

A belated welcome to 2021! While much of the world is still paralysed by the impact of COVID 19, ongoing vaccination programmes have now started, offering potential hope of a return to normality before too long. Given the ongoing limitations on travel, once again the IAAS is planning another virtual meeting scheduled for April of this year. As before, there will be a cocktail of lectures chaired by Arnaldo Valadon and Vicente Vieira, with the date scheduled for 10th April 2021. Like last time, there will also be a free paper session for the 17th April, for which submissions are invited by 20th March. Similar to the October meeting, all submitted abstracts will be published in this Journal.

Another welcome is due, this time, to Madhu Ahuja, who is taking on the role of Editor for this Journal. Madhu is a British Anaesthetist who was on Council of the British Association of Day Surgery, as well as contributing significantly to numerous booklets released by BADS as the Chair of Publications. My thanks go to Ian Jackson for holding the fort in the past, and wish him well in his ongoing role as Webmaster and organiser of all things digital on behalf of the IAAS.

And so to the papers. There are four in this quarter's edition, reviewing lumbar microdiscectomy as an ambulatory procedure, a comparison of ketamine versus ilioinguinal block in inguinal hernia surgery, a Guatemalan study confirming the benefits of daycase laparoscopic cholecystectomy and the influencers of patient satisfaction in ambulatory surgery.

Fabres and colleagues evaluated inpatient and daycase patients scheduled for lumbar disc surgery and microdiscectomy in their hospital. Ambulatory procedures are constrained by the availability of morning operating sessions, yet the authors were still able to compare data from the two groups. They found lower waiting times in the ambulatory group,

a non significant reduction in complications, and predictably, reduction in cost of treatment for the daycase cohort.

While I have hesitated from publishing more daycase laparoscopic cholecystectomy papers due to the uptake of the procedure in the ambulatory environment, a Guatemalan study demonstrates the ease with which less financially advantaged environments can achieve good results with standard planning. Post-operative emesis was reported by the authors to be higher than expected, but they report limitations in prescription due to the average purchasing capacity of the Guatemalan population.

Pajina and colleagues from Thailand report the results of a comparison of low dose iv ketamine (0.25mg/kg) and ilioinguinal block (IINB) for patients undergoing hernia repair under spinal anaesthesia. They found that analgesia, assessed by visual analogue scores and time to first supplementary analgesia and opioid requirement was significantly prolonged in the IINB group compared with either ketamine or placebo groups.

The final paper comes from Belgium and identifies the components that influence patient satisfaction in ambulatory surgery. They found that environment, technical and administrative influences, together with waiting times have significantly beneficial effects on satisfaction, and that maintaining these indices will ensure ongoing quality of care.

The next edition of this Journal, as previously mentioned, will host the submitted abstracts from the online meeting in April. The closing date for submission is 20th March, so time to put pen to paper...

**Mark Skues**  
Editor-in-Chief

