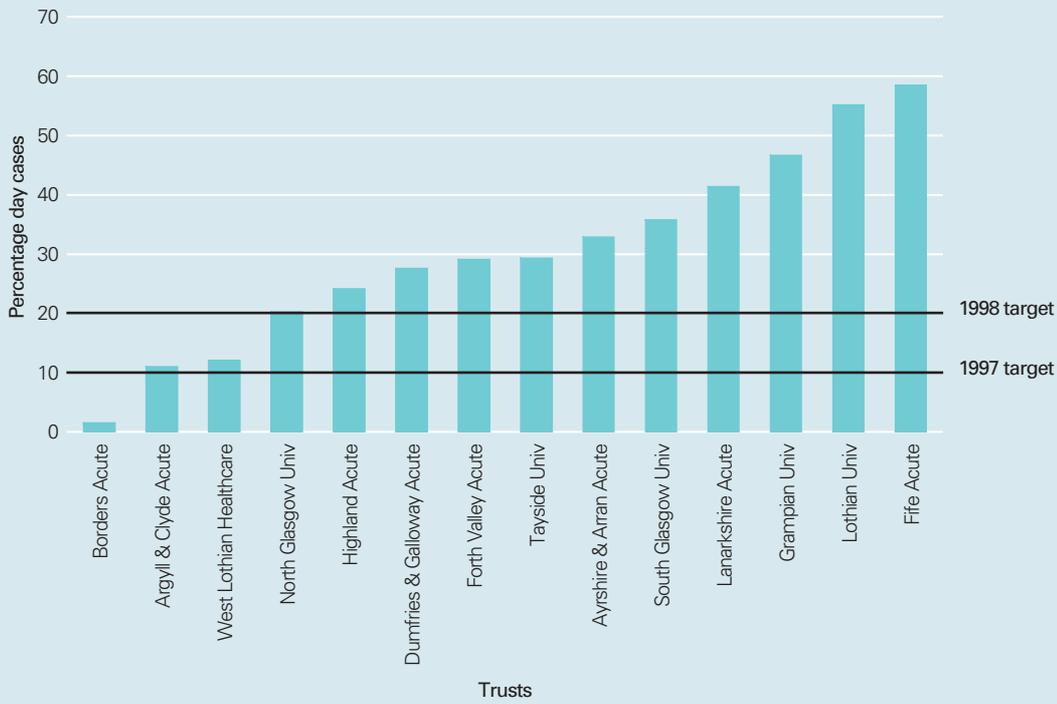
Termination of pregnancy



Inguinal hernia – children



Inguinal hernia – adult



Appendix 3: Numbers of each procedure undertaken and percentage as day cases

Surgical Procedure	Total elective admissions in-patient and day cases	Day cases	Percentage elective admissions as day cases
Inguinal Hernia Adult	5,367	1,762	32.8
Inguinal Hernia Child	835	663	79.4
Excision Breast Lump	1,590	3,256	48.8
Anal Fissure	412	243	59.0
Varicose Veins	4,540	1,887	41.6
Circumcision	2,348	1,726	73.5
Dupuytren's Excision	1,247	488	39.1
Carpal Tunnel Decompression	3,120	2,699	86.5
Arthroscopy	6,084	3,758	61.8
Ganglion	695	577	83.0
Orchidopexy	585	395	67.5
Cataract Extraction	19,865	16,421	82.7
Squint Correction	1,194	897	75.1
Submucous Resection	2,196	604	27.5
Nasal Fracture	1,224	983	80.3
Correction of Bat Ears	427	123	28.8
Laparoscopy	7,489	5,659	75.6
Termination of Pregnancy	11,673	10,367	88.8
Sub Total	70,891	52,508	
Cystoscopy	24,905	16,280	65.3
Sub Total	95,796	68,788	
Dilatation & Curettage (D&C)	3,120	2,155	69.1
Myringotomy w/wo Grommets	2,266	1,858	82.0
Sub Total	101,182	72,801	
Haemorrhoidectomy	709	116	16.4
Laparoscopic Cholecystectomy	3,472	41	1.2
TUR Bladder Tumour	3,479	678	19.5
Bunion Operations	1,109	200	18.0
Removal of Metalware	2,133	935	43.8
Tonsillectomy	4,462	28	0.6
D&C / Hysteroscopy	6,479	4,307	66.5

Day surgery in Scotland – reviewing progress



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