

A happy somewhat belated 2022 to you all. I hope that working practices are slowly returning to a more normal basis, as the coronavirus pandemic recedes to manageable levels. The potential threat of the omicron variant is deemed to be mild, which suggests a reduction in hospital admissions and mortality. On this basis, there are potentially more beds to allocate to ambulatory care, and hopefully a progressive return to pre-pandemic levels of activity. As the world reacts to improving conditions, so has the IAAS with the resumption of their biennial Congresses.. but more about this later.

This edition of the Journal contains a pot pourri of offerings with an Anglophilic emphasis. The first is a review of digital technology in peri-operative care where the authors assess the development of non face to face care for management and administrative functions in healthcare. There is no doubt that acceleration of output has been facilitated by the corona pandemic, so this review provides a timely overview of the ways that such methods can be employed. In a similar vein is a reflective paper written by a junior doctor from England discussing methods of managing the coronavirus challenges in ambulatory surgery.

A third paper from England discusses ambulatory hip replacement, evaluating the patient perspective to the procedure, and enquiring about perceived outcomes that may influence the decision to undergo the operation as a

daycase. Post-operative pain, potential complications, and access to ongoing services in the peri-operative period were some of the perceptions most likely to influence patient judgement.

Finally, a brief case report describes the successful ambulatory management of a patient with uncorrected tetralogy of Fallot for retinal detachment vitrectomy. The heart lesion was confirmed by pre-operative echocardiography, and perhaps predictably, peribulbar block was chosen as the technique of choice.

An additional bonus is some correspondence from Naples, Italy, where the authors describe their experiences with maintenance of local anaesthetic plastic surgery sessions during the COVID pandemic.

A brief note.. as I'm sure you are all aware, the biennial IAAS Congress will be held in Bruges, Belgium from 30th May to 1st June. Abstracts are now being accepted for consideration, and the closing date is planned as 15th April 2022. All abstracts submitted will be published in the next edition of Ambulatory Surgery, so here's an opportunity not only to attend in Bruges, but also have your abstract replicated in print in this Journal. Sufficient stimulus surely, to put something of interest together for the meeting and this Journal?

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