

Now that the long summer evenings and lack of rain (in the United Kingdom at least) are now receding towards more balmy autumnal days, it is time for the next edition of the Journal. This quarter's submissions constitute a varying collection of papers on differing subjects that may not be immediately recognisable as papers involving ambulatory surgery, but like the weather, they provide a backdrop that facilitates the effective use of a one day service.

There is a Portuguese contribution describing the development of ambulatory laparoscopic cholecystectomy in their hospital in Lisbon. The authors audited their performance over a six and a half year period, reviewing a total of 355 patients who underwent the procedure, and reported a 93% discharge rate on the day of surgery. While I occasionally hesitate over acceptance of another cholecystectomy paper, it is important to highlight ongoing developments in various countries, yet perhaps we should in future, only publish papers that describe original findings rather than case series for this operation?

Krishna and colleagues evaluated the potential benefits of the introduction of formal handovers when supervising staff changed, to evaluate whether transfers were subsequently reduced from their elective centre to the main hospital. They found that while there was no change in the number of after-hours transfers, the overall rate declined from 2.8% to 1.5% in the months after introduction of the handovers. Interestingly, the number of transfers increased significantly for patients with suspected venous thromboembolism needing further evaluation at the base hospital. As the authors state, concomitant changes in safety initiatives to stratify the risks associated with VTE may have enhanced clinical suspicion in deteriorating patients.

The third paper evaluates the potential value of diagnostic services in the management of acute surgical pain, where a simple change of facilitating abdominal ultrasounds on the emergency surgical ward rather than in the X-ray department was compared by evaluating the times from booking to report and the subsequent clinical decision. The authors also considered the same parameters for rapid access ultrasonography with an 'on-demand' service between 08.00hrs and 17.00hrs, rather than just the three existing morning slots that had previously existed. They found a halving of the time to receiving a report to just under three hours, with a clinical decision made in just over an hour (from over three hours). While one may question the value of this paper in a Journal dedicated to Ambulatory Surgery, it demonstrates how simple changes can have significant time saving effects expediting patient care, as well as being a model for those who consider emergency care to be a valid model for day surgery.

For the final offering, Naresh Row from India provides outcome data over an 10 year period detailing both the spectrum of procedures and numbers of patients managed on a day case basis within his hospital. It is a testament to the ongoing management of ambulatory surgery in a developing country.

Preparations are in place for the biennial congress of the IAAS, which is scheduled to take place in Porto, Portugal, in May 2019. A website has been developed at www.iaascongress2019.com, where it is possible to register as a delegate for what promises to be an exceptional meeting. So, time to book your study leave now and enjoy the delights that Porto has to offer!

Mark Skues
Editor-in-Chief