Editorial

Mark Skues, Editor-in-Chief

This edition of the Journal contains a series of papers reviewing amongst other things, outcomes for ambulatory shoulder surgery for patients with obstructive sleep apnoea, the incidence of postoperative nausea and vomiting with the use of total intravenous anesthesia, a case report of two patients with unexpected monoparesis potentially induced by midazolam, and the first of what hopefully might be many, reviewing the ten year performance of ambulatory surgery in England, using the newly developed criteria for suitable procedures.

Wallisch and co-workers have evaluated the outcomes and respiratory complications of 48 patients with obstructive sleep apnoea (OSA) having shoulder surgery where an interscalene block, together with propofol and ketamine sedation formed the anaesthetic technique. They noted no significant changes in oxygen saturation in the post-operative period, and when phoned on the first post-operative day, only 5 (10%) patients reported mild dyspnoea on return home. Whilst this paper is interesting in describing the peri-operative events potentially associated with OSA, they make no mention of longer term outcomes, where it is known that sleep studies may be exacerbated for three days post-operatively [1].

Bayter et al, in a multi-centre study, report on the incidence of postoperative nausea and vomiting with the use of total intravenous anaesthesia. They report a 10% risk of nausea and 5% risk of vomiting, maximal in the 4 hour period after surgery, and then decreasing 24 hours after discharge. These results seem sensible, given the evanescent effects of the intravenous anaesthetic technique used, and the authors hypothesise that the use of strong opioids for analgesia in the immediate post-operative period may have contributed to the emetic risk.

Shih and colleagues report on two patients undergoing ambulatory surgery who experienced monoparetic symptoms after the administration of 2mg of midazolam. Aware that there is a potential for re-emergence of stroke deficits and transient ischemic effects with midazolam, the authors describe the sudden onset of weakness immediately pre-operatively, and their subsequent management. Thankfully, no adverse outcomes arose from this phenomenon, and the report acts as a potential alert to readers, though the occurrence seems extremely low.

The fourth paper is a contribution describing the 10-year performance of ambulatory surgery in England, from data collected by NHS Digital, the national repository for the National Health Service. The authors have collated information based upon the proposed revisions to the cohort of procedures deemed suitable for Ambulatory Surgery, to establish the current 'state of play' for their country. I am hoping that this paper provides a template for others to report similar national status, though I am aware that preparations on this subject are in progress for presentation at next year's international congress in Porto.

And finally… Arrangements are in place for the IAAS European Congress 2018 that will be taking place in Budapest on 11th-12th May, this year. As noted before, the meeting promises to be a demonstration of the best of ambulatory care with a surfeit of expertise from invited speakers offering their insight into the current status of ambulatory surgery. Details are available at

http://iaaseuropeancongress2018.com

for registration and accommodation, so I hope you will be able to attend. I look forward to seeing you there.

Mark Skues
Editor-in-Chief

Reference

1. Chung F, Liao P, Yegneswaran B et al. Postoperative Changes in Sleep-disordered Breathing and Sleep Architecture in Patients with Obstructive Sleep Apnea. ***Anesthesiology*** 2014;**120**:287–98.