

# Editorial: Metamorphosis

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AMBULATORY SURGERY has changed, moving forward to the wider readership that is available by using web-based electronic publication.

AMBULATORY SURGERY will continue to be a peer-reviewed journal, disseminating knowledge in the field of day surgery with multidisciplinary reports covering surgery, anaesthesiology, nursing and management topics. AMBULATORY SURGERY will continue to be the official journal of the International Association for Ambulatory Surgery, and our new journal site will be linked to the IAAS site, [www.iaas-med.com](http://www.iaas-med.com).

AMBULATORY SURGERY will also be a conduit for the announcement of all meetings related to ambulatory surgery, encompassing the areas of surgery, anaesthetics, nursing and management. The submission, for publication, of single-page meeting notices to attract the readership of this journal will be welcome.

In this first electronic edition (Volume 13, no. 1), we have research that covers the breadth and depth of ambulatory surgery, anaesthesia, nursing practice and management from around the world.

An updated survey of international day surgery activity by Toftgaard is the opening paper of this edition of Ambulatory Surgery. The remaining papers cover a variety of subjects.

Opioids are a well known contributor to the problem of postoperative nausea and vomiting; Habib et al. have investigated whether using the short acting opioid remifentanyl instead of fentanyl as part of a balanced anaesthetic results in a reduction in PONV, and it did not. A study by Borges et al. suggests that routine dexamethasone may reduce PONV as well as the level of postoperative pain. Patient attitudes to the use of postoperative analgesics have been looked at by Older et al. Anatol and Harharan have evaluated the reasons for cancellations of paediatric ambulatory surgery in a Caribbean developing country and found that the majority of unplanned cancellations were by the hospital, due to operating theatre management and administrative issues; only a quarter were due to a new patient illness. Soto gives us information presented at the last meeting of the Society for Ambulatory Anesthesia, on the clinical advantages of depth of consciousness monitoring in the ambulatory setting.

We welcome you to the new AMBULATORY SURGERY. We welcome your readership and your manuscripts about the state of Ambulatory Surgery worldwide.