

Minimum age criteria for day surgery in term infants - APAGBI national survey of current practice in the UK

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Introduction and aims

The risk of post-operative apnoea in ex-preterm infants is well established and these babies should not be considered for day surgery unless medically fit and beyond 60 weeks post-conceptual age PCA^{1,2}.

However, the risk of postoperative apnoea in term infants is unclear. Full-term infants over one month are considered appropriate to undergo day surgery² but there are no national guidelines to substantiate this criterion. The lower age limit for day surgery also depends on the local facilities, medical and social factors and the risk need to be evaluated on an individual basis.

Our aim was to conduct a national survey on the current practice and to ascertain the feasibility of a consensus opinion for minimum age limit for day surgery in term infants.

Methods

An online questionnaire survey was sent to APA members on their current practice for day surgery in both term and preterm infants.

Results

- 232 responses. 93.5% Consultants and 6.5% SAS grade or trainees.
- Wide variation in the minimum age limit considered suitable for day case procedures ranging from 1-month post birth (20.7%) to 60 weeks postconceptual age (PCA) (10.9%). However, 55.4% of those surveyed had PCA 46 weeks or less as their minimum age limit for term infants.
- For ex-premature infants, 65.3% had 56-60 weeks as the minimum age limit.
- Most anaesthetists did not routinely check preoperative haemoglobin levels and the majority were either not concerned (25.3%) or accepted levels upto 10gm/dl (44.1%).
- Wide variation in the type postoperative monitoring and the minimum duration varied from 2 - 12 hours.
- 68.9% reported that formal guidelines existed in their departments on the minimum age for term infants for day surgery.

Discussion and conclusion

The results indicate a wide variation in clinical practice in the minimum age criterion for term infants for day surgery across the UK. Discrepancies exist on the type and duration of essential postoperative monitoring. There is no consensus on the role of preoperative haemoglobin measurements in guiding eligibility criteria in these infants.

This lack of consensus amongst the paediatric anaesthetists probably reflects the lack of concrete data in the literature. There is an urgent need for a formal review of evidence in order to provide clear guidance on the eligibility criteria for day surgery in term infants. We believe that this would provide direction for safe management of this sub-group of the paediatric population.

References

1. Short J, Bew S. Paediatric day surgery. In: Smith I, McWhinnie D, Jackson I (eds). Day case surgery. Oxford specialist handbooks. Oxford University Press, 2012:161-197.
2. Verma R, Alladi R, Jackson I, et al. Day case and short stay surgery: 2, *Anaesthesia* 2011; 66: pages 417-434.