

# Editorial

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As 2015 draws to a close, it's time to look forward to the European Congress of Ambulatory Surgery to be held in Paris at Marne-la-Vallee on the 28th and 29th January 2016. An excellent and varied programme has been created by the local organisers AFCA (Association Francaise de Chirurgie Ambulatoire) and the IAAS. Are you going to be there? If not, there is still time to register, book your transport and hotel and enjoy a stimulating two days of free papers, symposia and guest lectures.

As elective ambulatory surgery becomes the treatment of choice for most patients undergoing minor and moderate surgical procedures, many investigators are turning their attention to achieving day of surgery discharge for emergency procedures. In this edition of the Journal, we have two papers addressing this issue. The first, from the UK, revisits emergency day case abscess drainage, a pathway described nearly 20 years ago by Loftus and Watkin [1] in Leicester, England. The current authors state that the present rate of emergency day case abscess surgery varies from 10–77% in the UK and confirm that this pathway remains seriously underutilised. Our second emergency day surgery paper comes from Nashik, Maharashtra in India, with 600 patients undergoing emergency surgery for clinically diagnosed acute appendicitis. The authors report in their audit that 220 (36.8%) patients achieved day of surgery discharge with no readmissions and confirm the safety of the pathway.

A thought-provoking paper from Bakersfield, California discusses the methodological considerations for analysing access to ambulatory services in a multilevel context. The authors present the case for multilevel modelling in addition to RCT's in determining the need for access to ambulatory care centres.

Preoperative assessment is a vital component of any ambulatory service, but face-to-face consultations for all, while offering quality care to our patients, may be unaffordable for many, given the escalating costs of healthcare worldwide. A group of investigators from Utrecht, Holland, present the validation of a patient self-administered pre-anaesthetic screening questionnaire using results from 471 patients. They conclude that their questionnaire provides excellent correlation with the answers offered to the anaesthetic professional and that 94% of their questions provided moderate or good criterion validity.

See you in Paris in the New Year!

## Reference

1. Loftus IM, Watkin DF. Provision of a day case abscess service. *Ann R Coll Surg Engl* 1997;**79**(4):289–90.