

More astute readers will notice the lack of publication of *Ambulatory Surgery* in June of this year. This was due to the lack of manuscripts being submitted for consideration, thereby resulting in the absence of the Journal at this time. However, for September, we return with a “full house” of papers for your edification and perusal. These range from an evaluation of septorhinoplasty as an ambulatory procedure by Omani authors, to a review describing the complications that may arise from perceived ‘minor’ surgery. Also described is the management of trichilemmal cysts and the management of salivary gland surgery as a daycase operation.

Al-Alawi and colleagues describe their management of 52 patients undergoing septorhinoplasty in a plastic and reconstructive surgery department. They report a successful migration to ambulatory surgery for this procedure, as well as providing a useful commentary on the benefits (or not) of nasal packing after the operation.

Kaiser and Gettler provide a review on the outcomes of minor surgery, and despite the nomenclature, emphasise the relative risks involved and how to mitigate them. Prominent among these is the ongoing development of a safety culture embracing consent, checklist compliance, and awareness of the potential for significant complications despite the perception of the minor nature of the procedure at hand.

A Brazilian study describes the management of the removal of 12 nodular lesions of the scalp over a period of five weeks. Having originally been referred to a tertiary hospital that was a significant distance away from home, this paper describes the subsequent management in a hospital outpatient unit.

Finally, a study from Portugal evaluates the feasibility of salivary gland surgery for ambulatory care. The authors analysed 18 patients, most of whom underwent parotid operations. Post-operative follow up was for a period between six and twelve months. Complications consisted of seroma/sialocele in 3 patients, haematoma in 2, one of which required reoperation, the authors contend that such surgery is safe and feasible, provided careful patient selection is made, and appropriate post-operative follow up carried out.

In conclusion; I hope you find it useful perusing the enclosed papers.. time will tell whether we are able to publish in three months time. So, please consider contributing your work.

Dr Mark Skues
Editor-in-Chief