



News from the President

It is an honour for me to be president of the IAAS for the next two years. I feel a great responsibility and I will do my best to serve the Association in reaching its goals. Things are changing rapidly and I believe we should react with the same rapidity and drive the change in our field. Ambulatory Surgery is in continual expansion. The range and complexity of cases performed as day surgery is increasing as well as the number of countries performing day surgery. This expansion makes the role of the IAAS fundamental to the development of high quality and safe surgery.



With this in mind, I plan to contact the most representative international scientific societies in the fields of anaesthesia, surgery, nursing and so on to promote scientific collaboration and mutual participation in international events. Moreover, I would like to see the IAAS participate more and more in international initiatives. For this reason the IAAS is open to collaborations with other bodies, private or public, which share our goals. We will continue with our efforts in ongoing European projects, which have already produced some interesting results, and we will propose new initiatives in education and research.

We need to seek contacts with policy and decision makers. The IAAS should be in the forefront of health policy change and able to influence health politics around the world, and we as healthcare professionals should be able to influence decisions and policies for the benefit of patients.

I am looking forward to working with you all during the next two years.

Carlo Castoro, President

IAAS Congress in Copenhagen

On behalf of the organizing committee and the scientific committee I would like to thank all speakers and delegates for your contribution to making the Copenhagen congress a success.

For us, and hopefully for many of you it was a memorable event. The scientific program was of a very high quality and we have had very positive feedback from delegates. The social activities were also extremely popular and rated – especially the reception at the Town hall (see picture) and the dinner on Tuesday evening. The Town Hall was fully booked with 600 guests and for the dinner we were almost 400.



Naturally we would have liked a larger exhibition but those who were there were very good and also had many visitors. The international financial situation bears the responsibility for the difficulties in attracting exhibitors. However we arranged for the best possible weather which meant that we all had a nice stay in Copenhagen.

The final number of registered delegates was 884. This is really good though we had hoped for more. Delegates from the

Nordic countries formed the basis for the congress (679) though you can see that Australia came in at number 5!

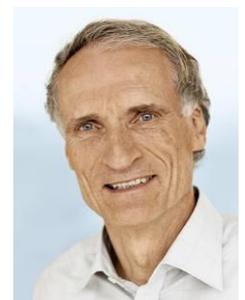
We would have liked to see much more people from all the other member countries – especially in Europe since the last congress in Europe was 4 years ago. I hope you all had a safe trip home and that you will remember your stay in Copenhagen for a long time!

DK	S	FIN	N	AU
303	136	124	116	38

Claus Toftgaard, Congress president.

The Congress was opened by **Bertel Haarder**, the **Danish Minister of Health**. His speech was extremely supportive, recognizing the importance of the work of the IAAS. Here are some excerpts:

“One of the big challenges in our health systems today is the increasing demand for services from our citizens. This is partly due to changing demographics – the fact that we all grow older and therefore suffer from more diseases – and partly to the fact that we are able to treat more diseases, and the fact that people want to



be treated for things they did not necessarily need to be treated for some years ago. ...”

“And at the same time we are challenged by low economic growth rates. The overall result is a growing pressure on the health system in all countries. In the future it may not be possible to fulfil all the demands for treatment. We therefore need to find new ways to treat patients e. g. in their own homes or with shorter stay at the hospital.”

“One of the ways to meet the challenge is the fact what you are doing in this Association. A substantial move from inpatient stay in hospital for several days to a stay in a Day Surgery unit for a few hours has helped very much to minimize the pressure on the resources in the health care sector.”

“One thing that also makes me happy with this congress is to see the multi specialty cooperation not only between medical specialties within surgery and anaesthesia but also with nurses and other health professionals from the day surgery facilities. I believe that such cooperation where the work is done as teamwork and where established ways of doing things are challenged is useful for the whole health service system. ...”

His full speech will be available in the next edition of *Ambulatory Surgery*

Impressions of the Congress



The prestigious **Nicoll Lecture** was provided by **Paul F. White** on the topic “**Clinical research in ambulatory surgery: What have we obtained and what is still missing?**” He gave an overview of research papers published about ambulatory care mostly dealing with anaesthesia and analgesia. It appears that clinical research gradually confirms what many surgeons had already experienced empirically decades ago if they acted with skill in their surgical units. We have learnt that surgical skills, cooperation between patient and doctor and care for the patient are the virtues to bring the patient fastest on their feet.

Free papers

The following are just a sample from the free papers I was able to attend.

Marianne Glavind-Kristensen: Vaginal hysterectomy as a routine ambulatory surgical procedure.

Twenty years ago many hospital doctors frowned upon ambulatory surgeons if they performed vaginal hysterectomies and had their patients go home in the evening. Now it may even become fashionable in some places.

Laszlo Lazar: Spinal minimally invasive DAY Surgery procedures. Experiences with 1000 procedures.

The talk focused on the problem: Where will young generations of surgeons learn their profession if the “old master” after 6000 neurosurgical procedures in a teaching hospital steps into ambulatory surgery without teaching? The ambulatory patients (1000 procedures) profit from his experience. But what about the young doctors? Will they repeat the mistakes of their forerunners?

Josep Marti: Initial results of a thyroid Day Surgery program in a local hospital: Experience matters.

Good to know that even thyroidectomies can be performed on an ambulant base – if it is done by an experienced thyroid surgeon.

Naresh T. Row: Pioneering Day Surgery in a developing country – India

The Indian Association for Ambulatory Surgery now has 400 members. Financial reasons mean that Ambulatory Surgery is almost exclusively performed in private, specialized doctor’s offices. Those surgeons and anaesthetists surely are courageous pioneers – congratulations to their success.

Jost Brökelmann (Germany)

IAAS Homepage – www.iaas-med.com

Do you have a national congress you wish to advertise? Please let us know the details and they will be listed on the website for you. Perhaps you know of a useful websites we should link to - please let us know.

It is now possible to subscribe to receive this Newsletter direct from our website. It requires you to submit a valid email address and respond to an automatic email that is sent to verify the email address. Please explore this free resource and if you have any suggestions for content then contact Ian Jackson via webmaster@iaas-med.com.

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You can find an interesting range of articles in the Journal this month. Our Immediate Past President explains that there has been a large increase in day surgery in Portugal. There is an article about an innovative mobile operating theatre that is now available across Europe plus an article comparing the use of fentanyl and remifentanyl for day surgery procedures in children. All the abstracts from our recent congress are also published.

A Huge Increase in Ambulatory Surgery Practice in Portugal

P. Lemos

Using mobile healthcare facilities for day surgery

Vanguard Healthcare Solutions

IAAS Copenhagen 2011

Congress Programme and Free Paper Sessions

Remifentanyl versus fentanyl for propofol-based anaesthesia in ambulatory surgery in children

Anita Solheim, Johan Raeder

These articles can be downloaded from www.ambulatorysurgery.org



News from the Executive Committee

In the last two years many important and varied initiatives have been undertaken by the IAAS, these include:

- internal re-structuring of our finances to adapt the IAAS to the austerity of recent years
- new regulations for our organisation
- a new, modern and more user friendly layout of our website
- the redesign of our electronic journal Ambulatory Surgery
- the development of guidelines
- the initiation of international multicentre projects and
- the creation of this electronic Newsletter

This huge amount of work has only been possible with the dedication of our members on both the Executive Committee and the General Assembly who I wish to thank.



General Assembly members toast to the success of the Copenhagen meeting

During the General Assembly meeting at Copenhagen a new Executive Committee was elected for the 2011-2013 term, being constituted by the following members:

Carlo Castoro (Surgeon – Italy), President

Ian Jackson (Anaesthetist – United Kingdom), President-Elect

Jan Eshuis (Anaesthetist – The Netherlands), Secretary

Luc Van Outryve (Surgeon – Belgium), Treasurer

Claus Toftgaard (Surgeon – Denmark), Past-President

Paulo Lemos (Anaesthetist – Portugal), Immediate Past-President

Katherine McGoldrick (Anaesthetist – SAMBA – United States of America)

Wendy Adams (Nurse – Australia)

Mohamed Gamal (Surgeon – Hungary), President of the 10th IAAS Congress

Jan Jakobsson (Anaesthetist – Sweden)

Fernando Docobo (Surgeon – Spain)

Jost Brökelmann (Gynaecological Surgeon – Germany)

Beverly Philip (Anaesthetist – United States of America), ex-officio as Editor-in-Chief of the Ambulatory Surgery Journal.

This is the Executive Committee of our Association, who are directly responsible for the running of the IAAS. However all delegates of our General Assembly are invited to actively join us in our initiatives together with other enthusiasts of day surgery. The more that contribute then the stronger our association will be and only in this way can we say appropriately that we are the world leader in ambulatory surgery.

Paulo Lemos MD, IAAS Immediate Past-President

Jost Brökelmann Germany, Editor-in-Chief

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