

In this edition of *Ambulatory Surgery*, we learn about international practice, on the system and on the specific level. In a Swedish nation-wide survey, Jakobssen et al present the percentages of several common operations that are done as ambulatory surgery. Knee arthroscopy was scheduled as day surgery in 74/74 Swedish units, herniorrhaphy in 70/73 units and laparoscopic cholecystectomy in 34/65 units. In the U.K., Khan et al. present the improved patient access, reduction in waste and duplication of resources, and potential cost savings that can accrue for inguinal hernia repair when the patient chooses and schedules preoperative assessment and surgery to be done on the same day. Ratcliffe reviews the literature on cognitive dysfunction after general anesthetics for ambulatory surgery, and finds an earlier return to baseline cognitive function in the sevoflurane and desflurane groups, compared to propofol or isoflurane, though this was statistically significant only in the first hour of recovery.

In the specific reports, Emazabel-Yunta et al. discuss a subarachnoid hematoma following spinal anesthesia. Mariano et al. report that supplementation rates for upper extremity blocks are higher than with perivascular axillary blocks than coracoid infraclavicular blocks, 52% and 20%, to produce acceptable anesthesia. Of special interest is the randomised, blinded trial performed by Ng et al. These researchers find that the incidence of PONV after laparoscopic cholecystectomy is reduced from 46–72% to 15–22% with the use of an improved surgical technique, using 2=port needlescopic surgery. With the improved surgical technique, and thereby less surgical intrusion and postsurgical discomfort, ondansetron does not significantly reduce the incidence of PONV.

We also want to remind all our readers to plan to attend the 8th International Congress on Ambulatory Surgery, in Brisbane, Australia on 3-6 July, 2009. The program is being developed to present all attendees with the latest information on science and practice in all disciplines of Ambulatory Surgery – covering surgery, anaesthesiology, nursing and management issues. We welcome you to attend!

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