

As the year draws to a close, this edition of 'Ambulatory Surgery' contains three papers considering aspects of paediatric management in the day case environment, as well as a review of the treatment of incisional hernias and outcomes. It is unusual for child care to be considered in such a Journal, but surely, there is no reason why operative intervention cannot be facilitated on the same day as admission and discharge, capitalising on the same tenets of high quality and cost containment with which we are all familiar in adults.

Porrero Carro and colleagues describe an 11 year review of 1251 incisional hernia repairs in their hospital in Madrid, of which, 1081 were analysed. They describe the surgical technique used as well as complications due to surgery. Reassuringly, just 5 patients experienced seroma formation, one a haematoma and one, chronic neuralgia, all of which settled conservatively. Overall, their ambulatory rates were cited as 23%, which is in accord with English data for 2017/8 where 24.3% underwent similar surgery as a daycase procedure.

Orfanos et al present a one year study evaluating the cost and outcomes of paediatric ambulatory surgery in Greece. Importantly, they also evaluated the financial income of their unit as well as direct and indirect costs, finding a healthy positive balance for the benefits of such care. Theatre staff shortages contributed to their high unplanned admission rates with the day surgery unit being used for more major non-ambulatory procedures.

Chandran reports on a 12 month audit from Kuala Lumpur, Malaysia, evaluating the rates of unplanned hospital admissions for paediatric surgery. He found a pleasingly low rate of 2.4%, the majority of whom

had difficulties passing urine post-operatively. A number of these children received either concomitant caudal analgesia of ilioinguinal block, yet there was no residual block apparent after surgery, leading the author to suggest the use of peri-operative fluids to mitigate the issue. All children were discharged well the following day.

Benouaz and colleagues from Algeria implemented a review of paediatric surgical cancellations. They evaluated the causes over a two year period, dividing cancellations into hospital or parent initiated, and then reported on efforts to reduce the rates over the second year. Their results are impressive with a marked reduction in the cancellation rate (from 144 in the first year to 15 in the second), after implementing relatively simple change measures. Here is an example of how a motivated team can make a real difference with issues related to ambulatory surgery by adhering to measures to improve both the quality and efficiency of peri-operative care.

Finally, the programme for the 13th Symposium of the International Association for Ambulatory Surgery has now been published online at www.iaascongress2019.com. It is evident that the wide spectrum of lectures will offer insight on all of the benefits of ambulatory care, making the meeting mandatory for all interested in the speciality. Abstracts can now be submitted online, allowing you to present your own work at this meeting. In the inevitable slow down towards Christmas and the New Year, time to put something together? In the meantime, I hope you have an enjoyable seasonal time, with peace and productivity for 2019.

Mark Skues
Editor-in-Chief

