Editorial

Mark Skues, Editor-in-Chief

We come towards the end of another year with this edition of *Ambulatory Surgery*, and with this, an opportunity to review the state of play of healthcare in our nations.

In the United Kingdom, the situation is not encouraging. Driven by healthcare staff shortages, presumed to be as a consequence of the UK leaving the European Union, hospital throughput has continued to fall, with a consequent rise in waiting times for surgery. The COVID pandemic further exacerbated this, with hospitals full of sick patients and therefore unable to admit from accident and emergency environments. Add to this, the unprecedented inflation rates driven by events in the Ukraine, and reduced staff campaigning for increased pay by threatening strike action. Little wonder therefore, that levels of morale are at an all time low.

Surely there is an answer? One solution provided was published in this Journal a year ago, indicating that Ambulatory Surgery offers a cost-effective and quality pathway for both patient and hospital, with reduction in waiting times for much-needed surgery and minimal impact on hospital stay times (1). Similarly, one of our partner organisations have focussed on day case surgery as a solution to reduce waiting lists and increase bed capacity with fewer cancellations, infection risk and more equal access to care. Perhaps there is an onus on us to similarly advertise the benefits that Ambulatory Surgery can bring in potentially troubled times.

And so to the papers in this quarter's edition. Lemos and colleagues from Portugal present the results from an international questionnaire involving 400 citizens enquiring of their experience with ambulatory surgery in their home country and satisfaction with the process. They reported a high level of satisfaction with the procedure with no differences in geographical areas of origin. However, those interviewed wished to have more information related to ambulatory surgery from their National Health Authorities.

An American study reviews the use of iPACK block in reconstruction of the Anterior Cruciate Ligament. This is a relatively new regional block that deposits local anaesthetic between the popliteal artery and the capsule of the knee and the authors compared it with a standard femoral block. They found that the iPACK group required lower doses of perioperative opioid and propofol as well as shorter length of stay.

Bamania et al evaluated an artificial intelligence model using logistic regression was used to predict discharge outcomes of patients on admission. Using the model, they found a prediction accuracy of 73%, an area under the ROC curve of 0.7 and average model precision of 0.75. Although not optimal, the model provides an ideal introduction to prediction of outcomes that the authors hope to work on in due course.

The fourth paper in this edition is written from Shanghai, where the authors report on their experiences with the establishment of a new ambulatory surgery centre. They evaluate the advantages and disadvantages of the model developed to provide a balanced view within their paper.

And finally; may I take the opportunity to wish all readers an enjoyable and peaceful season at the end of the year, and prosperity in their dealings as we enter 2023.

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References

1. McWhinnie D, Magalhães C, Philip B. IAAS statement on the COVID Pandemic. *Ambulatory Surgery* 2021;**27.3**:48.