

Editorial

Twenty five years

Mark Skues, Editor-in-Chief

This edition of the *Journal* marks a milestone in the history of 'Ambulatory Surgery' with our 25th anniversary. First published in 1994, the *Journal* has been a repository of seminal papers on every aspect of ambulatory care across the world. It is my pleasure to thank all of the authors who have contributed to publication, as well as my predecessor editors who managed submissions promptly and seamlessly. In the last quarter century, the world of ambulatory care has altered dramatically with increasing numbers of countries adapting practice to accommodate shorter durations of stay, and thereby, reduced costs of care. Long may it continue.

This issue contains four submissions evaluating the results of treatment of haemorrhoidal disease using arterial ligation, an evaluation of which surgeons should perform laparoscopic cholecystectomy, consideration of ambulatory surgery for orthopaedic patients in the United States, and a brief report on the potential use of music therapy.

De Vos and colleagues from Belgium evaluated the outcomes of 274 haemorrhoidal artery ligations (HAL) over a 10 year period, of which, nearly 75% were ambulatory procedures. Given the higher potential of post-operative prolapse, the authors combined concomitant rectal mucopexy that functions to lift and secure protruding haemorrhoids. They found high patient satisfaction with a reduction in symptomatology, but over 40% of patients needed further treatment.

An English study evaluates performance of laparoscopic cholecystectomy enquiring whether the operations should be limited to surgeons who

have sufficient experience. Recommendations are already in force suggesting they should be restrictions to surgeons who perform more than 40 procedures per year, and the evidence accrued would suggest that open conversions, daycase and reoperation rates were higher when the operation was performed by individuals with greater experience.

Uppal has studied the economic advantages of orthopaedic surgery in surgical centres compared with hospital outpatients, comparing risk of surgical site infection, duration of procedure and patient satisfaction. He found that all the cited parameters were better in surgical centres, leading to the premise that financial involvement and/or ownership by physicians may have an impact.

The fourth paper is a brief evaluation of the benefits of music therapy for ambulatory surgery patients where the authors measured anxiety in a control group and patients subjected to music of their choice through the surgical procedure. Music seemed to reduce anxiety in patients, though one hopes that their choice was better than that of some surgeons I have had the delight of working with!

And finally, a brief note to once again recommend the forthcoming congress in Porto in May this year. The next edition will be a collection of the abstracts submitted to the Congress, that we will all have the pleasure of hearing and viewing. I hope to see you there.

Mark Skues
Editor-in-Chief