

## Editorial

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The present issue of *Ambulatory Surgery* marks the first entirely devoted to Spanish papers. I would like to begin by thanking the Editor-in-Chief of the Journal for this opportunity to show the readers a number of articles documenting the practice of day surgery in Spain. These papers were presented at the 3rd National Congress on Major Ambulatory Surgery that was held in Zaragoza, in October 1997 (previous Congresses took place in Barcelona in 1992 and Seville in 1995).

Ambulatory surgery is a multidisciplinary activity and, with this in mind, the Spanish Association of Major Ambulatory Surgery (ASECMA) was established in 1994, to favour multidisciplinary membership. In 1995 we joined the International Association for Ambulatory Surgery (IAAS) as a full member.

Ambulatory surgery is a distinct concept and a modern form of delivering surgical care, that takes into account both the medical and social circumstances of the patient. Thanks to new technologies, new anaesthetics and a more open-minded attitude by surgeons, the practice of day surgery has expanded all around the world. In Spain, day surgery is a form of provision of surgical care that is covered by the services delivered by the National Health System, and it is defined as follows: 'surgery performed under general, regional, or local anaesthesia or sedation requiring neither intensive postoperative care nor overnight stay, the patient being discharged from the facility a few hours after the procedure' [1]. The avoidance of using a traditional inpatient surgical bed is the key strategy of day surgery. As ambulatory surgery continues to grow, it seems more necessary to refine the discussion of what it is and what it is not. If a patient spends the night in hospital, that is not ambulatory surgery. Despite this clear statement, 'true' day surgery is sometimes confused with a simple reduction in length of stay—what is called

short-stay surgery. This controversy needs to be addressed quickly at an international level.

In recent years, the use of day surgery has increased greatly in Spain, and there have been plenty of articles in scientific journals and newspapers about the virtues and economic advantages of ambulatory surgery. At present, we have reached the stage where we should concentrate on quality rather than financial aspects. We should promote and expand day surgery as it is in the best interests of patients, clinicians and managers. But, as surgeons and anaesthetists we have the main responsibility for protecting the quality of day surgery.

The cornerstone of ambulatory surgery is that the quality should not decline when comparing it with inpatient treatment. This means adequate preparation of the patient, doing the operation properly and good postoperative control with minimal unplanned admissions, readmission rates or visits to the emergency department. To achieve these goals, all clinicians committed to day surgery must voluntarily change their habits, and the managers must support this change ensuring the availability of new or converted dedicated facilities to make the work of professionals easier and to achieve maximal output rates.

There is no doubt that ambulatory surgery must be performed by experienced surgeons and anaesthesiologists. Therefore, the attraction of the most qualified doctors remains an important feature contributing to high-quality day surgery. The increasing application of day surgery to a broader range of procedures brings new problems regarding organisation, better co-operation with other members of the team like nurses and anaesthesiologists, and new opportunities to promote the links between the day unit and primary care. All this takes time and needs a progressive development in Spain. Day surgery is the best treatment for certain patients and a scientific challenge for all implicated players. The ambulatory surgery unit could be the ideal venue for research projects and must be able to attract epidemiologists and biostatisticians who help to teach

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scientific methods and the essentials of evidence-based medicine (EBM). The practice of EBM in the day unit could help to select new procedures for day surgery of proven effectiveness which do more good than harm [2].

Another factor in gaining recognition for day care is education. The students and residents face a move in surgical teaching from the traditional ward to the ambulatory unit, where they will see more of the entire spectrum of the common surgical problems. But the day unit is not simply the place for teaching the commonest operative and anaesthetic techniques. It is the best venue for learning holistic patient care. It is imperative to direct the trainees' activities in this new surgical world and to give more support to education in day surgery.

In this Special issue, different aspects and perspec-

tives of day surgery in Spain are examined. We have a number of anaesthetists, managers, surgeons and nurses of all kinds that have contributed (with strong personal efforts) to change the traditional routine of some of our hospitals creating the right climate for day surgery. In addition these articles will serve to compare the practices of different hospitals and units. I hope this issue represents a step forward in the history of day-care in Spain.

## References

- [1] Cirugia Mayor Ambulatoria. Guia de Organizacion y Funcionamiento. Madrid: Ministerio de Sanidad y Consumo, 1993.
- [2] Muir Gray JA. Evidence-based Healthcare. How to make Health Policy and Management Decisions. Pearson Professional Ltd., 1997.