

# **Developing a Fast-track Paediatric Herniotomy Service at a Yorkshire DGH**

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## **Introduction**

Previously to 2011, babies presented as emergency to our Trust with irreducible inguinal hernia at a rate of 1 baby/ year. They were referred to our regional tertiary centre for surgery because there is no out of hours Paediatric Surgeon or Anaesthetist. Usually, patients were either, awaiting an appointment to see surgeon or on an 18-week waiting list. The aims of this SIP were to: expedite elective surgery for paediatric inguinal hernias, and prevent emergency paediatric inguinal hernia referrals to our tertiary centre.

## **Method**

Referrals to paediatric surgical clinics were triaged by the clinic sister. Hernia referrals were expedited to the next available clinic. A provisional date for surgery was arranged ASAP with an identified surgeon and anaesthetist whilst in clinic. Patient demographics and data collected retrospectively.

## **Results**

A 73% reduction in waiting time for surgery, 1 baby (1.4%) presented as emergency and was referred to our tertiary centre for surgery, the post-op complication rate fell from 6.5% to 0%.

## **Conclusion**

The success of the fast-track paediatric herniotomy service at our DGH shows that it is possible to provide timely and safe surgery in a DGH in line with the recommendations of the Paediatric Critical Care and Surgery in Children Review (November 2019).