

Cite as: Matta R. Clearing the way: Trimming the length of stay after urethroplasty. *Can Urol Assoc J* 2023;17(6):183. <http://dx.doi.org/10.5489/cuaj.8398>

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Clearing the way: Trimming the length of stay after urethroplasty

In this issue of *CUAJ*, McAllister et al present their experience implementing an extended day surgery (<24 hours; XDS) approach to patients receiving urethroplasty during the COVID-19 pandemic.¹ They compare a cohort of XDS patients to historic matched patients who were admitted postoperatively to hospital, exploring relevant outcomes, such as 90-day postoperative complications and unplanned healthcare interactions. There was no difference in postoperative complications between the groups. In the Canadian context, this is the first study evaluating shortening hospital stays after urethroplasty.

This is a timely adjustment to urethral reconstructive surgery in a publicly funded healthcare system. Long wait times for elective surgery in Canada have been a problem for many years, and the recent pandemic has exacerbated the situation. Compared with 2019, it is estimated that nearly 600 000 fewer surgeries were performed in the first 22 months of the pandemic (excluding Quebec).² Urethral reconstructive surgeons face additional challenges to delivering timely care, with centralization of care at select academic centers and a handful of reconstructive surgeons serving large swaths of the Canadian population. Even before the COVID-19 pandemic, there were comparatively long wait times in Canada for receiving urethral stricture surgery compared to other jurisdictions.³ This problem hit the mainstream media in 2019, highlighting one patient's battle for timely urethroplasty in Ontario.⁴ It is encouraging to see that surgeons and hospitals are adopting pathways to expedite elective surgical care.

There are important issues to consider when implementing such a change. The most critical factor to consider is safety. Any changes to the surgical care pathway should prioritize patient safety. Several studies have shown that there is no increased risk in the rate of short-term complications with same-day or <24-hour discharge after urethroplasty.^{1,5,6} Healthcare utilization and costs should be taken into account to ensure that the changes are financially feasible and sustainable in the long-term. A standard hospital stay in Canada in 2020–2021 costs \$7619,⁷ and therefore, efforts to reduce such costs can improve resource allocation and patient outcomes.

Patient satisfaction is also a crucial consideration with any change to care, as it can impact their willingness to undergo surgery and followup care. Factors that can contribute to patient satisfaction are perioperative pain management and patient education. Hebert et al implemented a detailed protocol for pain management and perioperative care for ambulatory urethroplasty and found that 93% of patients were satisfied with their experience.⁶ Finally, any change to care pathways requires close monitoring of outcomes to ensure that they are achieving the desired results.

As surgeons, we are generally hesitant to adopt new approaches unless they have been thoroughly tested and shown to be safe and effective. Yet, our duty is to improve our patients' quality of life by improving outcomes and patient experience in a cost-conscious manner. This cautious approach ensures that patients receive high-quality care with consistent outcomes. McAllister et al are to be commended for safely improving the efficiency of their care, implementing a culture change at their center, and most importantly, monitoring and documenting these changes.

COMPETING INTERESTS: The author does not report any competing personal or financial interests related to this work.

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