

Editorial

Ambulatory (day-care) surgery was first documented in 1909 when J H Nicoll reported to the British Medical Association successful results in 8988 children operated on as day cases at the Royal Hospital for Sick Children in Glasgow, for such conditions as phimosis, talipes, harelip, mastoid disease, hernias and undescended testicles. In the United States R M Waters opened the Down-Town Anaesthesia Clinic in Sioux City, Iowa for dental cases and minor surgery. Waters, in 1919, said "The future for such a venture, I believe, is bright".

The work of these pioneers was not followed by an immediate growth in ambulatory surgery. A marked expansion only began in the 1960s, most rapidly in North America and more slowly in Europe.

At the beginning of the last decade of the twentieth century 50% of surgery in the United States was performed on an ambulatory basis compared with between 15 and 20% in the United Kingdom. Worldwide there has been a growing but patchy interest in this form of treatment with countries such as Sweden, Canada, Australia and Denmark progressing rapidly, but others such as Germany and the old Eastern Bloc countries being slow to take up the concept.

Originally ambulatory surgery meant short procedures on physical status ASA 1 or 2 patients. The development of new anaesthetic agents and techniques, improved and minimally invasive surgery and new and newly formulated analgesics has allowed an expansion in the procedures suitable for ambulatory care, and the ability to treat some ASA 3 patients in this way.

Today in health care throughout the world there is a thrust towards quality care and cost containment. Ambulatory surgery meets these requirements. The majority of patients prefer this form of treatment as it lessens the psychological stress associated with hospitalization and they can recover in the familiar surroundings of their home. Ambulatory surgery is cost effective with savings, compared to inpatient surgery, estimated at between 15 and 80% depending on the procedure, the type of ambulatory unit and the country.

Ambulatory surgery can be described as patient care tailored to meet the needs of the 'non-sick'. As such it is being substituted for inpatient surgery in ever-increasing amounts.

By the end of this century the question will not be whether a patient is suitable for treatment on an ambulatory basis rather than as an inpatient, but whether there are any indications for admission for inpatient treatment.

Ambulatory Surgery will promote and develop this system of patient management by providing a multidisciplinary, international forum for all healthcare professionals involved in day-care surgery. The journal will publish peer-reviewed original articles relating to the practice of ambulatory surgery, including papers on the following topics: basic and clinical research (surgery, anaesthesia, nursing); administrative issues (facility development, management, policy issues, reimbursement); and perioperative care (patient and procedure selection, discharge criteria, home care, quality of care). *Ambulatory Surgery* will be the primary international journal for the publication of high-quality papers in this field.

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