

We all recognise that recall of post-operative information given to our patients can be variable and inexact and indeed several studies over the years have addressed this issue. In this edition we publish an observational study from Epsom, England evaluating memory recall after day case arthroscopy in 96 patients. The authors suggest that memory impairment may be significant for up to 2 hours after anaesthesia which indicates the importance to all of us of providing written post-operative instructions to our patients in addition to discussing the outcome of any procedure with both patient and carer!

Our second paper relates to patient satisfaction questionnaires. It is a fundamental principle in day surgery units to evaluate patient satisfaction. While a single audit of opinion is of little value, repeated audits over time can be an invaluable tool in assessing trends in patient outcomes. Often these measured outcomes are metrics required by the service provider and may not necessarily reflect the patients' perception of quality. From Torquay, England, comes an audit highlighting the importance of allowing the patient the opportunity to comment on their experience rather than only answering the set questions asked. The authors added the open question 'how can we further improve your day surgery experience?' Of 315 patients completing the survey, 94.6% expressed positive remarks regarding their care but interestingly, over 7% of patients commented about outcome measures such as inadequate waiting facilities or excessive perioperative waiting times which were not part of the standard

questionnaire. It just goes to prove that sometimes the most revealing outcomes are found not in what you ask, but in what you don't ask!

Over the years, we have received and reviewed many submissions on day case laparoscopic cholecystectomy. This paper from Chesterfield, England serves to remind us that while day case laparoscopic cholecystectomy may now be routine for many, for others, the learning curve continues. An interesting comment from the authors relates to drain insertion and failure to discharge on the day. We would certainly concur with this but suggest as others have done that removal of the drain is possible after a few hours, allowing the patient to still be discharged the same day.

Finally, from Townsville, Queensland we have a paper addressing the issue of whether early or late mobilisation and activity following ambulatory urethral sling surgery for stress incontinence provides the better outcome. A prospective study of 50 patients demonstrated no difference between the groups suggesting no contraindication to early mobilisation. It is nice to see yet another study of day case surgery proving the advantage of returning to normality as soon as possible rather than artificially delaying normal patients' recovery.

Doug McWhinnie

Editor