Editorial

Mark Skues, Editor-in-Chief

As I write, plans are being formulated to develop the next congress of the IAAS and the China Ambulatory Surgery Alliance to be held in Beijing in May 2017. Preliminary information of the planned Scientific Programme will be available imminently on the IAAS website, so keep visiting the site to view what I know will be a flagship for the ongoing development of exemplary management and outcomes in international Ambulatory Care.

This quarter's edition of the Journal contains a number of seemingly disparate papers, with an overall theme of coalescence of data to infer new information.

An ophthalmological review comes from the Accreditation Association for Ambulatory Health Care where they examine the trends in anaesthesia during extraction of cataract over a four and a half year period. They cite a rise in the use of topical anaesthesia, with a fall in peri- and retrobulbar techniques, together with an increase in the rate of oral sedation, and the reasons why this might have occurred.

Professor Jim Philip has contributed an extended abstract to the Journal, evaluating the role of inhalational agent monitoring for ambulatory surgery, providing graphic trends of what actually happens to inspired and expired concentrations over the course of an anaesthetic. He makes a plea for more manufacturers of anaesthetic machines to consider adding graphical formats and servo controlled feedback to automate the control of end tidal agent concentration, thereby facilitating more precise control of ambulatory anaesthesia.

Jianjun Wang and co-workers have followed up their publication of last year with a paper that describes the effect of a number of variables on access to Ambulatory Surgery Centre care, showing the influence on access from family income, population density and the proportion of families with young children.

Ledger et al have provided another ophthalmogical review describing useful data of over 4000 patients undergoing cataract surgery in their institutions, seeking the rate of capsular rupture and/or vitrectomy that in other studies are cited with an incidence of 1.9%. Gratifyingly, they reported a rate of zero percent, but cite their intention to evaluate a rate of posterior capsule rupture and vitreous loss, should it rise above 1.8% to "intensive review".

And finally . . . A plea for submission of papers to the Journal. It is a little surprising that given International meetings in Paris in January 2016 and Barcelona last year, that the plethora of published abstracts highlighting exemplary standards of care and outcomes have not yet been translated into submissions for *Ambulatory Surgery*. Please try and encourage your colleagues or trainees to consider forwarding their work to a publication now in its 22nd year. Both Doug McWhinnie and I are keen to accept work related to any component of ambulatory care, with support for translation or encouragement of more junior members to add something of note to their developing curricula vitae. So, let's get those creative juices flowing… I'll look forward to your contributions.

Mark Skues
Editor-in-Chief