

## Editorial

*"Everything has its season, and there is a time for everything under the heaven"*

The wise King Solomon understood the complexities of the universe, and almost prophetically predicted the conclusions that we are beginning to arrive at during our lifetime. This is the season and the time for our specialty of ambulatory surgery and anesthesia to influence the present and shape the future of health care delivery. No longer is ambulatory surgery an option. Within the pages of this issue, and repeatedly reiterated in prior issues, is the forum to share the vast experiences touting the safety and quality of ambulatory surgery. Further attestation to our legitimacy is the formation of the International Association for Ambulatory Surgery (IAAS), that took place this year in Brussels. Anesthesiologists, surgeons, nurses, administrators, and government officials whose common interests in the provision of surgical and medical care on an outpatient basis were identified, forged ahead on an international level in order to provide colleagues with common ground for information sharing. Both the debate surrounding the conceptual validity of ambulatory surgery and the mission of the IAAS are featured in this issue. The future of any such an organization lies in the education and research that is disseminated to its recipients. A prime example of important clinical research, is the continued interest in perioperative management of pain and emesis. Featured in this issue are three articles that examine opioid and nonopioid treatment of pain following oral and dental surgery. Cost-effective rational selection should drive the decision when clinical efficacies are equal. And the debate continues. Also featured in this issue is the result of a multi-centered U.S. study assessing admissions following ambulatory surgery. The data shed light on the external and internal pressures that exist in the expanding ambulatory surgical practices. For those facilities that are still struggling with patient and procedure selection, this study identifies the variability in practice patterns – some admissions will always occur, and some should never occur. The U.S. experience highlights some of the problems that more fledgling institutions will face, and perhaps could be forearmed.

It is truly hoped that scientific and scholarly efforts will continue to be shared through this journal, and that priority by government and industry resources to support meaningful clinical investigations and outcomes research will further encourage the proliferation of ambulatory surgery. Let us witness this *"time and season!"*

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