Editorial

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I am sure we are all looking forward to our biennial scientific conference to be held, on this occasion in Barcelona 10-12 May. For those of you presenting , either in a free paper section or as an invited speaker, would you consider providing the journal with a manuscript of your offering? I don't want to hear the usual excuses. . . . all articles have a place in our journal whether it is original research, a review or even opinion on some aspect of ambulatory care. All are welcome and I accept that for many, English is not a first language, but that is one of the uses of an editor!

To whet your appetite for Barcelona, we have 4 interesting articles in the edition, covering 4 differing topics. From Salford in England, we have a review of compliance of driving instructions after ambulatory surgery. While I think we would all agree that driving immediately after sedation or general anaesthesia poses a risk to fellow drivers, for how long does that risk persist? Received wisdom has always suggested cessation of driving for 24 hours but is that remit valid for the newer anaesthetic agents? Secondly , from the surgical perspective, for how long is there physical impairment to driving after a procedure? Read and find out!

As the influence of IAAS spreads geographically, it is important and valuable to see how ambulatory surgery is progressing in 'emerging markets'. In an article of current practice from a centre in Hyderabad, India, the authors are now demonstrating that ambulatory discharge (up to 23 hours after surgery) occurs in over 10% of their patients . So far so good, but of course the challenge for their centre is to discharge within 12 hours and promote true day surgery. Good luck!

The assessment and measurement of recovery and patient satisfaction after ambulatory surgery is the subject of a review article from Gothenburg and Stockholm. The authors are not necessarily suggesting that these outcomes are poorly measured, but that there is no consensus as to the system used for evaluation. The development of such tools would allow widespread benchmarking which could lead to improved patient care and more effective utilisation of resources.

Our 4th and final article from Naples addresses the link between inflammatory bowel disease and VTE. In a small study the authors found no increased risk of asymptomatic VTE when comparing controls in a normal healthy population and patients with Inflammatory bowel disease. They suggest therefore that screening inflammatory bowel disease patients for asymptomatic VTE before any form of surgical intervention may be of no value.

So, Ladies and Gentlemen, to return to the opening point of this editorial, let us start thinking now about your oral presentation in Barcelona and seek to convert it to print!