

As I write this editorial, the rain in England continues to fall, providing the wettest early summer since official records began in 1910!

With the Olympic Games in London, I'm sure all the competing teams are prepared for the 'English' summer and I wish every athlete the best of fortune in their individual sport. The last time the Games were held in London was in 1948 – the so-called 'austerity games', rationing was still a way of daily life only three years after the end of WW2.

A feature of this edition of the Journal is a proverbial hernia feast, featuring three papers on inguinal hernia repair. Interestingly, in 1948, the average length of stay for inguinal hernia repair was two weeks in bed with a rather high rate of venous thrombo-embolism! Two of the papers feature interesting studies on self-adhering inguinal hernia mesh, providing a shorter operating time than conventional Lichtenstein repair while maintaining low levels of complications. The third paper attempts to estimate the cost of different techniques for hernia repair, whether open or laparoscopic and demonstrates that all techniques are cost effective – provided they are performed on a day case basis.

But this edition is not all about surgery and surgical technique. It gives us pleasure to acknowledge the

Indian Day Surgery Association as a full member of the IAAS and to offer us a brief history of that association, founded in only 2003. Indeed India too, has come a long way since 1948 and I would expect the Indian Association to develop into a day surgery powerhouse as their population endorses the quality care offered by ambulatory surgery.

Our fifth paper features a performance measurement study of colonoscopy featuring important outcome measures such as pre and post colonoscopy patient wait and the success of bowel prep in a study featuring large numbers of patients. It is reassuring that quality patient care is now at the top of the day surgery agenda!

Finally, we feature a 'one-off' case report of a patient with gigantism undergoing a total dental extraction as a day case. The report explains the anaesthetic technique used on this 7 foot 9 inch patient (2.36 metres) and the need for a specially adapted operating table. If anyone is in any doubt as to the height of such patients, may I invite you to watch the Olympic Basketball Tournament.

Happy viewing!