AMBULATORY SURGERY IN HUNGARY: 15 YEARS OF EXPERIENCE

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ABSTRACT:
The Hungarian Association of Ambulatory Surgery was established in 1997. One of its main important objectives was to encourage the start of ambulatory surgery (AS) in Hungary. For establishing ambulatory surgery accreditation for the building, high quality medical equipment, surgeons, anesthetists and other medical personal, complete economical and managerial independence is needed. In Hungary, the premises of a continuously developing day surgery exist but there are also some factors that delay the evolution of this type of medicine. In the following years Hungary will implement the model of West Europe and USA and for economic, medical and social reasons the procedures of day surgery will increase to be 50%. Keywords: Association, ambulatory surgery

CHIRURGIA AMBULATORIE IN UNGARIA: 15 ANI DE EXPERIENȚA

Rezumat:
Societatea Maghiara de Chirurgie Ambulatorie înființată în 1997 are principalul obiectiv de a încuraja inițierea activității de chirurgie ambulatorie în Ungaria. Pentru desfășurarea activității de chirurgie ambulatorie este nevoie de: acreditarea spațiului de functionare, echipament medical de înaltă performanță, chirurgi, anestezisti, personal medical mediu precum și completa independența economică și managerială. In Ungaria exista premisele dezvoltării în continuare a chirurgiei de zi, dar existau factori care întârzie evoluția acestui tip de medicină. În următorii ani Ungaria va prelua modelul Europei de Vest și a USA și pentru motive economice, medicale și sociale intervențiile de tipul chirurgiei de zi vor depasi 50% din cazuri.

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The Hungarian Association of Ambulatory Surgery (HAAS) was established in 1997 and has some main objectives such as encouraging the start of ambulatory surgery (AS) in Hungary, helping the expansion and spreading of AS – new members, teaching, contact with the authorities, initiating courses (theoretical and practical workshops), expanding the activities to the international field and cooperate with similar associations in the region.

Up to 2003, though there was a regulation for ambulatory surgery, AS in Hungary was performed only in inpatient hospitals, in an unregulated, spontaneous fashion. In 2003, and due to a regulation that permitted AS in outpatient hospitals, it was performed in five free standing units in private hospitals. In 2007 there was an increase in the number of AS hospital that reached 47 private and public units, where it was permitted to be performed. In Hungary the types of AS units are represented as following:

- free standing units in private hospitals
- new units in public hospitals
- units in outpatients polyclinics
- scattered AS activity in public hospitals

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For performing ambulatory surgery accreditation for the building, high quality medical equipment, surgeons, anesthetists and other medical personnel, complete economical and managerial independence is needed. The multidisciplinary activity is always recommended, since it is cost effective. The centres must have devoted coordinators and doctors, because the preoperative evaluation of the patients and their correct selection are extremely important for the medical activity of the centre. The countries implied in these type of medicine need to develop an effective quality insurance system. The operations must be performed by highly qualified surgeons. Postoperative care, early mobilization and early oral food and fluid intake is also extremely important. The criteria for discharging the patients must be standardized. Home care conditions, and communication criteria with the patient must be guaranteed.

In Hungary there are 283 activities permitted for ambulatory surgery, the most important are:

- Hand surgery (carpal tunnel syndrome)
- Arthroscopy (knee arthroscopy)
- Cataract surgery (lens implants)
- Orthopedics (hallux valgus, foot surgery)
- General surgery (hernias, proctology, benign breast tumors, varicose veins)
- Gynecology (interruption of pregnancy, abrasion)
- Colonoscopy (polypectomy)

The laws in Hungary permit a hospitalization of 23 hours in the AS system, but in general there is only a need for 2 - 4 hours of stay after local and regional anesthesia, 4-6 hours after general anesthesia, 10- 23 hours in day clinic after laparoscopic operations (hernias, gynecologic pathology, etc).

It is observed that there is an increased growing tendency for AS in Hungary to be as 19% in 2005-2006, 26% in 2006-2007 and 37% in 2007 – 2008.

**DEVELOPMENT OF INTERNATIONAL COLLABORATION**

The Hungarian Association of Ambulatory Surgery promoted a plan to organize together with other interested Central European countries a working group for collaboration and development of AS. The first meeting was organized in Budapest in 13-14 of June 2009. The participants were from Austria, Croatia, Hungary, Slovakia, Romania and Serbia. The president of IAAS dr. Claus Toftgaard from Denmark, participated also and coordinated this first meeting. The next symposium of this working group shall be organized in Budapest next year and then alternatively in other Central European countries.

In Hungary the premises of continuously development of day surgery exist, but there are also some factors that delay the evolution of this type of medicine, such as financing, social acceptance, barriers in the medical field etc. These barriers are almost similar in all countries of Central Europe and may be in the world also. The international collaboration between Central European countries, regional AS associations and the IAAS will allow the increasing of activity and the more acceptance of this new medical concept.

**REFERENCES**