

April of this year saw a gathering in Porto, Portugal, of members of the General Assembly and Executive Committee of the IAAS to chew the fat and set objectives for the coming year or so. A lot of the time was spent learning what other countries are doing in their drive to encourage the progression of ambulatory surgery, while a significant period was spent learning about the forthcoming international congress in Oslo, scheduled for May 2024. As before, it promises to be a superb example of the best of day and short stay surgery in the world, so it is with no apology that I advertise the event below with the first of potentially many posters. So, make a date in your diaries and book your study leave soon.

The four papers in this edition provide a sterling example of the breadth of subjects within the sub-speciality. From the beginning of developments in Thailand with their report of ambulatory laparoscopic cholecystectomy, to evaluations of liposomal bupivacaine, a relatively new and long-acting local anaesthetic drug during shoulder surgery from the United States, they encompass all that is developing in various countries around the world.

The first paper, therefore, is a description of the development of laparoscopic cholecystectomy as a daycase in Thailand, presenting data from inpatient cohorts as well as the shorter stay group. Predictably, the author

found a reduction in cost without differences in major complications between the two groups.

The second paper is a case report detailing the principles of care for infants undergoing day surgery. It describes the management of a premature infant scheduled for laser treatment of retinal detachment, as well as providing a concise review of potential problems.

A paper from India is a case report of subungual squamous cell carcinoma, a relatively rare diagnosis, that was managed on an ambulatory basis.

Finally, an interesting paper from Pittsburgh where liposomal bupivacaine was injected as an interscalene block for patients undergoing rotator cuff repair. Interestingly, a prolonged duration of action was noted compared with a historical control group. This is in contradistinction to similar papers, and the author believes this may be due to injection in the interfascial envelope around C5 and C6 in the interscalene groove, so it seems that the closer you get, the longer it works!

That's it for this issue; please keep submitting your work for inclusion in future editions.

Dr Mark Skues
Editor-in-Chief

