Joseph Moryousef, Udi Blankstein
Division of Urology, Department of Surgery, McMaster University, Hamilton, ON, Canada

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Ambulatory urologic surgery
A paradigm shift towards optimizing resource use in outpatient settings

In their article, Bal et al share their experience with Canada's first ambulatory surgical center (ASC) dedicated exclusively to urologic procedures.[1] Over a 12-month period, the team successfully conducted more than 500 surgeries typically performed in hospital settings (excluding cystoscopy and vasectomy). These procedures, which included a broad range of penoscrotal surgeries, were completed entirely in an outpatient environment. Notably, the outcomes were highly favorable, with approximately 96% of patients not requiring any additional or unscheduled care prior to their followup visits, and none requiring hospitalization.

Canada's healthcare system frequently faces criticism for lengthy wait times to access specialist care and for scheduling elective, non-urgent surgeries. Expanding ASC use within urology could have a transformative impact on reducing these delays and enhancing patient access to timely care.

From the patient's perspective, ASCs offer several key benefits. Lengthy wait times for medically necessary treatments can adversely affect quality of life, extending suffering and discomfort. In response to delays, some patients pursue medical tourism, which may compromise safety and impose substantial out-of-pocket costs. Additionally, many patients prefer the option of recovering at home when safely feasible, rather than staying in a hospital postoperatively. By streamlining patient care — from consultation through to surgery — ASCs address these concerns and likely improve the overall patient experience.

From a healthcare system standpoint, shifting routine procedures for appropriately selected patients to ASCs helps free up inpatient operating rooms for complex cases that necessitate hospital admission. Urology is well-suited for such a shift, with numerous procedures — both benign (e.g., stones) and malignant (e.g., transurethral resection of bladder tumors, orchiectomy) — capable of being performed safely on an outpatient basis. Additionally, there is a growing body of evidence supporting same-day discharge for traditionally inpatient surgeries, such as robot-assisted radical prostatectomy (RARP)[2] and and nephrectomies[3] in appropriately selected patients. There are multiple papers across various surgical disciplines supporting the cost-savings benefit of ASC; managing healthcare expenditures is a critical issue in the Canadian healthcare landscape given the fears of its sustainability in the years to come with an aging population.

The authors should be commended for pioneering the establishment of Canada's first urologic ASC, successfully performing a range of procedures with reassuring patient outcomes. We anticipate that this model will inspire broader adoption across Canada given the benefits for patients, providers, and the system as a whole.

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CORRESPONDENCE: Dr. Udi Blankstein, Division of Urology, Department of Surgery, McMaster University, Hamilton, ON, Canada; udi.blankstein@gmail.com