

In this edition of the journal, we have an eclectic collection of articles, both in terms of content and in origin. From Townsville, Australia we have a descriptive, prospective series of 111 women treated for vaginal prolapse by mesh repair on an ambulatory basis. Traditional repair carries a failure rate of somewhere between 40-60% but in this study, subjective success rate using mesh was almost 90%, albeit with only a 24 month follow-up. However, the authors report a commendable 93.4% day case rate.

From Arizona, we have an interesting survey on patients' perception of noise in the operating room during surgical procedures performed under sedation. It is well recognised that music in the OR can help patients relax and may even improve the surgeons' performance, but interestingly, not the anaesthetists! This study of 120 patients addresses the issue of surgeon/patient conversations during the surgical procedure and the patients' views on 'idle chatter' on the OR. This survey demonstrated that 77.5% of respondents actually enjoyed talking with the staff during the procedure with 75.5% stating that it helped them relax. Of note is the fact that 85% of patients felt that 'idle chatter' in no way interfered with proper care

Laparoscopic cholecystectomy performed on a day case basis has been with us for more than 20 years. From Seville, Spain we have a paper comparing and contrasting their early and later results of 1132 patients over a 13 year period. Not surprisingly, day case rates have significantly increased but most importantly, so has patient satisfaction. Sometimes it is worthwhile having a reality check to confirm how much progress has been made in ambulatory surgery over the past few years!

Finally from Germany and Denmark we have our IAAS biennial report on ambulatory statistics from a number of countries using the new Organisation for Economic Co-operation and Development (OECD) definitions for ambulatory surgery. This classification offers three ambulatory outcomes: 'in-patient', 'day case' and 'out-patient'. The more organisations and countries that adopt a standard classification, the more valuable and influential IAAS reviews will be in the future. Accurate benchmarking allows valid and indisputable statements to be made regarding progress in ambulatory surgery, on both a national and international basis and restricts the effects of lame excuses for lack of progress in day surgery.

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Editor