The growth of AMBULATORY SURGERY centers

By Daniel R Gorin, MD, RVT, FACS

Despite the recent tragic death of comedian Joan Rivers, there is a long track record demonstrating the safety of patients having procedures done in freestanding surgery centers. The first Ambulatory Surgery Centers (ASCs) were developed in the 1970s. Compared to a hospital, ACSs are able to focus on a smaller number of procedures, in a more personalized and patient focused environment. Today, the vast majority of patients having procedures such as cataract surgery, or colonoscopy, will have their procedure performed in an ASC.

In the 1970s, however, the idea of treating patients with vascular disease in an office-based surgery center was inconceivable. Diseases of the arteries and veins were treated with lengthy surgical procedures, done under general anesthesia, often with long hospitals stays and recovery times.

Vascular surgery has undergone a remarkable transformation. Many, if not most patients with vascular disease can now be treated with minimally invasive procedures that require no, or very light anesthesia, leave no scars, and have very little post-procedure discomfort. As the safety and effectiveness of these procedures became established, it also became clear that they could be performed outside of the hospital, in a properly equipped center in a vascular specialist's office. Medicare and most insurers now cover the cost of staff and equipment, allowing physicians to offer their patients office-based care.

The first vascular procedures routinely performed in office-based centers were done for the treatment of varicose veins. Around 2000, techniques were developed that replaced the old varicose vein stripping operation. These procedures were done very quickly and comfortably under local anesthesia, with essentially no scars or post op pain. It became clear that the best place to do these procedures was in an office-based center; it was easier and more comfortable for patients, and it was less expensive. Today, essentially all patients with varicose veins are treated in an office or hospital clinic.

The next group of vascular patients that moved to office-based centers were kidney dialysis patients. Dialysis patients need a fistula, which is a surgically created blood vessel that is used to allow a patients blood to circulate through the dialysis machine. These fistulas can become narrow or clot off completely. Because dialysis patients depend on these fistulas to survive, they need to be treated promptly. Treatment has evolved from surgical repair to endovascular techniques, using tiny catheters and balloons placed under x-ray guidance. Freestanding dialysis access centers have developed around the country, allowing dialysis patients to have their fistula problems corrected quickly, comfortably and safely outside of the hospital.

The most recent and exciting development in office-based vascular care has been for patients with artery disease. This includes patients with circulation problems in their legs, causing walking problems (called intermittent claudication) or more severe critical limb ischemia (CLI) that results in non-healing wounds and severe foot pain that can lead to leg amputation if it is not treated. In the past, these patients were treated with leg bypass operations. These operations are very effective, and are still useful in some patients. Many patients, however, are now treated with endovascular procedures using a variety of tiny catheter based bal-

loons, stents and devices to unblock their arteries.

Over the past decade, office-based centers have been developed that are dedicated to performing arterial procedures. These centers have more sophisticated equipment than those simply doing vein and dialysis procedures. They are able to give patients IV sedation. They have recovery areas for patients to be observed after their procedure, and are staffed with specially trained nurses and radiology technicians. Experience over the past 10 years has demonstrated an excellent safety record (three centers reporting over 6,000 procedures reported no deaths, and complications of under 1 percent). Treatment in an office-based center is clearly less costly, and most importantly, patients strongly prefer the office-based environment to that of the hospital.

In the future it is likely that more and more, if not most, patients with vascular disease will be able to have their procedures done outside of the hospital. When choosing an office-based center in which to have your care, it is important to be sure that the center is accredited (this is required in Massachusetts), and that your doctor is a board-certified vascular specialist.

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