

## Ambulatory surgery

In the past few decades, the number of surgical procedures carried out on a same-day basis has markedly increased in OECD countries. Advances in medical technologies – in particular the diffusion of less invasive surgical interventions – and better anaesthetics have made this development possible. These innovations have improved patient safety and health outcomes. Further, by shortening the treatment episode, same-day surgery can save important resources without any adverse effects on quality of care. It also frees up capacity within hospitals to focus on more complex cases or to reduce waiting lists. However, the impact of the rise in same-day surgeries on overall health spending may not be straightforward since the reduction in unit costs (compared to inpatient surgery), may be offset by overall growth in the volume of procedures performed. Any additional cost related to post-acute care and community health services following the interventions also need to be considered.

Cataract surgeries and tonsillectomies (the removal of tonsils – glands at the back of the throat – mainly performed on children) provide good examples of high-volume surgeries that are now mainly carried out on a same-day basis in many OECD countries.

Day surgery accounts for 90% or more of all cataract surgeries in the majority of OECD countries (Figure 9.18). In several countries, nearly all cataract surgeries are performed as day cases. However, the use of day surgery is low in Poland, Lithuania, Turkey and Hungary, with less than 60% of surgeries performed as day cases). While this may be explained partly by limitations in the data coverage of outpatient activities in hospital or outside hospital, it may also reflect higher reimbursement for inpatient stays or constraints on the development of day surgery.

The number of cataract surgeries performed on a same-day basis has grown significantly since 2007 in many countries, including Austria, France, Hungary, Ireland, Poland, Portugal and Slovenia (Figure 9.18). In Austria, the share of cataract surgeries performed as day cases increased from only 10% in 2007 to almost 85% in 2017.

Tonsillectomies are one of the most frequent surgical procedures performed on children, usually those suffering from repeated or chronic infections of the tonsils, breathing problems or obstructive sleep apnoea due to large tonsils. Although the operation is performed under general anaesthesia, it is now carried out predominantly as same-day surgery in 10 of 29 OECD countries with comparable data, with children returning home the same day (Figure 9.19). However, the proportion of day cases is not as high as for cataract surgery, at 34% of tonsillectomies, on

average across OECD countries. Day surgery rates are relatively high in Iceland, Finland and Sweden (75% of cases or higher) but remain less than 10% of cases in 10 OECD countries. In Slovenia, Hungary, the Czech Republic and Austria, practically no tonsillectomies are undertaken as day cases. These large differences in the share of same-day surgery may reflect variations in the perceived risks of postoperative complications, or simply clinical traditions of keeping children for at least one night in hospital after the operation.

Financial incentives can also affect the extent to which minor surgery is conducted on a same-day basis. In Denmark and France, diagnostic-related group (DRG) systems have been adjusted to incentivise same-day surgery. In the United Kingdom, a financial incentive of approximately GBP 300 per case is awarded for selected surgical procedures if the patient was managed on a day-case basis (OECD, 2017[1]).

### Definition and comparability

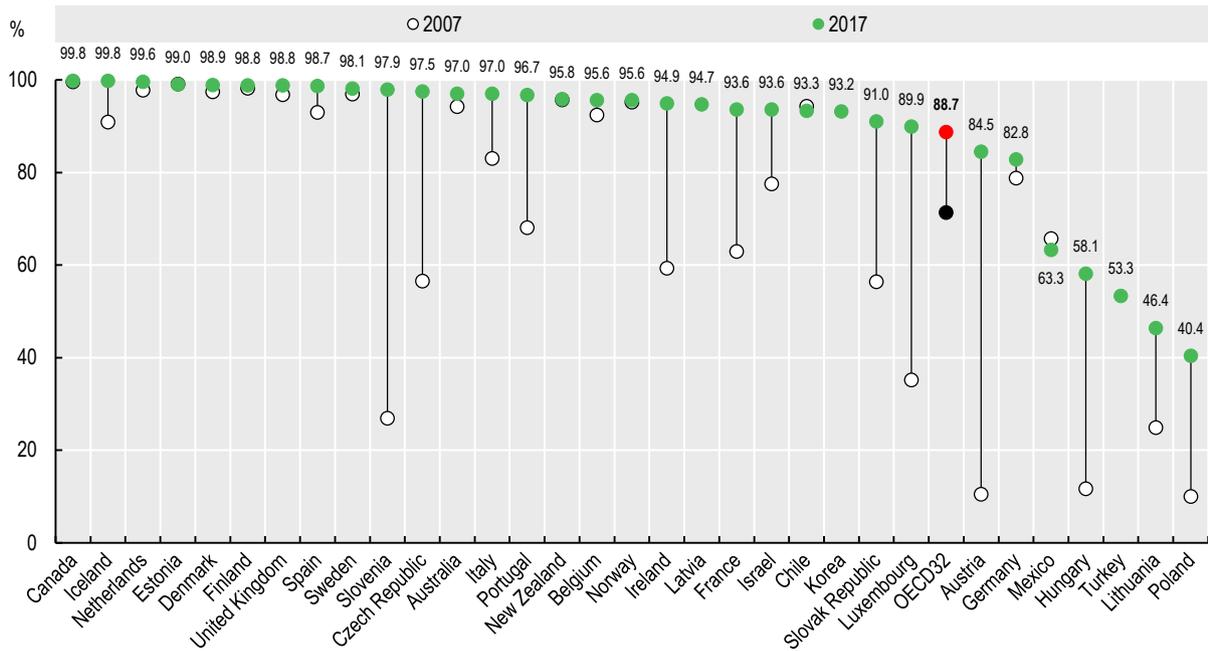
Cataract surgery consists of removing the lens of the eye because of the presence of cataracts partially or completely clouding the lens, and replacing it with an artificial lens. It is mainly performed on elderly people. Tonsillectomy consists of removing the tonsils – glands at the back of the throat. It is mainly performed on children.

The data for several countries do not include outpatient cases in hospital or outside hospital (i.e. patients who are not formally admitted and discharged), leading to some under-estimation. In Ireland, Mexico, New Zealand and the United Kingdom, the data only include cataract surgeries carried out in public or publicly funded hospitals, excluding any procedures performed in private hospitals (in Ireland, it is estimated that approximately 15% of all hospital activity is undertaken in private hospitals). Data for Portugal relate only to public hospitals on the mainland. Data for Spain only partly include activities in private hospitals.

### References

- [1] OECD (2017), *Tackling Wasteful Spending in Health*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264266414-en>.

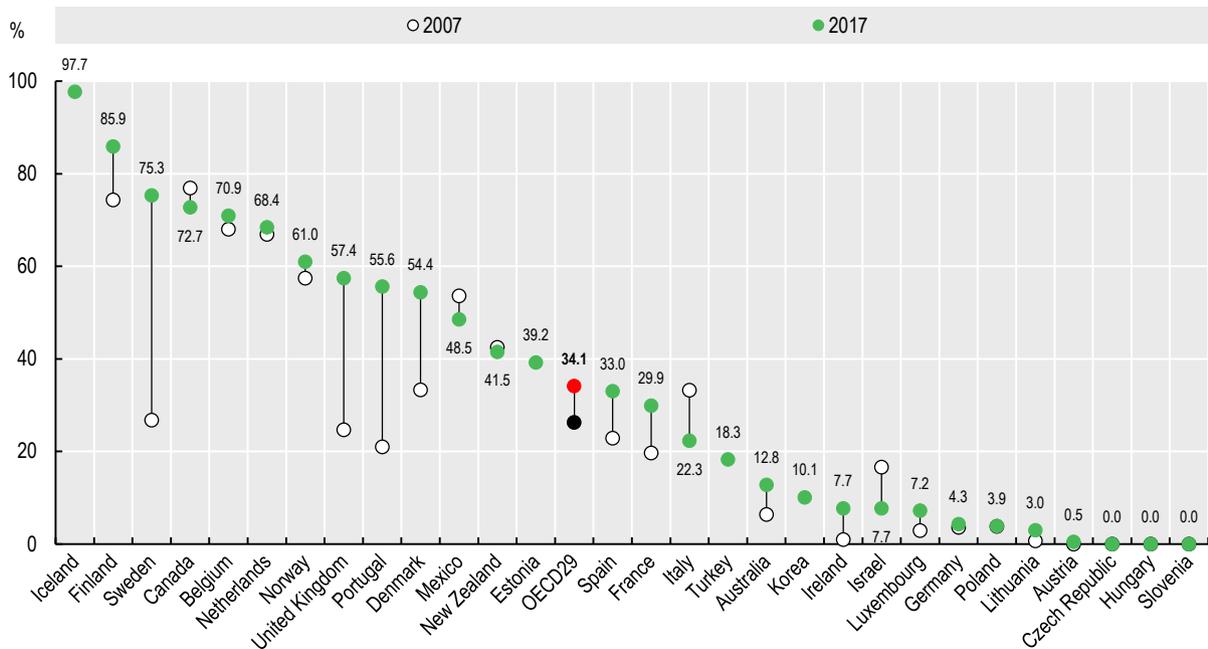
Figure 9.18. Share of cataract surgery carried out as ambulatory cases, 2007 and 2017 (or nearest year)



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934017956>

Figure 9.19. Share of tonsillectomy carried out as ambulatory cases, 2007 and 2017 (or nearest year)



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934017975>



**From:**  
**Health at a Glance 2019**  
OECD Indicators

**Access the complete publication at:**  
<https://doi.org/10.1787/4dd50c09-en>

**Please cite this chapter as:**

OECD (2019), "Ambulatory surgery", in *Health at a Glance 2019: OECD Indicators*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/c7c207b3-en>

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at <http://www.oecd.org/termsandconditions>.