

References

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Re: Adverse Events and Readmissions after Day-Case Urological Surgery

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To the Editor:

This valuable retrospective study looks at the complication rate and frequency of re-admission following day case (ambulatory urological surgery), under both local and general anaesthesia. The authors have reviewed all day case surgery over a 16 month period at a single institution accumulating data on 1189 patients from a possible 1420.

The importance of this paper is two fold. Firstly, it highlights the ever increasing trend toward day case surgery throughout the world with an inevitable parallel rise in the degree of surgical complexity that can be accomplished in such a setting. Not too long ago, day case ureteroscopy with stent placement was unheard of, now it is common place with excellent results and acceptable rates of complication and re-admission.

The second important issue is that of re-admission and complications following day case surgery and the distribution of these issues amongst the various procedures with identification of risk factors where possible. It is no surprise that more complex procedures are inextricably linked to a higher rate of both complication and re-admission. One would accept this as the first cousin of change and progress and it is this facet that offers the greatest opportunity for improvement and further progress.

The re-admission figures are very impressive in this series – overall 0.5 %. This compares very favourably with figures from other studies¹ and is well below the recommended re-admission rate of 3% (1). There are minor omissions from this paper, the re admission rate following GA day case procedures,

whilst having a risk ratio in excess of 7 in comparison to the rate following local anaesthesia is not calculated. It would also have been of use to include the actual re-admission rates for each procedure classification. In our own multi-centre study (2), ureteroscopy yielded a re-admission rate of over 13% which may be loosely compared to the 18% complication rate following ureteroscopy in this series despite an unknown rate of re-admission.

There is no doubt that there is a huge drive, both from a patient acceptability view and from a health economic stand, for day case surgery to

continually evolve. As it does so, there is a vital need for perpetual audit and analysis of results to ensure that patient interests are not overlooked or indeed sacrificed in the name of such progress.

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Re: The Role of Squamous Differentiation in Patients with Transitional Cell Carcinoma of the Bladder Treated with Radical Cystectomy

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To the Editor:

Antunes et al., provide an interesting insight into the adverse prognostic role of squamous differentiation of transitional cell carcinoma (TCC) of the bladder. In their retrospective study, both disease recurrence and mortality were statistically higher in

those patients with squamous differentiation, with the adverse prognosis being confirmed on a multivariate analysis. Some deficiencies were noted in the study, most importantly the small number of patients, and the lack of information about the presence and extent