

SECTION 2

Surgical and Endovascular Services



The hospital surgery suite has undergone revolutionary change over the past several decades. For a long time, the focus has been on shifting surgery to a lower-cost outpatient setting. Now, the focus is on lowering both the costs and risks of surgery with the ongoing migration from invasive to less-invasive surgery or noninvasive procedures. Minimally-invasive, image-guided, robotic, and telesurgery — along with intraoperative imaging techniques — continue to replace traditional surgical procedures.

Surgical services. Because surgical procedures are invasive — penetrating the protective surfaces of a patient's body — they must be performed in an operating room (OR) designed to provide an aseptic field. All materials and instruments must be sterilized, and individuals must wear appropriate surgical attire to prevent contamination. Unique to the surgery suite, the surgical operating rooms and support spaces are grouped into restricted and semi-restricted areas to ensure a high level of asepsis control.

Surgery may be performed in an acute care hospital setting or an ambulatory surgery center — either freestanding or within a larger ambulatory care facility. The proportion of outpatients in a hospital surgery suite varies depending on the types of procedures performed and the availability of a separate outpatient surgery center on the campus or elsewhere in the community. Even in a hospital surgery suite, most patients arrive on the day of surgery — commonly referred to as "same-day admits" — unless they are admitted through the emergency department. Upon arrival, outpatients and same-day-admit patients are directed to the surgery reception/intake area, from where they are taken to a pre-op area. Preparation generally involves the patient changing into a gown, the insertion of intravenous (IV) lines, the administration of preoperative medication, and induction of regional anesthesia along with associated

monitoring, as required. Next, the patient is moved to the OR, where anesthesia is administered and the procedure is performed. After the procedure, the patient is moved to the post-anesthesia recovery area (PACU) — also referred to as Phase I recovery — for a brief or extended time depending on the type of anesthesia used. Upon regaining consciousness, the patient is transferred to a patient care unit for an overnight or multiple-day stay or moved to the Phase II recovery area in preparation for their discharge home. Depending on the procedure and the patient's acuity, the patient may be moved from the PACU to an intensive care unit (ICU). Cardiac surgery patients are often moved directly from the OR to the cardiac surgery intensive care unit (CSICU).



Endovascular imaging services. Many conditions that once required surgery can now be treated non-surgically by interventional radiologists, cardiologists, neuroradiologists, and other specialists. By minimizing the physical trauma to the patient, interventional imaging procedures reduce infection rates and recovery time and shorten hospital stays. Interventional imaging uses minimally invasive, image-guided procedures to diagnose and treat diseases in nearly all parts of the body. These procedures are usually performed using catheters and small instruments and tools, eliminating the need to cut the body through a scope (camera) or other large incisions. For example, radiologists use angiography

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