

Welcome to the September edition of *Ambulatory Surgery*. As the summer season rolls into the fall, the IAAS has been busy with forthcoming developments. Plans are afoot to develop another online meeting with a shortened programme imminently, but the major reason for promoting this is the planned international Congress taking place in Bruges, Belgium, in 2022. The dates are pencilled in as 30th May to 3rd June 2022, and promises to be an exceptional Congress covering every facet of ambulatory care in the 21st century. It's well worth booking in your study leave now, and thinking about submitting an abstract for the Congress. More details will be uploaded onto the IAAS website in due course.

This edition begins with a statement from the President, President Elect and Immediate Past President arising from the last on-line meeting. The impact of the COVID-19 pandemic on surgical waiting lists and times has been profound and the statement advises Authorities that Ambulatory Surgery offers a prompt and cost-effective method to alleviate these concerns.

Coincidentally, there are two papers on the use of the laryngeal mask airway (LMA) in Ambulatory Surgery. One questions whether there should be a specific scoring system to predict difficult placement of LMAs, while the other is a study evaluating the use of reinforced LMAs in a paediatric population undergoing tonsillectomy or adenoidectomy. For the latter, the authors found a reassuringly low incidence of complications related to mask use.

The third paper is an evaluation of a Daycase Trauma Pathway for orthopaedic patients initiated in a Welsh hospital. The authors had previously reported an audit on developing this service in this Journal (*Ambulatory Surgery* 2017;23.4:87-9) and they present their findings in this paper. Following a review over a 29 month period, they had increased their same day discharge rate to a creditable 52%, with a greater proportion of limb fractures requiring overnight stay. The authors recognise the limitations of their study with only 4 afternoon trauma lists available for use, making the argument for dedicated daycase lists compelling.

The final submission is a little unusual as it takes the form of an advertising feature promoting the use of trolleys within the ambulatory environment surpassing operating tables and beds for the peri-operative period. This is the norm in the United Kingdom and the paper makes a well balanced argument for the use of trolleys to be made more widespread elsewhere. In my view, it's well worth a read.

In conclusion: Please keep forwarding your papers for review and possible publication. The rate at which they have been received has slowed recently, I suspect as a consequence of the COVID pandemic where clinicians are obliged to manage more urgent priorities. As we see a progressive reduction in the prevalence of this disease, I'd hope we'll soon return to the norm of a healthy journal publishing the best in contemporary ambulatory care.

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