

The beginning of a new year always brings its own trepidations with dark mornings and long nights (in the northern hemisphere), frost, snow and other unpleasant weather phenomena (again in the northern hemisphere), and a longing for more pleasant times. As the year moves on, feelings ameliorate somewhat, with an anticipation of better things ahead. So it is with the International Association for Day Surgery, and an imminent meeting planned for later this year. Plans are afoot for a second virtual Congress with the Brazilian Society of Ambulatory Surgery, scheduled provisionally for 18th November 2023, the Congress promises a wealth of experienced international speakers delivering on subjects related to Ambulatory Surgery. Point your browsers to www.iaasiberoamerica.com for further details as they develop.

And so to the papers published in this edition. The first is a Portuguese review evaluating the role of continuous subcutaneous insulin infusions in the peri-operative period. The paper describes the science behind such infusion pumps and provides useful guidelines for their use during surgery with a wealth of tips and tricks designed to maintain normoglycaemia.

The second paper is from Braga in Portugal evaluating the possibility of remote patient monitoring in ambulatory surgery. The development of telemonitoring software that records and transmits physiological data is relatively new, but opens up possibilities of more significant day case surgery whilst being monitored in their home environment

after discharge. The study evaluated 20 healthy volunteers whose heart rate, non-invasive blood pressure, oximetry, respiratory rate, temperature and ECG were monitored for an average period of 15 hours. Body temperature measurement proved to be relatively ineffective with the sensor becoming detached in a quarter of patients. Overall though, the majority of the volunteers felt safer being monitored in this way, knowing that the technology could allow earlier detection of complications.

Kamath and Kamath offer a paper evaluating pinch and grip strength recovery after carpal tunnel release. They found definite improvements in grip and pinch after 4 weeks of surgical release, but full recovery took almost one year after surgery.

The final paper from Egypt compares the benefits of a subcutaneous fatty flap vs a rhomboid flap in the management of recurring pilonidal sinus. The authors studied 50 patients and compared outcomes after the differing techniques. They found greater benefit with the fatty flap use resulting in less post-operative infection, less recurrence and a marked reduction in duration of stay.

As ever, the Journal is always on the lookout for aspiring authors to contribute to its pages. It is a continued challenge to complete each edition with an appropriate number of ambulatory surgery submissions, so, returning to the theme of the new year again, why not make this your new year's resolution?

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