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# International Association for Ambulatory Surgery

## Ambulatory surgery: a worldwide concern

Hundreds of participants from more than 40 countries took part in the First (1991) and the Second (1993) European Congresses on Ambulatory Surgery.

This success bears witness to growing world-wide interest in the concept of ambulatory surgery. These congresses demonstrated, at an international level, common problems related to healthcare costs and a common interest in developing ambulatory surgery; they brought to light a great many specializations and skills; they revealed the eagerness of participants to initiate and develop international contacts (which were almost non-existent up to that time) and they were a driving force in raising the level of awareness, resulting, in particular, in the proliferation of national and international initiatives. We have thus seen the formation of more and more national ambulatory surgery associations, a growing number of congresses, and legislative action by an increasing number of governments.

The contacts formed at the first two congresses were followed by meetings of delegates from national associations, in London in 1993 and Orlando in 1994. These led to the establishment of the International Association for Ambulatory Surgery (IAAS) by the national associations of 13 countries.

The official founding of the International Association for Ambulatory Surgery took place at the Third European Congress on Ambulatory Surgery (Brussels, March 16 and 17, 1995) which, for this occasion, was held jointly with the First International Congress on Ambulatory Surgery.

The creation of IAAS will be a significant mobilizing force from now on. The wish of the founders of IAAS is to organize at both the national and international levels, encouraging formation of national societies of ambulatory surgery and developing contacts between them. A number of associations have recently been set up in this way, with the intention of joining the international movement.

IAAS is also in close contact with several key persons in different countries in order to structure the national movement and the expansion of the international network. This approach will support one of the main objectives of IAAS, which is to collect, exchange and disseminate information on the concept, on experiences developed throughout the world and on the effectiveness or ineffectiveness of policies implemented in different countries.

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*International Association for Ambulatory Surgery*

**– EXECUTIVE COMMITTEE –**

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| Cl DE LATHOUWER (B) | President |
| P GO (NL) | |
| PEM JARRETT (UK) | President elect |
| B KENYON (ZA) | |
| J MARIN (E) | |
| I MASTROBUONO (I) | |
| TW OGG (UK) | Vice president |
| G PARMENTIER (F) | |
| J REYDELET (D) | Vice president |
| L ROBERTS (AUS) | |
| B WETCHLER (US) | ex officio |

## Opening statement of the founding members

### *Cost effective, quality care*

Providing affordable, accessible, and quality healthcare is one of the greatest challenges to society.

Successful day surgery is superior to inpatient care for many conditions. It is welcomed by patients and is satisfying for surgeons and nursing staff in a well designed and managed day unit. Day surgery is now considered the best option for 50% of all patients undergoing elective surgical procedures (Royal College of Surgeons, London, 1992).

The uninterrupted rise of healthcare costs is an increasing burden on public, as well as individual, finances. Now, more than ever, it is essential that available resources be used in the most responsible way possible.

Modern ambulatory surgery is a powerful tool in managing today's limited resources. From management structures and facilities tailored to the special needs of ambulatory surgery, to the development of new techniques and the appearance of new drugs, ambulatory surgery has made significant contributions.

### *Ambulatory surgery*

In the view of the founding members, ambulatory surgery refers to surgical or diagnostic interventions, currently performed with traditional hospitalization, that could, in most cases, be accomplished with complete confidence without a night of hospitalization. Among other things, these procedures require the same technically sophisticated facilities as when done on an inpatient basis, rigorous preoperative selection procedures and postoperative follow-up of several hours.

Ambulatory surgery is equally well suited for interventions which are not suitable for execution in a practitioner's office.

Terms used to express the concept are: ambulatory surgery, major ambulatory surgery, day surgery and ambulatory anaesthesia.

### *A distinct concept*

Modern day surgery is not simply a shortened hospital stay or an architectural model. Rather, it is a complex, multifaceted concept involving institutional, organizational, medical, nursing, economic and qualitative considerations.

Yet, despite considerable interest in day surgery, governments and other concerned bodies often fail to establish incentives for its active development.

Developing and implementing an effective policy on ambulatory surgery requires considerable change and presents a significant challenge for public health authorities, hospitals, specialists, patients and beneficiaries.

### *General objective of the IAAS*

The general objective of the IAAS is to contribute, in the most comprehensive, yet most effective way possible, to creating favourable conditions for the proper understanding of the concept of ambulatory surgery and to put in place cohesive and effective policies for its practice and permanent evaluation.

The founding members of the IAAS are well aware that differing architectural models exist under varied structural and organizational arrangements and that numerous scenarios, though sometimes quite different, can function perfectly well.

Certainly, the concept has its intrinsic demands but it can – and sometimes must – accommodate itself to some local political, structural, financial, organizational, medical and cultural constraints.

The founding members expressly wish that the IAAS – and each of its active members – provide an open and enriching forum for all partners concerned and that they work together in the pursuit of the Association's objectives, free of partisan spirit, polemics and prejudice.

**Extracts from the Provisional Charter**

Article 3. **Objectives**

31. The objectives are:
To provide an international multidisciplinary forum for the interchange of information and advancement of ambulatory surgery.
To encourage the development and expansion of high quality ambulatory surgery.

To promote education in ambulatory surgery.
To promote research into ambulatory surgery and disseminate the results of this research.
To provide a database of information.
To establish guidelines.
To act as an advisory body to interested parties for the development and maintenance of high standards of patient care in ambulatory surgery facilities.
To organize meetings and seminars.
To establish close relationships with other societies or bodies concerned with ambulatory surgery.
To stimulate the development of national societies of ambulatory surgery/anaesthesia.

Article 4. **Membership**

42. Full membership
1. Full members of the Association must meet the following criteria:
(a) They must be a non-profit independent organization.
(b) They must have goals consistent with those of the Association.
(c) Their main interest must be in ambulatory surgery.
(d) They must demonstrate a significant representation of ambulatory surgery activity in their own country or at the international level.
(e) They must have a major interest in promoting education, research, quality and guideline establishment in ambulatory surgery.
2. Full membership may be given to medical, nursing or management organizations.
3. All applications for full membership will be reviewed by the Council of the Association, whose decision will be final.

43. Associate membership
1. Associate members of the Association must meet the following criteria:
(a) They must have goals consistent with those of the Association.
(b) One of their major interests must be in ambulatory surgery.
2. Associate members of the Association do not need to fulfil the other criteria for full membership.
3. Associate membership may be granted to individuals or organizations representing medicine, nursing or management indicating a determination to develop ambulatory surgery in their country.

Article 5. **Government**

51. Council
1. Membership
(a) Elected members: Any nation with one or more full member organizations may elect two people from this/these organization(s) to sit on the Council.
International full member organizations may elect one–two representative(s) to sit on the Council at the discretion of a majority of appointed Council members.

Article 6. **Meetings**

61. International Congress
An international congress will be organized every 2 years. It will be called: the 'International Congress on Ambulatory Surgery'.

**Letter to the members and delegates of the associations now assembled to establish the International Association for Ambulatory Surgery**

This is indeed a most historic occasion! It is a privilege to be given the opportunity to express my thoughts to you as you gather to found the International Association for Ambulatory Surgery.

As many of you know, Dr John L Ford and I launched the Surgicenter concept of ambulatory surgery in February of 1970 in Phoenix, Arizona, USA. The first five cases were performed on 12 February in a building which had been designed from the ground up to accommodate the unique needs of the ambulatory surgery patient and his/her physician. Procedurally, the concept was designed to be safe, streamlined, and convenient for all parties concerned.

Twenty-five hundred cases were performed during the first year of our existence. By last month, as we celebrated our 25th anniversary, we had performed over 150 000 cases – all without a death on the premises.

It is gratifying to have played a part in establishing the safety of the concept of ambulatory surgery and to have witnessed the phenomenal acceptance of the idea world-wide. It is a rewarding experience to see how readily the concept can adapt to a wide variety of structural, organizational and other constraints, a feature which has been proposed as 'the general objective of the IAAS' and one which I heartily endorse.

One of my fondest hopes as the concept of outpatient surgery continues to evolve is that quality of care will always be given the highest priority. I also hope that an effort will be made to retain the features which have made the concept so attractive: (1) an administration which understands how to balance best the needs of the patient, the attending physicians and the ancillary personnel; (2) a concern for reasonable charges; (3) a 'tailor-made' design for each patient's care; (4) the creation of an environment where surgeons can function optimally, and (5) the development of a team-spirit by recognizing that each person involved is important to the effort.

What I see as the most favourable development of all in the evolution of the ambulatory surgery concept is the more cordial relationship which it has encouraged between administrators, physicians and all ancillary personnel. The smaller scale of the operation has brought people together in a way which has helped them see and understand each other's thoughts and perspectives to a greater degree than ever before. Doctors have needed to develop more administrative awareness and administrators and managers have needed to address the patients' needs from the standpoint of the physicians, who serve as advocates for the patients. It would be wonderful if this encouraging trend could continue, so that 'bottom-line' considerations would always be secondary to compassionate, quality-oriented care of every patient.

These are the thoughts I would have expressed to you if I had been able to address you in person. I appreciate greatly the friendly encouragement I have received from Dr Claude de Lathouwer and his capable assistance in enabling the contents of this letter to be shared with you. I close now by congratulating each of you on your presence here today and by wishing all of you the very best as you implement the lofty objectives pursued by the International Association for Ambulatory Surgery.

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