

This quarter's edition has a number of diverse papers in the world of Ambulatory Surgery covering a wide spectrum of information. There are two submissions from colleagues in China, a paper evaluating quality of sleep after ambulatory surgery, and two national reports from representatives of the General Assembly of the IAAS.

Sun Jie and colleagues from Shanghai evaluated the role of laser resection of the prostate as a suitable ambulatory procedure by describing the progress and outcome of 240 patients undergoing the technique. They found an impressive 95% of patients were discharged within one day, and overall costs were reduced by 2000Yuan (£230 sterling) when inpatient stay was avoided. This figure equates well with costings from the United Kingdom. Data from England for the year 2017/18 indicated that laser prostate resection was a daycase procedure in 20.2% of cases, with non-laser methods achieving a 3.1% daycase rate. So here is a surgical procedure with a different technique that is eminently suitable for ambulatory management.

Two nurses from Beijing have evaluated the experiences of mothers of ambulatory children with congenital cataract to explore the feelings engendered by surgery. This is a relatively neglected subject as little attention is paid to the caregivers of patients undergoing surgery. Analysis of interviews revealed anxiety, impacts on family relations, requests for further information about general anaesthesia and family care skills and a need for psychological support

from care teams as the predominant themes. The Authors provide advice on management of such issues.

Vicente Vieira and Luis Oliveira have provided a comprehensive review evaluating sleep quality after ambulatory surgery, using a number of established outcome measures. They evaluated patients' sleep patterns for a week after short stay surgery, comparing those who spent their first night sleeping at home, and those who spent the first night in hospital. They found no differences between the groups, though emphasise that sleep quality is impaired for the first week after surgery. While the paper may not be ground breaking in terms of outcome, it provides a comprehensive resource on the subject of sleep deprivation after surgery.

Finally, each year, national representatives of the General Assembly are invited to provide a one page resumé of their national Society's developments. This year, we have two contributions from Norway and Denmark, who both describe the improved access to national data showing wide variation in outcomes for common ambulatory procedures. The next step, potentially, is to drill down to the causes of such variation, and see what can be facilitated to improve such rates. . I sense this is the difficult bit! Either way, both countries are to be congratulated for the progress made so far, and we look forward to further developments and improvements.

**Mark Skues**  
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