



**SOBRACAM**  
SOCIEDADE BRASILEIRA DE CIRURGIA AMBULATORIAL

# POLÍTICA NACIONAL DE CIRURGIA AMBULATORIAL

Resposta Estruturante para as Filas Cirúrgicas no SUS

**Fabricio Galvão**  
Presidente

Comissão de Saúde da Câmara dos Deputados  
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**IAAS**<sup>'95</sup>  
INTERNATIONAL ASSOCIATION  
FOR AMBULATORY SURGERY



# A DIMENSÃO GLOBAL DA CRISE

5B

**Pessoas sem  
acesso**  
a cuidados cirúrgicos  
seguros mundialmente

143M

**Procedimentos**  
de demanda reprimida  
por ano

33M

**Pessoas**  
em despesas catastróficas  
anualmente

## O Brasil é protagonista neste cenário mundial de crise cirúrgica

### Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development



John G Meara\*, Andrew J M Leather\*, Lars Hagander\*, Blake C Alkire, Nivaldo Alonso, Emmanuel A Ameh, Stephen W Bickler, Lesong Conteh, Anna J Dare, Justine Davies, Eunice Dérivois Mérisier, Shenaaz El-Halabi, Paul E Farmer, Atul Gawande, Rowan Gillies, Sarah L M Greenberg, Caris E Grimes, Russell L Gruen, Edna Adan Ismail, Thaim Buaya Kamara, Chris Lavy, Ganbold Lundeg, Nyengo C Mkandawire, Nakul P Raykar, Johanna N Riesel, Edgar Rodast, John Rose, Nobhojit Roy, Mark G Shrimme, Richard Sullivan, Stéphane Verguet, David Watters, Thomas G Weiser, Iain H Wilson, Gavin Yamey, Winnie Yip

#### Executive summary

Remarkable gains have been made in global health in the past 25 years, but progress has not been uniform. Mortality and morbidity from common conditions needing surgery have grown in the world's poorest regions, both in real terms and relative to other health gains. At the same time, development of safe, essential, life-saving surgical and anaesthesia care in low-income and middle-income countries (LMICs) has stagnated or regressed. In the absence of surgical care, case-fatality rates are high for common, easily treatable conditions including appendicitis, hernia, fractures, obstructed labour, congenital anomalies, and breast and cervical cancer.

In 2015, many LMICs are facing a multifaceted burden of infectious disease, maternal disease, neonatal disease, non-communicable diseases, and injuries. Surgical and anaesthesia care are essential for the treatment of many of these conditions and represent an integral component of a functional, responsive, and resilient health system. In view of the large projected increase in the incidence of cancer, road traffic injuries, and cardiovascular and metabolic diseases in LMICs, the need for surgical services in these regions will continue to rise substantially from now until 2030. Reduction of death and disability hinges on access to surgical and anaesthesia care, which should be available, affordable, timely, and safe to ensure good coverage, uptake, and outcomes.

Despite growing need, the development and delivery of surgical and anaesthesia care in LMICs has been nearly absent from the global health discourse. Little has been written about the human and economic effect of surgical conditions, the state of surgical care, or the potential strategies for scale-up of surgical services in LMICs. To begin to address these crucial gaps in knowledge, policy, and action, the *Lancet* Commission on Global Surgery was launched in January, 2014. The Commission brought together an international, multidisciplinary team of 25 commissioners, supported by advisors and collaborators in more than 110 countries and six continents.

We formed four working groups that focused on the domains of health-care delivery and management; workforce, training, and education; economics and finance; and information management. Our Commission has five key messages, a set of indicators and recommendations to improve access to safe, affordable

surgical and anaesthesia care in LMICs, and a template for a national surgical plan. Our five key messages are presented as follows:

- 5 billion people do not have access to safe, affordable surgical and anaesthesia care when needed. Access is worst in low-income and lower-middle-income countries, where nine of ten people cannot access basic surgical care.
- 143 million additional surgical procedures are needed in LMICs each year to save lives and prevent disability. Of the 313 million procedures undertaken worldwide each year, only 6% occur in the poorest countries, where over a third of the world's population lives. Low operative volumes are associated with high case-fatality rates from common, treatable surgical conditions. Unmet need is greatest in eastern, western, and central sub-Saharan Africa, and south Asia.
- 33 million individuals face catastrophic health expenditure due to payment for surgery and anaesthesia care each year. An additional 48 million cases of catastrophic expenditure are attributable to the non-medical costs of accessing surgical care. A quarter of people who have a surgical procedure will incur financial catastrophe as a result of seeking care. The burden of catastrophic expenditure for surgery is highest in low-income and lower-middle-income countries and, within any country, lands most heavily on poor people.
- Investing in surgical services in LMICs is affordable, saves lives, and promotes economic growth. To meet present and projected population demands, urgent investment in human and physical resources for surgical and anaesthesia care is needed. If LMICs were to scale-up surgical services at rates achieved by the present best-performing LMICs, two-thirds of countries would be able to reach a minimum operative volume of 5000 surgical procedures per 100 000 population by 2030. Without urgent and accelerated investment in surgical scale-up, LMICs will continue to have losses in economic productivity, estimated cumulatively at US\$12·3 trillion (2010 US\$, purchasing power parity) between 2015 and 2030.
- Surgery is an “indivisible, indispensable part of health care.” Surgical and anaesthesia care should be an integral component of a national health system in countries at all levels of development. Surgical services are a prerequisite for the full attainment of local and

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See *Online* for video

\*Joint first authors

#Prof Rodas died March 2, 2015; we dedicate our report to him

Program in Global Surgery and Social Change, Department of Global Health and Social Medicine (J G Meara MD, S L M Greenberg MD, N P Raykar MD, J N Riesel MD), and Department of Otolaryngology and Laryngology (M G Shrimme MD), Harvard Medical School, Boston, USA; Boston Children's Hospital, Boston, MA, USA (J G Meara, S L M Greenberg, N P Raykar, J N Riesel); King's Centre for Global Health, King's Health Partners and King's College London, London, UK (A J M Leather MS, A J Dare PhD, C E Grimes MBBs); Pediatric Surgery and Global Pediatrics, Department of Pediatrics, Clinical Sciences Lund, Lund University, Lund, Sweden (L Hagander PhD); Department of Otolaryngology—Head and Neck Surgery (B C Alkire MD), and Office of Global Surgery (M G Shrimme), Massachusetts Eye and Ear Infirmary, Boston, MA, USA; Plastic Surgery Department, University of São Paulo, São Paulo, Brazil (Prof N Alonso MD); Department of Surgery, Division of Peadiatric Surgery, National Hospital, Abuja, Nigeria (Prof E A Ameh MBBs); Rady Children's Hospital, University of California, San Diego, San Diego, CA, USA (Prof S W Bickler MD); Department of Surgery, University of California, San Diego, CA, USA (J Rose MD); School of Public Health, Imperial College London, London, UK (L Conteh PhD); The Lancet, London, UK



# A REALIDADE BRASILEIRA QUE NÃO PODE ESPERAR

## 1.200.000 +

**Brasileiros aguardando cirurgia no SUS**

Mães, pais, trabalhadores, idosos e crianças com vidas prejudicadas

**Programa Nacional de Redução de Filas**

**650 mil cirurgias** realizadas - um sucesso, mas insuficiente

Mutirões são paliativos, não soluções estruturais

**O Brasil precisa de uma  
solução definitiva**

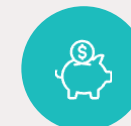






# CIRURGIA AMBULATORIAL: A SOLUÇÃO DEFINITIVA

Até **80% das cirurgias eletivas de todas as especialidades** tem potencial de serem resolvidas em regime Cirúrgico Ambulatorial



Redução de Custos



Menor Risco de Infecções



Qualidade e Segurança





# O ERRO FATAL QUE DEVEMOS EVITAR

## MODELO DESACONSELHADO PELA IAAS

Improvisar cirurgia ambulatorial dentro do bloco cirúrgico de hospital geral

1

### Prioridade às Urgências

Cirurgias eletivas ficam em segundo plano

2

### Taxas de Cancelamento Disparam

Frustração de pacientes e equipes

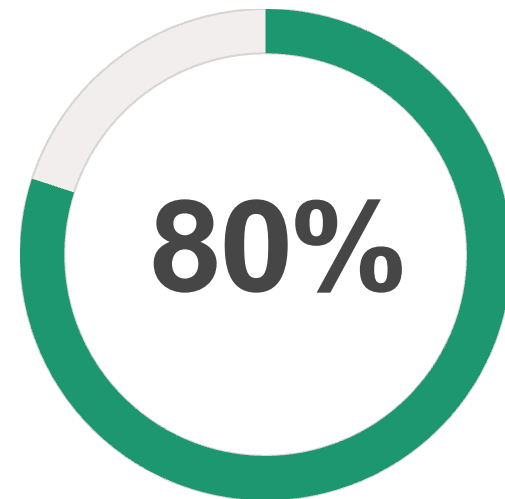
3

### Equipes Desmobilizadas

Divisão de atenção compromete resultados

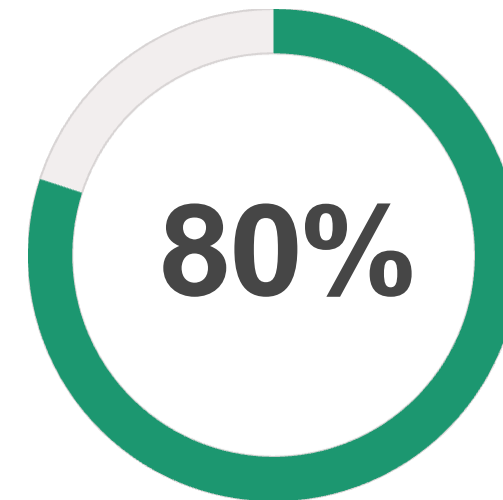
**Resultado: Frustração e Ineficiência**

# O CAMINHO COMPROVADO MUNDIALMENTE



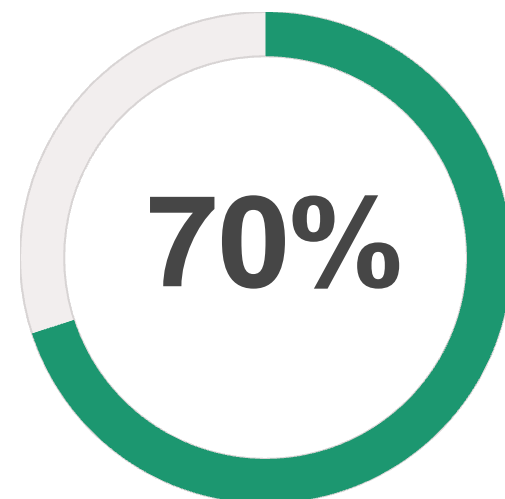
**Reino Unido e Países Nórdicos**

dos procedimentos em modelo ambulatorial



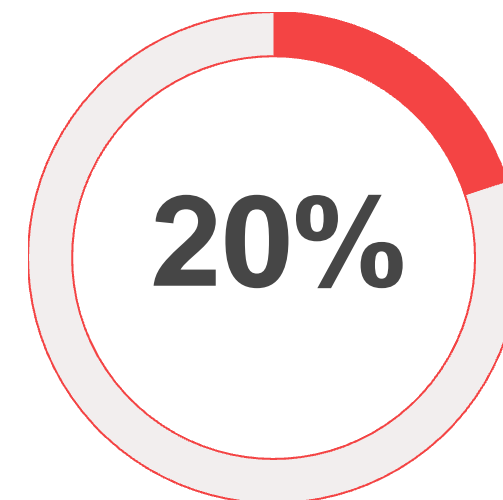
**EUA e Canadá**

com unidades autônomas próximas à população



**Portugal**

das cirurgias após apostar na estratégia



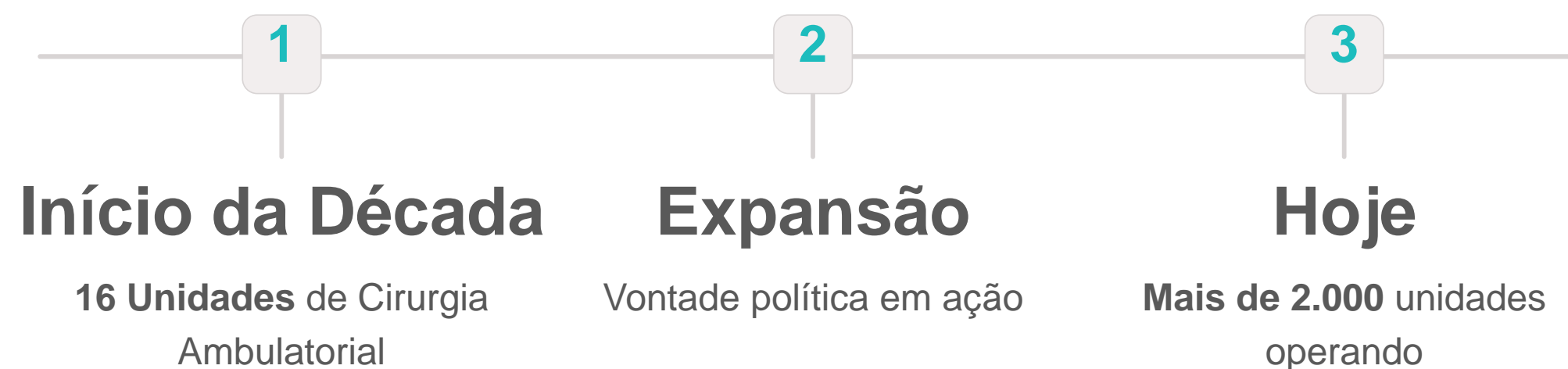
**Brasil**

enorme potencial ser aproveitado

**É possível atender mais, com mais qualidade e menor custo**



# CHINA: O PODER DA DECISÃO POLÍTICA



**2.000+**

Unidades em menos de uma década

Grande impacto no acesso à saúde cirúrgica

Isso não é sonho - é prova do que a **decisão política** pode fazer



# NOSSA PROPOSTA: 4 PILARES ESTRUTURANTES

## Infraestrutura

UCAs autônomas com projetos padronizados para agilidade e escala

## Pessoas

Equipes multidisciplinares dedicadas via UNASUS e FIOCRUZ

## Regulação

Arcabouço normativo nacional moderno liderado pela ANVISA

## Integração

Rede inteligente conectada à Saúde da Família, SAMU, UPAs e hospitais



# A HORA DE AGIR É AGORA

 **Salto de Eficiência no SUS**  
Melhor uso dos recursos públicos

 **Causa Suprapartidária**  
Ganhos imensos para União, Estados e Municípios

 **Dignidade a Milhões**  
Devolver a esperança e a saúde aos brasileiros

## Política Nacional de Cirurgia Ambulatorial

Não é apenas gestão - é coragem e visão de futuro

A oportunidade de deixar um legado de transformação real







**Quanto** **amanhã**s estão sendo  
**perdidos** **hoje** nas filas da saúde?





**OBRIGADO!**

**Fabricio Galvão**  
Presidente

fgalvao@sobracam.com.br  
16 99717.2353



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