

This edition of the Journal of Ambulatory surgery contains 4 disparate but interesting articles. From Copenhagen, we have a thought-provoking variation of Altemeier's Procedure applied to stomal, rather than rectal prolapse with 8 of the 10 procedures performed in a day case setting. The procedure is elegantly illustrated by a series of photographs demonstrating each step of the operation. The author concludes that the procedure for full thickness prolapsed colostomy stoma offers a safe and easy day surgery option.

The second paper comes from Milton Keynes in the South Midlands of England. The authors are interested in the post-operative outcome of patients undergoing laparoscopic cholecystectomy, where the patients have failed both day case and overnight stay surgery, staying more than 48 hours. They suggest that in their series, this unfortunate group of patients accounts for 8% of the total and when compared to successful day case laparoscopic cholecystectomies, these patients are more likely to have had acute cholecystitis rather than biliary colic, and have a longer operating time with more drain insertions and conversions to the open procedure. The authors bravely state that some of these factors may be avoidable with greater attention to surgical detail and that their results continue to improve through a continuous audit programme.

Thirdly, comes our first paper from Iran. Here the authors are comparing post-operative pain scores after inguinal hernia repair by local anaesthesia versus general anaesthesia. Not surprisingly, patients in the local anaesthesia group had lower pain scores and a shorter length of stay. The authors are keen to promote local anaesthetic hernia repair in their country where the technique is performed in few centres.

Finally we have a comprehensive overview from Manchester, England, of 25 studies describing the experience of the patient and carer in the immediate post-operative period following day surgery. The author concludes that the main problems are threefold and relate to pain, anxiety and a lack of information. The article suggests that this is the result of the nurse/patient contact becoming more fragmented with the nurse/patient relationship now consisting of brief interactions in the outpatient department, preassessment, in the day surgery unit and in the community with little or no interaction on a professional basis between them. The author proposes that the solution may lie in the enhancement of the hospital/community interface with greater communication between the two.

Enjoy!

Doug McWhinnie

Joint Editor-in-Chief