

As the year comes to an imminent end, so comes the 3rd edition of *Ambulatory Surgery* for 2025. This quarter's edition contains four papers that should be of interest to all.

First off, is a manuscript examining the variation in unplanned admission rates after ambulatory surgery from North Carolina, USA. The authors evaluated patient data for ten years to determine factors associated with unplanned admissions. Overall, the rate of admission was 4.1%, with rates higher for black and others compared with white patients. This is a well recognised phenomenon, for which the authors can offer no explanation from the extensive data that they collected.

Similar to this paper, is one from Spain where the authors evaluated unplanned overnight stays or subsequent hospital re-admissions. In their series of 3,397 patients, nearly one in four experienced failure of ambulatory surgery, associated with procedure duration, placement of a central venous access device, and the use of general or spinal anaesthesia. The existence of co-morbidities, together with inevitable complications would seem to be a potential explanation.

The third paper evaluates the sustainability of infusion syringes versus drop counters for ambulatory surgery. In a complex paper evaluating many criteria over a period of weeks, the authors came to the conclusion that drop counter equipment resulted in environmental and economic benefits representing a more sustainable, ergonomic and cost efficient alternative.

Finally, an affirmation from Minneapolis USA of the importance of patient positioning in successful airway management. The author re-emphasises the relevance of positioning in first pass success of airway instrumentation in the ambulatory setting. Head elevation and aligned positioning remains fundamental to successful airway management, and perhaps the first rule in the mantra of difficult airway management.

In conclusion; I wish you all a peaceful and restful seasonal period, and a fruitful new year. Perhaps a useful resolution may be to consider formalising your opinions, finishing that review, or completing that study so that you can submit your labours to the *Journal* for review. I will be more than happy to publish your endeavours, so, keep them coming.

Dr Mark Skues
Editor-in-Chief