

Welcome to the 3rd decade of the 21st Century, and to the new edition of *Ambulatory Surgery*. This year promises to be an exciting one, with a forthcoming European Symposium on Ambulatory Surgery in Madrid, now just over a month away from 19th–21st April. If you haven't booked study leave or registered yet, then click on www.iaascongress2020.com for all the details. I hope that the next edition will contain the abstracts that were presented at this meeting, but surely, it's better to hear ongoing developments first hand?

In this edition are four papers on diverse subjects related to ambulatory surgery, reviewing a couple of orthopaedically related subjects, pain after ambulatory surgery, and gastric contents in paediatric patients.

Cogan and colleagues have evaluated the potential effects of an intra-articular injection of morphine and clonidine, compared with saline control, in patients after hip arthroscopy. In this paper, they find that there is no analgesic benefit of such an injection when post-operative oral morphine equivalents are compared with the saline control group. It is unusual for this Journal to publish a paper with "negative" results, but it's a tribute to the authors for investigating a modality of care and finding no difference in its use.

Another paper from the United States reviews patient satisfaction in ambulatory shoulder arthroplasty. While this is a relative rare procedure for scheduled day surgery, the authors report on an initial cohort of 29 patients who underwent the procedure with general anaesthesia and an interscalene block. All of these patients were discharged on the same day, with no admissions or emergency room visits during the 90 day post-operative period. Nearly 90% of patients stated they would prefer same day discharge, and 96.5% were satisfied with their procedure and outcome.

Rodrigues and co-workers from Portugal reviewed 24 and 48 hour questionnaires from over 6000 patients to evaluate the incidence of post-operative pain. They divided the groups into the severity of pain experienced, with surgical speciality and type of anaesthesia subgroups, and then followed up with those patients describing uncontrolled pain. They found that uncontrolled pain occurred in 2.2% of the patient cohort, and most commonly in neurosurgery and orthopaedic operations. Strangely, regional anaesthesia attracted one of the higher rates of uncontrolled pain, suggesting that clinical staff may underestimate the need for analgesic advice when the block wears off.

The fourth paper from Japan describes children undergoing ambulatory surgery where pre-operative anxiety was compared with volume and pH of gastric contents. Anxiety was measured both on admission to hospital, and on entry to the operating theatre, while gastric volumes and acidity were measured after induction of anaesthesia. The authors found that larger gastric volumes were found in children with a higher anxiety score on admission to the operating theatre. However, they were able to refute the hypothesis that waiting times in hospital affected anxiety, and had an effect on gastric volumes or acidity.

I hope these synopses encourage you to browse the papers or even contribute to the Journal in due course. In the meantime, I hope to see you next month in Madrid.

Mark Skues
Editor-in-Chief