



International Association for Ambulatory Surgery

Newsletter

Number 2/16, September 2016

NEWS FROM THE PRESIDENT

Dear Friends of the IAAS,

I hope that you spent a wonderful Summer and enjoyed your holidays. During 2016 three important events took place in the life of the IAAS. The first was the joint European Congress on Ambulatory Surgery Organised by the AFCA (French Association For Ambulatory Surgery) and the IAAS on 28th–30th January, 2016 in Paris. It was a very interesting congress with high quality lectures and presentations. The second Congress was ADSCON 2016, the 8th National Conference of The Indian Association of Day Surgery, held on 29th–30th April, 2016 by international participation and the third one was the Vth Iberian Meeting on Ambulatory Surgery, 8th–10th May in Portugal. All the Congresses proved to be very successful with international participation and IAAS support. The preparations for the organisation of our 12th Congress on Ambulatory Surgery, May 8th–10th in Beijing, China are going forward, and soon the website of the Congress will be available. Please do your best to promote this Congress among the members of your Associations. Till that time, we will go on with the organisation of our Train the Trainer educational courses.

Following the Summer, the IAAS Executive Committee will hold it's Meeting on 14th–16th, 2016, this time in Budapest, and we hope that the results of this Meeting will highly contribute to the development of ambulatory surgery across the globe.



Gamal Eldin Mohamed
President, IAAS

INTERNATIONAL NEWS

Spain

On the 8th May the Iberian Congress was held in Portimao (Algarve), organised by APCA. It was a successful meeting with a broad participation of doctors and nurses of both countries. During this Congress Paulo Lemos and Carlos Maghallaes were appointed Honor Members by ASECMA.

On 20th May National Symposia Meeting was held in Bilbao with a high scientific level and broad participation.

ASECMA is now developing the arrangements for May 2017 6th Iberian and 13th ASECMA Congress in Baeza (Jaen).

USA

US-Based Ambulatory Surgery Center Association Offers Four 2017 Programs for Outpatient Surgery Providers

In 2017, the US-based Ambulatory Surgery Center Association (ASCA) will offer four programs designed to help the owners and managers of ambulatory surgery centers (ASC) continue to provide high-quality patient care and manage their business operations effectively.

The first of these programs—three separate seminars—will take place in San Antonio, Texas, January 12–14, 2017. The seminars will cover ways to minimize regulatory and legal risk, essential coding and reimbursement strategies and sound finance and accounting practices. Sessions included in all three programs will focus on managing staff and employee benefits, preventing and responding to violence, meeting national regulatory requirements, protecting patient privacy, facility building standards, new sterilization guidelines and continuous quality improvement. Sessions unique to the individual seminars will cover topics like hazardous waste management, safe medication management, managing a balance sheet, conducting a breakeven analysis and preventing fraud and abuse. Learn more and register at www.ascassociation.org/2017Seminars.

The largest of the four programs, ASCA's annual meeting, or ASCA 2017, will take place in Washington, DC, May 3–6, 2017. More about this program will be made available at www.ascassociation.org/asca2017. This meeting has long included many of the best known experts in outpatient surgery and ASC management in the US today. It has also long been recognized for being the largest ASC meeting of the year and for featuring the largest single exhibition of ASC products and services. Last year's meeting attracted more than 2,000 people, several from outside the US.

Arnaldo Valedon

India

April 29th and 30th 2016, 12th National Conference, ADSCON 2016, was held in Bangaluru, the Silicon valley of India. Live Operative workshop with Scientific session, Panel discussion and separate session for the Nurses, were the highlights of the conference, which was attended by 218 delegates.

IAAS support was provided by Dr. Gamal Mohamed, President, Dr. Ian Jackson, Past President and Dr. Tomoshige Shigyo, President, Japan Short Stay Surgery Association and his team.

In May a Surgical Workshop was conducted in Dande Hospital, Nagpur, 4 Day-Case General Surgery was performed by yours truly and Gynaecological Cases were operated upon by Dr. Seema Dande, anaesthesia was provided by Dr. Sachin Sadawarte, all members of the National Association.

In June the Inauguration of a Day Surgery Centre of Dr. K. Ramesh, opened in Rural India was done in Warangal by me, followed by a Seminar/Guest Lecture on 'Day Surgery: a Concept'. Installation of the First State Chapter of the Association took place on the same day, of the newly formed state of Telangana, in south India. This is the beginning, we have 29 states to go!

It has been a busy time for the promotion of day surgery in India with numerous other meetings.

Dr. Naresh Row

INTERNATIONAL MEETINGS

12th BELGIAN AMBULATORY SURGERY CONGRESS

Friday February 17th , 2017

Military Hospital

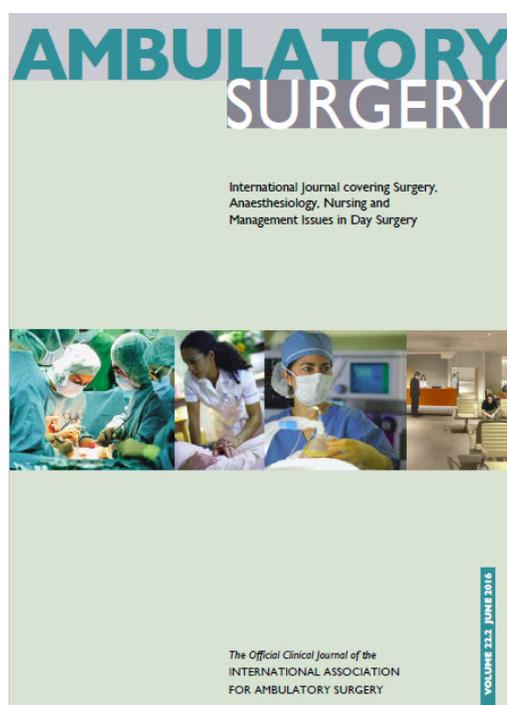
1120 Neder-over-Heembeek (Brussels, Belgium) Registration and information :
www.baas.be

BRITISH ASSOCIATION OF DAY SURGERY ANNUAL SCIENTIFIC MEETING

22-23rd June, 2017.

Southport

Information: www.daysurgeryuk.net



[Ambulatory Surgery](#)

[Volume 22.2 now ready for download.](#)

As I write, plans are being formulated to develop the next congress of the IAAS and the China Ambulatory Surgery Alliance to be held in Beijing in May 2017. Preliminary information of the planned Scientific Programme will be available imminently on the IAAS website, so keep visiting the site to view what I know will be a flagship for the ongoing development of exemplary management and outcomes in international Ambulatory Care. This quarter's edition of the Journal contains a number of seemingly disparate papers, with an overall theme of coalescence of data to infer new information. An ophthalmological review comes from the Accreditation Association for Ambulatory Health Care where they examine the trends in anaesthesia during extraction of cataract over a four and a half year period. They cite a rise in the use of topical anaesthesia, with a fall in peri- and retrobulbar techniques, together with an increase in the rate of

oral sedation, and the reasons why this might have occurred.

Professor Jim Philip has contributed an extended abstract to the Journal, evaluating the role of inhalational agent monitoring for ambulatory surgery, providing graphic trends of what actually happens to inspired and expired concentrations over the course of an anaesthetic. He makes a plea for more manufacturers of anaesthetic machines to consider adding graphical formats and servo controlled concentration, thereby facilitating more precise control of ambulatory anaesthesia.

Jianjun Wang and co-workers have followed up their publication of last year with a paper that describes the effect of a number of variables on access to Ambulatory Surgery Centre care, showing the influence on access from family income, population density and the proportion of families with young children. Ledger et al have provided another ophthalmological review describing useful data of over 4000 patients undergoing cataract surgery in their institutions, seeking the rate of capsular rupture and/or vitrectomy that in other studies are cited with an incidence of 1.9%. Gratifyingly, they reported a rate of zero percent, but cite their intention to evaluate a rate of posterior capsule rupture and vitreous loss, should it rise above 1.8% to "intensive review".

And finally . . . A plea for submission of papers to the Journal. It is a little surprising that given International meetings in Paris in January 2016 and Barcelona last year, that the plethora of published

abstracts highlighting exemplary standards of care and outcomes have not yet been translated into submissions for Ambulatory Surgery. Please try and encourage your colleagues or trainees to consider forwarding their work to a publication now in its 22nd year. Both Doug McWhinnie and I are keen to accept work related to any component of ambulatory care, with support for translation or encouragement of more junior members to add something of note to their developing curricula vitae. So, let's get those creative juices flowing... I'll look forward to your contributions.

Mark Skues
Editor-in-Chief

Ian Jackson, Newsletter Editor-in-Chief
Email: editor.iaasnewsletter@iaas-med.com

International Association for Ambulatory Surgery (IAAS)
President: Gamal Mohamed

IAAS registered address: Tichelrei, 1 B-9000 GENT (Belgium) IAAS registered Number 0458.707.654
Email: iaas@iaas-med.com Internet: www.iaas-med.com

