

Welcome to the September issue of *Ambulatory Surgery*. This edition contains the usual four papers, together with exciting news of an IAAS event taking place at the end of October. Given the unfortunate cancellation of the European Symposium in Madrid last April, the Association is looking to develop additional links and learning with international colleagues, with a decision made to host an online Conference. This will occur on Saturday 31st October at a time making it feasible for colleagues from around the globe to participate. The content will include various aspects of running Ambulatory Surgery services for patients and staff as we emerge from the COVID pandemic, with two 90 minute sessions facilitated on 31st October. The following week on 7th November, there will be a free paper session, for which, abstract submissions are requested. All abstracts will be published in this Journal with the best six being judged by the Scientific Committee, and a prize of free registration for the next International Congress in 2022 for the best presentation on the day. Registration is on the IAAS website at a nominal cost of twenty five Euros, representing exceptional value, so well worth applying.

The first paper in this edition of the Journal comes from the United Kingdom and has a familiar theme given the current worldwide emphasis on suppression and eradication of coronavirus. The authors consider the requirements needed within the ambulatory pathway to ensure that safety for patients and staff is maintained. The paper is divided into sections mirroring the overall pathway, and the authors provide contemporary worldwide evidence to substantiate the views reached. I suspect this paper will form the evidence base for one of the talks in October.

There are two papers from Portugal examining the effects on nursing care after implementation of a questionnaire to evaluate evidence based practice (EBP). The first one describes the results of a questionnaire disseminated to 49 ambulatory care nurses. The questionnaire evaluated several dimensions (Attitudes, Knowledge and Skills and Practices), and found that all scored highly in all dimensions. However, several barriers still existed to the adoption of EBP, namely, excessive working hours, lack of time, lack of training and adequate tools within the workplace. The second paper evaluated the assessment of pain and clinical recording after ambulatory surgery by nurses. Questionnaires were provided and results were compared between nurses, supervisors and electronic pain records to evaluate the type of recording provided. Numeric rather than qualitative scales were more frequently used with good concordance between nurses and their supervisors.

The fourth paper is a brief case report detailing dental damage in a patient undergoing endoscopy, where, paradoxically, the bite block inserted to prevent damage to equipment caused crown dislodgement. The author advocates that risk of such damage be explicitly stated in the consent process whenever bite blocks are used.

And finally... as we move towards the end of the year with the hope of resumption of normal working after the pandemic, I would encourage you to consider abstract submission for the imminent online Conference. Who knows? Perhaps it will be your name mentioned in the next edition rather than mine.

**Mark Skues**  
Editor-in-Chief



# Online International Congress

## *Ambulatory Pathways in the Post-Covid Era*



Saturday 31st October 2020 at 1pm GMT

Click here for further details  
Registration and Abstract Submission now open

### Prize Free Paper Session

Trainees attending the above Webinar will be able to submit a free paper abstract. The 6 best papers will be invited to present and given a certificate.

Prize for the best presentation on the day.  
All abstracts will be published in Ambulatory Surgery.



Please note prize presentations will be on Saturday 7th November 2020 at 1pm GMT.

Abstract submissions now open.