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Editorial

Mark Skues, Editor-in-Chief

After a heat fuelled summer in Europe and the United States that challenged the existing records, we return now to more balmy conditions as the year progresses. Similarly, after the excitement of convening at the last Congress in May, we return to more routine activities in this edition of the Journal.

Some rather sad news to begin with. I report the passing of Hanne Føns who sadly died in April of this year. Hanne was the Executive Lead for the IAAS for Denmark, as well as holding positions of Treasurer and President of the Danish Association of Day Surgery. Marie-Louise Ulsøe has put together a touching obituary for her that I include in this edition.

Thorner, Moss and Baker have submitted a study evaluating the use of supplemental oxygen to decrease the risk of post-operative nausea and vomiting. They administered 2L of oxygen via nasal cannulae in the post-operative care units for 15 minutes and then compared the rate of PONV with a non-oxygen control group. In patients with no history of PONV, only 8.9% experienced symptoms, compared with 22.8% who did. There was a much smaller none significant effect with those with an existing predisposition to nausea and vomiting (16.7% vs 19%).

An Indian study evaluated patient satisfaction after ambulatory arthroscopic anterior cruciate ligament reconstruction following up patients for 9 months after surgery. Perhaps predictably, they found the improvement of satisfaction with time after the operative procedure.

Secco and colleagues report on their experience with prostatic urethral lift under local anaesthesia. This is a technique for prostatic hyperplasia that the authors reported was straightforward and well tolerated by patients. Clinical outcomes for up to one year post-operatively confirmed clinical effectiveness.

Finally, Cirella et al provide a valuable review of the management of local anaesthetic systemic toxicity, and provide a useful checklist to follow in the event of occurrence. They also recommend the availability of 20% Intralipid emulsion for infusion in the event of such toxicity.

As we now move into something of a hiatus after the last international Congress, it's worth reflecting on the next IAAS event that will be held in Oslo in 2024. While it is some time away, rest assured that the same high quality of speakers and subjects will be presented at this future meeting.

Dr Mark Skues Editor-in-Chief