

**THE ARTHUR LEVIN
DAY SURGERY CENTRE**

THE QUEEN ELIZABETH HOSPITAL

OPERATIONAL POLICY

This policy document is subject to yearly review

January 2003

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PHILOSOPHY

To deliver patient focused care in a relaxing environment.

To recognise the individual rights of patients attending the Centre for operation.

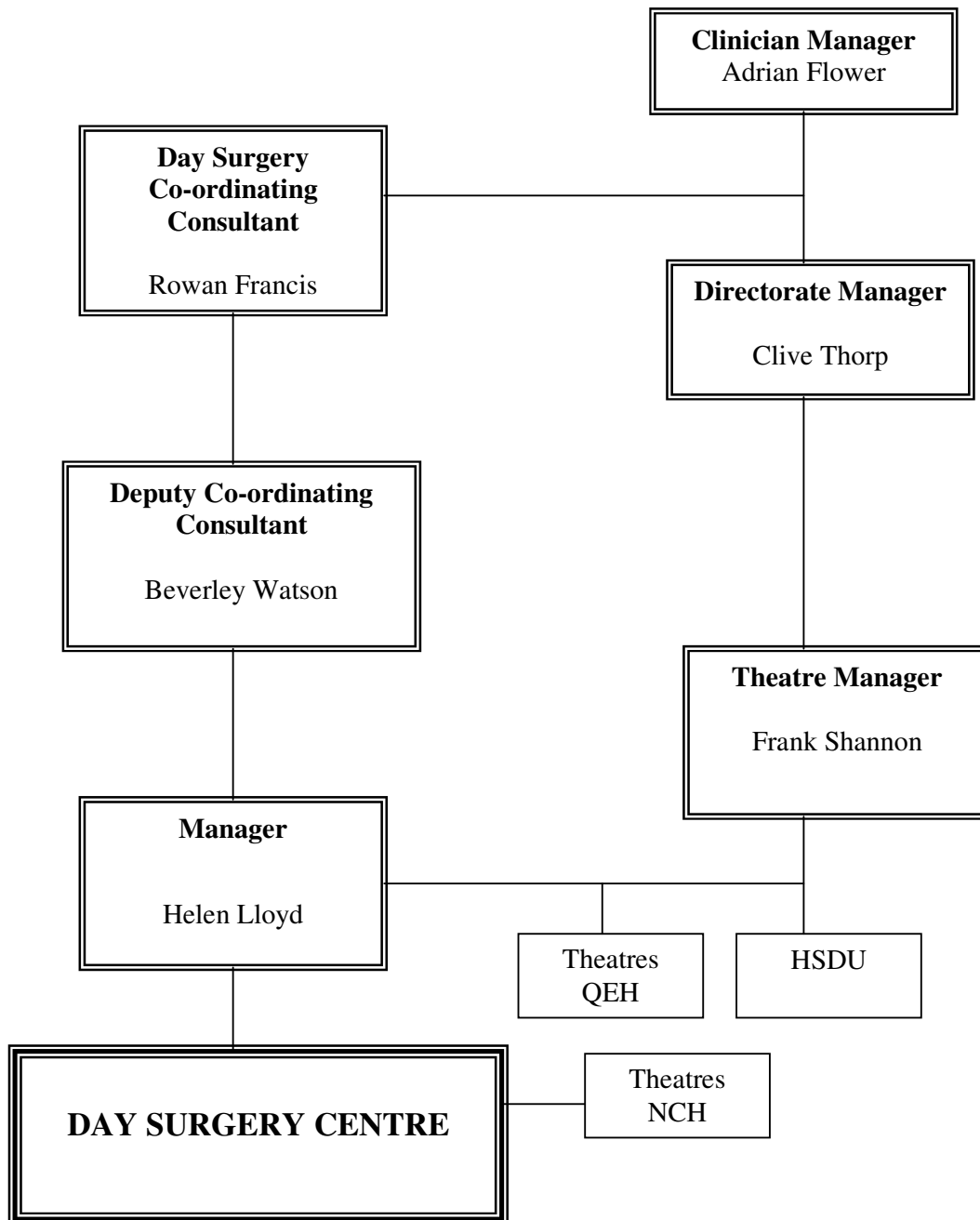
To recognise the right to be informed, enabling patients to make decisions.

To audit the Centre's effectiveness by monitoring outcomes of care and services against clearly defined quality standards.

To develop a team of multi-skilled personnel which can therefore deliver high quality care that is not dependent upon a particular group or member of staff.

To ensure each patient is allocated a named nurse to address their individual needs.

SURGICAL AND ANAESTHETIC DIRECTORATE



1. OPERATIONAL POLICY

The Day Surgery Centre is an integral part of the Surgical and Anaesthetic Directorate of the King's Lynn and Wisbech Hospitals NHS Trust.

The service is conducted in a self contained, dedicated Day Surgery Centre. Patients are pre-assessed, admitted to, treated in and discharged from the Centre.

They will normally not need to attend any other department in the hospital on the day of their treatment.

1.1 Category of Patient

It is intended that the Centre is used exclusively for Day Surgery patients, the planning and design reflects the needs of only this client group.

The Centre will not be used for the convenience of:

- i. Surgical procedures on inpatients
- ii. "parking" patients treated elsewhere in the hospital
- iii. overnight stay of accident and emergency patients or "overflow" inpatients

1.2 Administration

All the Centre's administrative and clerical work is undertaken by the Centre's own A&C staff. They are supported by an IT management system.

1.3 Management

The Centre has its own management team who receive support and direction from the Surgical and Anaesthetic Directorate to whom they are accountable. The team is charged with:-

- i. promotion of service
- ii. efficient and effective use of the Centre
- iii. forging good working relationships with users, other departments in the Trust and the Community

1.4 Surgical Specialties using the Centre

- ◆ Gynaecology
- ◆ Orthopaedics
- ◆ General Surgery
- ◆ Ophthalmology
- ◆ Urology
- ◆ ENT
- ◆ Oral Surgery
- ◆ Cardioversions
- ◆ Radiology/Arteriograms

N.B. Paediatric Surgery is performed in the Centre by specialty

1.5 **Opening times and timetable as agreed currently**

8.00 a.m. – 8.00 p.m. Monday to Friday, closed Bank Holidays

Operating sessions, including anaesthesia introduction, are 3.5 hours in duration e.g.

Morning sessions: 9.00 a.m. – 12.30 p.m.

Afternoon sessions: 1.30 p.m. – 5.00 p.m.

2.00pm – 5.00pm

Operations requiring general anaesthetic are completed at least two hours before the Centre closes.

Operations requiring local anaesthetic are completed at least one hour before the Centre closes.

Only patients who meet the selection criteria are admitted to the Centre.

Only patients who meet the discharge criteria are discharged from the Centre.

1.6 **Surgical Specialty allocation timetable**

See Appendix I

2. MANAGEMENT RESPONSIBILITIES

The Management Team are responsible to the Surgical and Anaesthetic Directorate Senior Management, and as such form an integral part of that Directorate. Moreover through this inclusion form an integral part of the Trust.

2.1 Role of the Centre's Co-ordinating Consultant

The Centre's Lead Consultant will have responsibility for policy decisions and will ensure effective and efficient use of resources.

Budget holder.

2.2 Role of the Manager

The nurse manager will have responsibility for the development of the Centre staff.

Day to day managerial responsibility for the running of the Centre.

Management of the budget in liaison with the budget holder.

Provide support to the Co-ordinating Consultant.

2.3 Role of the admitting Consultant

Clinical responsibility for the patient is the responsibility of the admitting Consultant.

2.4 Role of the session Anaesthetist

The Anaesthetist will assess the fitness and suitability for anaesthesia for all patients undergoing general anaesthetic. They will be responsible for administering the anaesthetic and associated decisions.

2.5 Monthly budget and activity statements

Monthly budget statements will be provided by the manager in liaison with the Centre's finance link person.

Activity statements will be provided by the Department of Information (IT) after consultation with the Centre's Manager regarding contents.

2.6 Performance Management

The Centre will provide monthly performance information to the Directorate Manager, relating to any of the following selected by the Directorate Manager:-

- ◆ Charter Standard
- ◆ Clinical Activity to Contract
- ◆ Service Development
- ◆ Human Resources
- ◆ Risk Management

Moreover these monthly performance reports will form part of the Centre's annual report to the Directorate.

2.7 **Annual Report**

This will include as a minimum requirement:-

- ◆ Achievement of business plan targets
- ◆ Strategies and mechanisms for monitoring quality
- ◆ Personnel review
- ◆ Financial review
- ◆ Activity review

2.8 **Business Plan**

Formulation of yearly business plan, to ensure the Centre is at the cutting edge of Day Surgery practice. To also include the setting of targets for the ensuing year.

3. ADMISSIONS POLICY

Selection is made against the agreed assessment criteria relating to general or local anaesthesia. The decision regarding suitability of surgical procedure for Day Case Surgery is made by the Consultant Surgeon at the outpatients attendance. Further comprehensive assessment takes place in the Day Surgery Centre.

All procedures agreed as part of the day surgery centre's "basket" of procedures should normally be referred for Day Surgery pre-assessment

3.1 Patient selection

Care in selection of patients is crucial and will involve assessment of :-

- i. General medical condition
- ii. Social circumstances
- iii. Diagnosis/proposed procedure

3.2 Age

Adults: Patients will be assessed on general fitness, not chronological age

Children: Will be one year or over, weight over 10 kgs. They will be cared for on designated paediatric sessions and children under 3 will be the responsibility of one of the designated children's anaesthetists

3.3 Assessment

The assessment will be undertaken by a nurse with the appropriate skills. The date of the operation is decided in consultation with the patient.

Investigations are carried out following the Day Surgery Centre protocol

3.4 Information

Verbal and written information about their Day Surgery episode is given to the patient. This will include:-

- ◆ Location of the Centre
- ◆ Items to bring on the day of operation
- ◆ Procedure for cancellation or inability to attend
- ◆ Contact number of communication with the Centre
- ◆ Date of operation and time of admission
- ◆ Approximate time of discharge
- ◆ Pre-operative preparation
- ◆ Post-operative management
- ◆ Admission procedure
- ◆ Cancellation and re-scheduling procedure
- ◆ Car parking facilities
- ◆ Facilities for relatives or carers

3.5 Patient preparation for admission

Assessment for Day Surgery and anaesthesia is undertaken in the Centre.

3.6 **Patient attendance**

Patients attending for operation requiring general anaesthetic arrive at 8.00 a.m. or 12 midday.

Patients attending for operation requiring local anaesthetic arrive at the appointment time given.

Patients requiring general anaesthetic are seen by the anaesthetist prior to the commencement of the theatre session.

Relatives and carers of adult patients are asked to leave the Centre following reception of patients unless there is a valid reason to stay. The main exceptions are relatives or carers of those patients with special needs, either mental or physical and relatives or carers of children.

3.7 **Staff responsibilities**

Before the start of sessions, the patient will be seen by the relevant surgeon and anaesthetist dependent on the surgical procedure.

Pre-admission information from the health questionnaire etc. will be checked and clarification sought if necessary. When required, pre-medication will be given. However, this is unusual.

Nursing staff will need to make an assessment of patient readiness for theatre to include:-

- ◆ Time of last drink and meal
- ◆ Allergies (attached red allergy wristband)
- ◆ Transport and adult accompaniment
- ◆ Consent form check (to be presented to the medical staff if not already completed)

4. DISCHARGE POLICY

4.1 Discharge criteria

Patients attending the Centre for admission as a day case will not be discharged from the Centre until they are fully recovered. The criteria will include:-

- ◆ Awake and orientated
- ◆ Control of pain must be adequate
- ◆ Able to stand and walk unaided
- ◆ Able to take and tolerate oral fluids and food
- ◆ Procedure specific criteria should be followed
- ◆ Patient has received take home medication if prescribed and instructed in the use of medication

4.2 Staff responsibilities

Staff must ensure the patient meets the discharge criteria and that transport arrangements are adequate. That instructions for the post-operative period are given to the patient with the “carer”. Nursing staff are also responsible for administering any pain relief packs when prescribed by the medical staff. A copy of the discharge letter/form will be given to the patient or escort.

4.3 Patient discharge

Discharge will be in accordance to the agreed discharge criteria.

Assessment for discharge may be undertaken by a nurse with the appropriate assessment skills.

The discharge plan is discussed and reinforced with the patient and relative/carer, and the relevant discharge information pack given.

A follow up appointment is arranged if required.

Analgesia drugs will be given free of charge from the Centre’s stock. Other prescriptions will be dispensed in the usual manner.

4.4 Patient unfit for discharge

In general where there are surgical or anaesthetic complications, the patient will be admitted under the care of the admitting Consultant. The reasons for overnight stays are recorded, monitored and audited.

4.5 Patients taking their discharge against medical advice

Patients wishing to take their own discharge before it is professionally sanctioned should be discouraged from doing so.

If they are insistent:

- ◆ The relevant medical officer should be informed

- ◆ The incident recorded in the patient documentation
- ◆ Patient requested to sign a self discharge form
- ◆ Patient's GP to be informed

4.6 **Follow up and Community Care**

The Centre will provide a dedicated help line after discharge. All patients will be given the name and contact number by the discharging nurse. This service is available during opening times.

The Centre will also provide a help line after discharge, patients will be given a number prior to discharge. The service will be provided by a senior nurse from the Centre (E grade or above) via a mobile phone. This service will be available for the first night after discharge only.

If a patients contacts the help line and is requested to return to the hospital

THE NURSE SHOULD

- ◆ Request the patient attend the Accident and Emergency Department
- ◆ Inform the Accident and Emergency Department
- ◆ Inform the Accident and Emergency of the location of the patient's notes. These will be in the Medical Records Office, contained in a notes trolley clearly marked

DAY SURGERY CENTRE

- ◆ Inform the on-call Senior House Officer for the relevant specialty.

There will be a need for certain patients to be followed up at home by a District Nurse or visit the Practice Nurse depending on circumstances or the procedure carried out. The surgeon must advise this and a letter/notification sent to the relevant nurse/GP Practice.

5. PAEDIATRIC SERVICES

The Day Surgery Centre is intended to provide surgical services for children and their families, thereby eliminating the necessity of overnight admission.

As the health care needs of children are different from those of the adult this section is dedicated to the paediatric provision of service provided by the Day Surgery Centre.

The main objective is to achieve the sensitive and appropriate handling of children in the Centre by responding to their special needs.

Children require the care of paediatric nurses and an Anaesthetist who is experienced in paediatric anaesthesia. A pre-admission visit is recommended for the family and parents and parents are welcomed as partners in care.

Children and their parents are invited to attend "Arthur's club" an after-school event involving group pre-assessment

They are also offered individual pre-assessment if they require it.

5.1 Standards

Quality standards for the care of children/paediatric day case admissions as defined for Sick Children will normally be met as follows:-

- ◆ The admission is planned in an integrated way to include pre-assessment, day of admission and post admission care.
- ◆ Specific written information is provided to ensure that parents/carers understand their responsibilities throughout the episode.
- ◆
- ◆ All children aged between 12 and 16 will be able to select whether they are treated on Adult or paediatric lists
- ◆ The child is admitted into an area designated for children.
- ◆ The child is neither admitted to nor treated on a trolley alongside adults.
- ◆ The child is cared for by specially identified staff.
- ◆ Medical, nursing and all other staff as trained for, and skilled in work with children and their families. In addition to the expertise for day case work, a qualified paediatric nurse will be available.
- ◆ The organisation and delivery of patient care are planned especially for day cases so that every child is likely to be discharged within the day.
- ◆ The building, equipment and furnishings comply with safety standards for children.
- ◆ The environment is homely and includes play and other activities designed for children and young people.

- ◆ Essential documentation, including communication with the primary and/or community services is completed before each child goes home so that after care and follow up consultations are not delayed.

Separate standards will be formulated for children, which will include those above.

Operational Considerations

Theatre sessions will be dedicated to paediatrics as far as possible to ensure the needs of this client group are addressed.

When paediatric dedicated lists are operational, areas of the Centre will normally be designated for the exclusive use of children and their carers.

Staffing

The Centre will allocate a RSCN as the primary nurse for the care of paediatrics. Non RSCN staff will be allocated as associate nurse under the direction of the RSCN to assist in their care.

All staff involved in the care of paediatrics will have undergone a thorough police check on appointment

Parents will be informed and advised regarding management of pain, during the admission day and following discharge.

Patients under the age of 16 years must be accompanied by a parent or guardian.

Parents will be encouraged to accompany children into the anaesthetic room and to remain with them for the induction of anaesthesia.

Parents will be advised that when taking children home they should ensure that another responsible adult other than the car driver is present.

6. DAY CENTRE USER GROUP

6.1 Terms of reference

- ◆ To formulate and agree policies, protocols and criteria
- ◆ To promote the development of the Centre and day case surgery within the Trust.
- ◆ To provide users with the opportunity to present their service needs to the Centre.
- ◆ Review quarterly the day surgery waiting list waiting times.

6.2 Membership

- ◆ Co-ordinating Consultant – Chair
- ◆ Deputy Co-ordinating Consultant
- ◆ Manager of the Centre
- ◆ Team Manager of the Centre
- ◆ A Consultant Anaesthetist
- ◆ A Consultant Surgeon
- ◆ A GP to represent the community interests
- ◆ Other personnel attend as required
- ◆ A patient representative

6.3 Administration

- ◆ The group is chaired by the Co-ordinating Consultant of the Centre
- ◆ The Manager of the Centre arranges the meetings and informs members
- ◆ The Manager will ensure all members receive a copy of the minutes of the meeting.

Secretarial support will be supplied from the Centre.

This group will report to the Directorate Manager.

The group will also request representation at Board level

7. **AUDIT**

7.1 **Patient Satisfaction**

The Centre will elicit the views of the patients to enable the Centre to meet their needs and develop a quality service.

This will be facilitated by:

- ◆ Patient focus groups
- ◆ Patient satisfaction surveys

7.2 **Standards**

- ◆ Standards will be set and audited
- ◆ Separate standards will be set for paediatrics

7.3 **Clinical Audit**

- ◆ Infection surveillance
- ◆ Patient outcomes

8. COLLECTION AND STORAGE OF PATIENT DATA

8.1 Lists and letters

The clerical staff will hold on computer a list of all patients awaiting treatment in the Centre.

These lists will be by specialty and Consultant. A three monthly review of waiting times will be undertaken by the Day Centre's User Group.

Clerical staff will generate all letters including discharge letters for the GP's from the computer system. They will ensure all correspondence is accurate and timely.

8.2 Medical Notes

All case notes will be obtained by the Centre in time for admission. The assessment pro forma will be reviewed and any relevant test results entered. The assessment pro forma is part of the collaborative care plan which acts as a patient tracking system. This will be the document on which all records taken during the day, tracking the patient through the Centre, will be recorded.

These notes will remain in the Centre until the discharge letter and medical notes are written. It will be the responsibility of the clerical staff to ensure notes are returned to Medical Records when all paperwork has been completed.

8.3 Storage

All documents relating to information regarding the patient will be stored in a locked store when not in use.

9. CENTRE STAFF

9.1 Staffing Establishment

- See Appendix

9.2 Staff skills and education

The Centre will have a multi-skilled workforce to enable the Centre to function efficiently and flexibly.

Experienced staff members will act as preceptors to develop other staff's competencies.

Staff will be supported in the attainment of relevant Post Registration courses.

In-house training packages are to be formulated and utilised.

Individual IPR's will be conducted to address needs in line with the Centre's requirements.

10. SAFETY AND SECURITY

10.1 Patients' Valuables

Patients are advised not to bring valuables into the Centre. Should any patient not comply with this valuables in the first instance should, where possible, be given in safekeeping to the relatives. If this is not possible, the Centre will comply with the Trust policy with regard to patients' valuables.

10.2 Securing the Centre out of hours

Seeing that the Centre is safe and secure is the responsibility of the nurse in charge at closing time.

They are charged with ensuring that all electrical appliances are switched off or disconnected and also that all windows and egresses are secured.

10.3 Keys

Keys are kept in the key cabinet in the General Office. Spare keys are kept in the Manager's Office.

10.4 Fire

The Centre will comply with the Trust Policy.

11. TRANSPORT AND PARKING

11.1 Patient Transport

It is expected that patients will provide their own transport, e.g. car or taxi. In exceptional circumstances transport may be made available.

11.2 Short Stay Parking

There are short stay facilities in front of the Centre Reception that are available to day case patients, which provide a drop off and pick up facility.

11.3 Long Term Parking

Longer-term parking can be found in the main hospital car park.

12. SERVICE AGREEMENTS

There are Service Agreements in place with the following departments:-

1. Aids and Appliances

The need for aids and appliances is determined at assessment to ensure they are available in advance of need.

2. Catering

Catering services will supply snacks and beverages. A daily order is communicated to the Catering Department last thing each evening.

3. HSDU

Preparation and provision of all instrument trays and supplementaries for operations and procedures.

Provision of all sterile supplies.

4. Domestic Services

The Domestic Services will provide a domestic presence during operational hours to maintain a clean and tidy environment. They will further provide a full cleaning service in the evening covering the Theatre areas of the Centre.

5. Estates Department

Estate and equipment maintenance are requested and provided in the Centre in accordance with Trust Policy and Procedures.

A maintenance programme is agreed between the Centre Manager and the Estates Department.

6. Finance

Budget allocated to the Centre.

Provision of identified link Finance Officer (Directorate Finance Officer)

Provision of monthly budget statements to the Manager.

13. SURGICAL SPECIALTY ALLOCATION TIMETABLE

WEEK 1

THEATRE	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
A	COMMUNITY DENTALS	ORAL SURGERY	GYNAE	GENERAL SURGERY	GYNAE	GENERAL SURGERY	COMMUNITY DENTALS	ORAL SURGERY	GENERAL SURGERY	
B	UROLOGY	UROLOGY	UROLOGY	UROLOGY	ORTHO	UROLOGY	GYNAE	ORTHO	ORTHO	UROLOGY
C	ENT	ORTHO	GENERAL SURGERY	ORTHO	GENERAL SURGERY	ENT	GENERAL SURGERY	ENT	GENERAL SURGERY	ORAL SURGERY
D	OPHTH	OPHTH	OPHTH		LIDS	OPHTH	OPHTH		MINOR OPS	
E							OPHTH	OPHTH		

WEEK 2

THEATRE	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
A	COMMUNITY DENTALS	ORAL SURGERY	GYNAE	GENERAL SURGERY	GYNAE	GENERAL SURGERY	ORAL SURGERY	ORAL SURGERY	GENERAL SURGERY	
B	UROLOGY	ORTHO	UROLOGY	UROLOGY	ORTHO	UROLOGY	GYNAE	ORTHO	UROLOGY	UROLOGY
C	ENT	GENERAL SURGERY	ORTHO	ORTHO	GENERAL SURGERY	ENT	GENERAL SURGERY	CARDIO	ORTHO	GENERAL SURGERY
D	OPHTH	OPHTH	OPHTH	MINOR OPS	LIDS	OPHTH	OPHTH	OPHTH	MINOR OPS	
E		UROLOGY					OPHTH	OPHTH	GENERAL SURGERY	

14. ARTHUR LEVIN DAY SURGERY CENTRE BASKET OF PROCEDURES

Orthopaedic

Amputation digit
Arthroscopy and arthroscopic surgery
 Shoulder
 Knee
 Elbow
Carpal Tunnel decompression
Therapeutic epidural injection
DeQuervains release
Dupuytrens excision/release
Osteotomy/fusions toes
Kellers 1st MTP joint
Lumbar microdiscectomy
Removal metalwork
Synovectomy
Tennis elbow surgery
Trigger fingers
Zadeks

ENT

Adenoidectomy
Grommets
Cautery/outfracture inferior turbinates
Intranasal polypectomy
Submucous diathermy
Biopsy mouth/tongue/ear
Pharyngoscopy/oesophagoscopy
Division tongue-tie
Excision lymph nodes
Lumps & bumps
Antrostomy
Laryngoscopy
Removal submandibular calculus
Sinus washout
Tympanoplasty
Uvulectomy

Gynae

Bladder distension
Urethral dilatation
Cautery to cervix
Polypectomy
Hysteroscopy
Dilatation and curettage
Endometrial biopsy
Laparoscopic sterilisation/ diathermy endometriosis/division adhesions/aspiration ovarian cyst/dye test
Excision urethral caruncle
Fentons procedure
Labial procedures/Bartholins
Removal IUCD
Termination pregnancy
Tension free vaginal tape
Endometrial ablation

General

Anal procedures – dilatation/ fissure-in-ano/ banding haemorrhoids
Testicular fixation and orchidopexy
Circumcision
Laparoscopy
Excision varicocele
Lumps and bumps
Breast lump excision
Ingrowing toe-nail

Ganglions
Laparoscopic cholecystectomy/hernia repair
Varicose vein surgery
Repair hernias – inguinal/epigastric/ femoral/ incisional/umbilical
Epididymal cyst excision
Temporal artery biopsy
vasectomy

Urology

Circumcision
Adhesiolysis
Excision hydrocele
Orchidopexy
Bladder neck incision
Testicular and penile prostheses
Lumps and bumps and biopsies
Cystodiathermy bladder
Urethral dilatation
Dormia extraction stones
Lithoclast
Prostate - Plasma kinetic vaporisation/ trans urethral resection/ biopsy
Locate/remove JJ stent
Suprapubic catheter
Hernia repairs
vasectomy

Oral Surgery

Extraction of wisdom teeth
Surgical extraction of other teeth
Full dental clearance
Removal of impacted canines
Exposure of impacted canines
Exposure and bonding of impacted incisors
Apicectomies
Biopsy of oral lesions/swellings
Excision of oral cysts

Ophthalmology

Cataract extraction
Intraocular lens implantation
Vitrectomy
Trabeculectomy (glaucoma)
Entropion
Ectropion
Blepharoplasty
Tarsoraphy
Syringe and Probe
3 Snip Procedure
BCC Excision and skin graft
Pterygium
Ptosis
Temporal Artery Biopsy
Chalazion
Conjunctiva Biopsy
Cryotherapy
Electrolysis
Gold Weight Insertion
Carthal Sling Procedure
Peripheral Inlectomy
Punctal Plug Insertion
Hughes Flap and Release
Second Stage Reconstructions
Conjunctival Suture Removal
Epilation of lashes