



## News from the President

The lazy days of summer are now behind us and it is time to take on the tasks at hand with renewed energy. My main goals are to promote, among others, IAAS participation in international initiatives, scientific exchange with sister societies, education initiatives, and partner strategy. With this in mind, I'm looking forward to the upcoming IAAS Executive Committee meeting, in Budapest, Hungary on October 22, 2011, not only to review what has been done in these last few months, but to share new ideas and proposals.



This summer, I have been working to promote the participation of the IAAS in international initiatives. In July, the EU published two calls for proposals under the 7<sup>th</sup> Framework Programme for Innovative Health Research 2012. We identified an area, Improving the Organization of Health Service Delivery, where the IAAS can make a significant contribution as the main partner. I will certainly keep you posted on our progress.



Moreover, the 2 current IAAS European Projects, DaySafe (Improving patient safety of hospital care through Day Surgery) and DSDP (Day Surgery Data Project) are continuing their activities. The websites for the 2 Projects are now both on line. A link has been created to access both sites.



Log on to <http://www.dsdp.eu> and <http://www.daysafe.eu> to get information about these projects. Please do not hesitate to contact me for more information on IAAS activities.

**Carlo Castoro, President**

## International News and Comments

### News from Spain

The 10th ASECOM Congress will be held in Oviedo on 16<sup>th</sup>-18th November 2011. The full programme and application details can be found by following [this link](#).

The Spanish Association for Ambulatory Surgery has been working with their Ministry of Health developing Standards and Recommendations for Ambulatory Surgery Units. This work has led to the publication Unidad de Cirugía Mayor Ambulatoria: Estándares y recomendaciones which supersedes previous guidelines published in 1993. These new guidelines are more comprehensive in their scope and incorporate aspects such as those relating to the rights of patients and patient safety which are priority areas for policy of the Ministry of Health. Copies can be obtained from the Spanish Association for Ambulatory Surgery website <http://www.asecma.org/web/>



**Fernando Docobo, ASECOM President**

### News from Australia



The Australian Day Surgery Council (ADSC) was established in 1985 to advise on day surgery and day procedure standards and other relevant matters pertaining to day surgery in Australia. It originally operated under the auspices of the Royal Australian College of Surgeons (RACS), Australia & New Zealand College of Anaesthetists (ANZCA) and the Australian Day Surgery Nurses Association (ADSNA). A decision was made last year that with the continued growth of day surgery in this country, it was timely to restructure the ADSC as an independent legal entity, with equal representational rights for all eligible members under a new constitution. ADSC Incorporated will enable us to assume our role as a

multi-sector peak body for day surgery in Australia. The inaugural meeting was held on September 10<sup>th</sup> and I was honoured to be elected as Chair at the AGM which was held on September 30<sup>th</sup>. It is important to recognise the work of the original members of the former ADSC. In particular we would like to acknowledge 2 members who have been Australian Representatives on the IAAS; Dr Lindsay Roberts and Dr Hugh Bartholomeusz. Lindsay was a founding member of the ADSC and retired in 2010 to enjoy his latest 'hobby', restoring old ships as a volunteer with Sydney Heritage Fleet. Hugh has only just retired from ADSC where he has been a member since 1999. He was the Australian Representative on the IAAS from 2002, President of the IAAS congress in Brisbane in 2009 and ADSC Chair for the last 2 years. We wish him all the best in his new role as Air Commodore and Surgeons General for the Australian Defence Force.

Further information is available on our newly developed website: [www.adsc.org.au](http://www.adsc.org.au)

**Wendy Adams, Chair, Australian Day Surgery Council**

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## International articles

### **Nurse practitioner role in preparing families for pediatric outpatient surgery**

Frisch, Ashley M., et al. *Pediatric Nursing*. 2010. Jan-Feb;36(1):41-7.

**Message:** Nurse practitioners are currently being used in pre-operative outpatient settings to conduct physical examinations and provide pre-op education. Both are beneficial in decreasing the anxiety state among children and parents prior to surgery.

Link: <http://tinyurl.com/5uuka4y>

### **Day surgery in Finland: a prospective cohort study of 14 day-surgery units**

Mattila, K, et al. *Acta Anaesthesiologica Scandinavica*. 2009. Apr;53(4):455-63.

**Message:** At present, day-surgery accounts for approximately 50% of elective surgery in Finland. Finnish public hospitals have succeeded in providing good-quality care, and there still seems to be potential to increase the share of day surgery.

Link: <http://tinyurl.com/6jun9b5>

### **Abdominal myomectomy - a safe procedure in an ambulatory setting**

Thomas, Robin L. *Fertility and Sterility*. 2010;94(6):2277-2280.

**Message:** efficacy and safety of minilaparotomy myomectomy was evaluated in an ambulatory setting. One hundred eighty-nine women desiring fertility with symptomatic uterine leiomyomata were treated by minilaparotomy myomectomy. Mean operative time was 73 minutes. On average, patients required 3.5 hours of recovery time. Thus, minilaparotomy myomectomy can be accomplished in an outpatient setting with minimal blood loss, fast recovery time, and a low complication rate.

Link: <http://tinyurl.com/6dmls94>

### **What specialties perform the most common outpatient cosmetic procedures in the United States?**

Housman, Tamara S, et al. *Dermatologic Surgery*. 2008

**Message:** The percentage of cosmetic procedures performed in an outpatient setting was as follows: dermatology (48%), plastic surgery (38%), general surgery (>4%), otolaryngology (>3%), ophthalmology (>3%), facial plastic surgery (1%), family practice (<1%), pediatrics (<1%), and internal medicine (<1%). Most cosmetic procedures were performed on white, female patients in the 40- to 59-year-old age group. Chemical peels and soft tissue fillers were the two most common procedures.

Link: <http://tinyurl.com/6c64dvv>

**Jost Brökelmann (Germany)**

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### **IAAS Homepage - [www.iaas-med.com](http://www.iaas-med.com)**

Do you have a national congress you wish to advertise? Please let us know the details and they will be listed on the website for you. Perhaps you know of a useful websites we should link to - please let us know.

Please explore the website which provides a large amount of information to support Ambulatory Surgery and free access to our Journal. If you have any suggestions for content then contact Ian Jackson via [webmaster@iaas-med.com](mailto:webmaster@iaas-med.com).

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## Ambulatory Surgery Volume 17.2 September 2011

### Evidence-Based Practice in Ambulatory Surgery

The practice of ambulatory surgery advances and improves best when it is based on evidence. In the new edition of the IAAS journal, AMBULATORY SURGERY, Drs. Brökelmann and Jackson review 15 articles from the recent published literature. The articles cover international ambulatory practice, from Europe and the East as well as the US, both adult and pediatric, and from many branches of surgery.

Beverly K. Philip, MDEditor-in-Chief

### Developments in non-anesthesiologist administered sedation in endoscopic procedures in the Netherlands

Jan H. Eshuis

### Minimal flow anaesthesia for short elective day case surgery; high vaporiser settings are needed but still cost-effective

M. Lindqvist, J. Jakobson

### Address of Bertel Haarder, the Danish Minister of Health

### Day Case Surgery – Experience from a Nigerian Orthopaedic Hospital

A. Ajibade, BL Lawson, FB Ayeni

### American Society of Anesthesiologists Statement: Granting Privileges for Deep Sedation to Non-Anesthesiologist Sedation Practitioners

Beverly K. Philip

### Day case laparoscopic cholecystectomy in a centre with more than 10 years experience in ambulatory surgery: indications, complications, length of stay, and readmissions.

Christian Øystein Thomsen, Christina Bording, Steffen Jais Rosenstock Rasmusse

### International articles on Ambulatory Surgery

Jost Brökelmann, Ian Jackson

These articles can be downloaded from [www.ambulatorysurgery.org](http://www.ambulatorysurgery.org)



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