

2017 brings a new edition of the *Journal*, together with news of the upcoming biennial congress, to be held in Beijing in May of this year. The 12th Congress will be held at the Beijing International Convention Centre between 8th and 10th May 2017, with all details available from the website

[www.iaascongress2017.com](http://www.iaascongress2017.com)

The meeting promises to be an outstanding overview of both the science and art of ambulatory surgery management and well worth your attendance and participation. It seems fitting therefore, that the journal provides a précis of the forthcoming delights available at this meeting.

Luc Van Outryve offers a Guest Editorial, where he elucidates the differences between Day Surgery, Fast Track Surgery, Enhanced Recovery and Perioperative Medicine. Given that Luc will be delivering the prestigious Nicoll lecture in Beijing, I suspect his offering may well be a precursor for his forthcoming presentation.

Huajie and colleagues describe a series of nearly 4000 patients from Shanghai who underwent malignant thyroid surgery evaluating costs, complications and duration of stay. Their rationale for review was that a prospective payment system had been introduced with an aim to reduce length of stays and day to day costs. Over the period of review, length of stay reduced by nearly two days, with a gratifying 10.8% of patients staying less than 24 hours. Total costs were also significantly reduced by nearly 2000 Yuan (\$285), confirming that ambulatory care reduced both costs and stay.

Gys et al provide an offering from Belgium comparing the motor and sensory effects of spinal prilocaine, 2-chloroprocaine and bupivacaine for hernia repairs. Somewhat predictably, they note the evanescent effects of prilocaine and 2-chloroprocaine compared with bupivacaine, suggesting an advantage for ambulatory surgery, as long as the duration of surgery doesn't exceed the duration of block. Thankfully, for their series, this didn't occur, though they note that some degree of intraoperative pain is possible, particularly with the use of 2-chloroprocaine.

And finally, orthopaedic surgeons from Milton Keynes (UK) have submitted a paper evaluating pain scores after hip and knee replacement to provide a pragmatic view of not only whether mean pain scores for six weeks after surgery offer the potential for ambulatory arthroplasty, but whether those with persistent pain may have been predicted earlier? While the latter question can't be answered by this paper, the gratifying progressive reduction in pain for six weeks after joint surgery does suggest that hip and knee replacements may be feasible for admission, operation and discharge over the course of one day.

Hopefully, the next edition of the *Journal* will include details of the free paper submissions for Beijing. I hope you will be able to attend, and look forward to seeing you there.

**Mark Skues**

Editor-in-Chief

