

This final edition of 2019 has rather sad news as we report the recent death of Paul Jarrett, a Professor of Day Surgery from Kingston-on-Thames in the United Kingdom. As more mature members of the Association will remember, Paul was a founding member of both the British Association of Day Surgery and the International Association of Ambulatory Surgery, rising to Presidential status in both organisations and playing a key role in the development of both of them. It seems fitting that we allocate space for an obituary written by Tom Ogg, which will also be reproduced in the next edition of the Journal of One Day Surgery. I remember Paul as a highly focussed individual whose primary aim was the dissemination of Ambulatory Surgery practice and principles to all who would listen. I'm sure we will all greatly miss him.

The papers in this edition are an eclectic set, with an emphasis on paediatric anaesthesia. Cavalete and co-workers have reviewed satisfaction with paediatric pre-operative evaluation. In their hospital, the development of pre-operative walking clinics for paediatric ambulatory surgery is a new one, and the authors were keen to demonstrate potential benefits. They found an overall high satisfaction rate with such clinics, with parents believing they were more cost efficient and provided more information about the proposed procedure than they would otherwise have received.

Morais and his colleagues from Portugal have reviewed the management of ambulatory dental procedures in children with intellectual disability over a 10 year period to see whether there were differences in management compared with an inpatient cohort. They found (perhaps predictably) a higher rate of non-cooperation in airway assessment with higher Mallampati scores in the ambulatory cohort, and a subsequent higher rate of inhalational induction of

anaesthesia. However, such children were successfully managed in the ambulatory surgery environment without complications when compared with an inpatient cohort.

An Indian study evaluates the differences between spinal ropivacaine and bupivacaine, both with additional fentanyl, 25µg, for lower limb surgery. Given the ongoing interest in intrathecal techniques for ambulatory surgery using more evanescent agents such as prilocaine or 2-chloroprocaine, this is an interesting paper, demonstrating a shorter motor and sensory block with ropivacaine compared with bupivacaine, though I suspect more anaesthetists would employ shorter acting local anaesthetic agents in their daily practice.

The fourth paper is a review of sentinel node lymph biopsy, evaluating potential short term morbidity in the daycase setting. The authors followed 303 patients from 2008 to 2017, evaluating potential post-operative complications, finding seroma formation the most common (14.9%), followed by wound infection, (2.6%) and haemorrhage (1.3%). Admission to hospital was needed for the latter two categories, but overall, the authors contend that the procedure was safe and effective for ambulatory care.

Finally, as we reach the end of another year that was highlighted by an exceptional international congress in Porto, it's time to mark your diary for the next European Congress to be held in Madrid on 19th–21st April next year. Further details will be available soon on the IAAS website, so reserve your study leave now. In the meantime, I wish you all a happy Christmas and a prosperous New Year.

Mark Skues
Editor-in-Chief

