This year IAAS has made remarkable progress toward bringing the benefits of ambulatory surgery to more patients in more countries around the world.

In May, 2017 IAAS held its 12th International Congress on Ambulatory Surgery – “Ambulatory Surgery to Promote Universal Health Coverage” in Beijing, PR China, co–organized by the China Ambulatory Surgery Alliance (CASA) and China Health Economics Association. It was a highly successful meeting with almost 600 delegates from China, Asia–Pacific, and the European, American and Asian countries represented in the IAAS membership. The three–day program covered the breadth of anesthetic, surgical, nursing and managerial topics, with issues that are common to ambulatory surgery in all practice locations and levels of expertise. One highlight of the meeting was the presentation of the IAAS Beijing Declaration, calling on world governmental and non–governmental organizations for a global initiative “to adopt efficient and cost–effective ambulatory surgery and thereby equitably improving the accessibility for the poor.. and vulnerable.. to surgical services”. Link to declaration

The impressive opening ceremony was co–hosted by presidents Gamal Mohamed, MD (IAAS) and Prof. Zhang Zhenzhong (CASA), with presentations by PRC ministry of health representatives; Luc van Outryve, MD gave the honorary Nicoll Lecture. At the closing ceremony, the IAAS presidency was handed to Beverly Philip, MD, who presented an IAAS programme plan for 2017–2019. The Congress was complemented by outstanding cultural and culinary experiences beautifully arranged by our local hosts. Many attendees took advantage of sightseeing opportunities while there.

Preceding the Congress, IAAS held a Train the Trainer course for 120 ambulatory surgery pioneers from China and the Asia–Pacific region. The IAAS Train the Trainer program was continued with courses in Serbia and in Croatia in October, organized by Hungary. An additional course will be held soon in Cabo Verde, organized by Portugal.

Organizationally, IAAS continues to flourish. At the Executive and General Assembly meetings held in conjunction with the Beijing Congress, we reviewed developments in our member countries; these reports appear in this and future newsletters. In China, ambulatory surgery has grown from 12 hospital units in 2012 to over 2000 in 2016, with 11% of all surgery performed as AS. Planned future IAAS meetings are the 13th International Congress in Porto, Portugal in 2019, and European congresses in Budapest in 2018 and Valencia in 2020. Douglas McWhinnie, MD, was chosen as the IAAS President–Elect.

Join us in Budapest in May!

Beverly K Philip, MD, President
INTERNATIONAL NEWS

Hungary
Budapest and the Hungarian Association For Ambulatory Surgery will host the 2nd IAAS European Congress On Ambulatory Surgery, May 11 – 12, 2018. We are very pleased to invite participants from Europe and all over the world interested in Ambulatory Surgery. The Congress Committees, Preliminary Scientific Programme, registration and Social are already presented in the website of the Congress (www.iaaseuropeancongress2018.com). Also abstract submission is opened, so please send your contributions and register as soon as possible. Please visit our website to know more.

Hungary is rapidly developing Ambulatory Surgery (AS). The rate of its performance from the Hungarian basket reached 58%. In January 2019 a number of 18 AS, hospital associated free-standing units will be opened in countryside hospitals in Hungary, and this will be achieved by the aid of European Union Project, under the guidance of the National Healthcare Services Center. The Association and the Ambulatory Surgery Chapter of the Hungarian College of Healthcare are involved in this project by writing an Ambulatory Surgery Handbook and general guidelines.

Also in 2018 our Scientific Committee, which is working beside the National Healthcare Services Center (NHSC), will establish six Train the Trainer courses around Hungary, under the auspices of NHSC to spread the knowledge of AS.

Prof. Gamal Eldin Mohamed PhD
President, HAAS. Immediate Past President, IAAS

Spain
In May we held the 6th Iberic and 13th Spanish Congress was held in Baeza (Spain), organized by ASECMA. Jose Maria Capitan was the President of the Local Committee.

The main topics were:

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<th>Topic</th>
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<td>Indicators in day surgery management or quality?</td>
<td>Groin hernia, what open procedure I do, why?</td>
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<td>Goiter surgery, day surgery or overnight procedure?</td>
<td>Treatment of postoperative mild – high pain, discharge protocols.</td>
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<td>New surgical procedures in day surgery.</td>
<td>GERD, day surgery or overnight procedure?</td>
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<td>What is the different nurse development in day surgery?</td>
<td>What surgery procedures must be done nowadays in day surgery and what we do.</td>
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<td>New technology comunication in day surgery.</td>
<td>Security in day surgery.</td>
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<td>Psychiatric patients in day surgery.</td>
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It was a successful meeting with a broad participation of doctors and nurses from Portugal and Spain. Currently ASECMA is collaborating with APCA project for widespread of day surgery in Iberomerican countries next year. ASECMA will be the organiser in 2020, 3rd IAAS European Congress on Ambulatory Surgery in Valencia.

L. Hidalgo, ASECMA President
F. Docobo, ASECMA Scientific Committee President

India
Dear Friends,
I was invited to an international Conference in Obninsk, Russian Federation, in the suburbs of Moscow, on the 19th–20th Oct. 2017. Obninsk is the Science city of Russia, with the first Commercial Nuclear power plant in the world. This Conference was Organised by the International Alliance of the BRICS nation countries, with special invitees from US, Switzerland and Austria. I spoke on ‘Outpatient Surgical Oncology: experience from India’, this was their first exposure to Ambulatory surgery. More than anything, I highlighted the need for co-operation between IAAS and policy makers of RF in furthering Ambulatory surgery in their country. I took the opportunity to extend the invitation to all present to attend our next Conference in Budapest, for a first-hand experience. Also, the 17th National meet on Day Surgery, ‘ADSCON 2018’, will be held on 3rd and 4th of March, 2018, in Warangal, a small city, by our first State Chapter of Telengana. All are invited.

See you all in May.
Warm regards,

Dr. Naresh Row, President

Serbia
It is my great pleasure to report that the seminar on ambulatory surgery named “Ambulatory Surgery in Serbia: Where are We Now and What is Our Next Step” was conducted in Belgrade on 5th October 2017. at In Hotel Belgrade. It was organized in collaboration of the Serbian Association of Ambulatory Surgery (SAAS) and the International Association for Ambulatory Surgery (IAAS), under the auspices of the Ministry of Health, Republic of Serbia. There were four sessions that included 16 lectures and panel discussion with a representative of the Serbian Ministry of Health. Our dear friends from IAAS, Beverly Philip, Gamal Mohamed and Mariann Aaland, shared the information regarding ambulatory surgery levels in their countries and gave us fantastic lectures on organisation of ambulatory surgery units and their experience in day surgery organisational issues. Apart from them, Serbian doctors gave updates on ambulatory approach levels in different fields of surgery in our country. I am delighted to inform you that our old friend and supporter, Gamal Eldin Mohamed was promoted to a Honorary Member of the Serbian Association for Ambulatory Surgery for all the help and motivation.

We consider this meeting very successful, with 73 registered participants and, for the first time, a feedback from the Government of Serbia. We hope that this time we will manage to make some influence on the development of our future health system. It would have been impossible to organize this
Seminar without the generous help and support from IAAS, who we owe great gratitude to, and we hope that we will maintain this fruitful collaboration for many years to come.

MSc Jelena Petrović Šunderić, MD, F.E.B.S.
Legal representative, secretary and vice president of SAAS

Croatia

Like with any other country (I suppose) that wanted to have day surgery implemented and organised– the road was very bumpy and difficult. We started 5 years ago and it feels like we are at the very beginning. After spending years in an attempt to organise a proper Day surgery unit, we were able to declare it open on September 2015 at Children's Hospital Srebrnjak, Zagreb. After that, the initiative continued and finally in April (2017) with a lot of help from IAAS, we founded Croatian Society for day surgery. Since Croatia is a relatively small country (about 4,5 mil. inhabitants), we tried to involve representatives from all major cities and hospitals as members of Administrative council.

As a result in October we held an International symposium on the topic of 'Organising and implementing day surgery –making it happen' jointly organisation between Croatian Society for day surgery and International Association for Ambulatory surgery. It was very successful– representatives from Croatian Ministry of health and Croatian Insurance fund also attended the symposium, together with around 60 other specialists from different parts of Croatia.

Invited lecturers from IAAS were giving the lectures on the topic (Ambulatory surgery in general, Preassessment selection criteria and patient education, Postoperative recovery and discharge criteria, Ambulatory surgery procedures etc.) , and there was a vivid discussion during the Workshop (‘Teach the teacher course/ Solving problems in day surgery’), which was held later– on the same day. The speakers were:
Gamal Eldin Mohamed, M.D., PhD, Jan Eshuis, M.D. and Luc Van Outryve, M.D. from the IAAS and Masa Hrelec Patrlj, M.D., PhD. – pediatric surgeon, Head of the Division for pediatric day surgery, Children’s Hospital Srebrnjak, Zagreb, Croatia. Founder and President of Croatian society for day surgery

This course was a huge step forward for day surgery in Croatia, and very inspiring and pleasant meeting for all specialists involved.

Masa Hrelec Patrlj, M.D., PhD
President of Croatian Society for day surgery

INTERNATIONAL MEETINGS
Dear Friends,
Ambulatory surgery (AS) is quickly spreading, and it is becoming the process of choice for many countries developing its health care services and introducing health care reforms. This is widely shown by the building of AS systems and the organisation of Ambulatory Surgery Associations, that can greatly help the acceleration of this type of treatment all over the world. As the editor–in–chief of the IAAS Newsletter, I would like to thank the contributions and news that are sent from Spain, Japan, India, Serbia, Croatia and Hungary, which seem to be very promising, and let me convey to you all my best wishes for the year 2018.
Merry Christmas & Happy New Year
Gamal Eldin Mohamed
Immediate Past President

**Ambulatory Surgery**
**Volume 23.4 now ready for download.**

This final Edition of the year has something of a theme with daycase laparoscopic cholecystectomy being a subject in three of the papers published, in addition to one describing the development of emergency operating in the ambulatory environment. A submission from South Wales describes the attempted implementation of a pathway by which orthopaedic trauma patients are transferred to an ambulatory area, undergo their operation, and then are discharged home on the same day. The results of eleven months of audit revealed a disappointing result, with only one patient being discharged on the same day as their operation. One hopes that persistence with the newly established pathway might bear more fruitful results in due course. The surgical team from Milton Keynes, UK, present information on rates and success of laparoscopic cholecystectomy in obese patients, querying whether Body Mass Index complicates successful ambulatory management. With retrospective analysis of a cohort of 167 patients scheduled for ambulatory operations over a three year period, they found that there were no differences in rates of conversion to open operation, peri-operative complications or admission to hospital in the subsequent 30 days. Most importantly, their reported rate of successful daycase management for laparoscopic cholecystectomy was 83.2%. This figure correlates well with the overall data for Milton Keynes, where their hospital achieve between 65 and 70% for successful daycase management for this operation. Vieira and colleagues present information regarding anaesthetic techniques for laparoscopic cholecystectomy, investigating whether there were any differences between anaesthesia provided for ambulatory or inpatient care. Somewhat reassuringly, they found nothing of significance between the various facets of anaesthetic care, beyond variation that development of guidelines would help to assuage. Significantly, their national rate for ambulatory laparoscopic cholecystectomy is cited as 12%. An Indian perspective comes from Naresh Row, who cites the reasons why ambulatory cholecystectomies can present logistic issues in their particular
Day Surgery facility. He presents a series of recommendations and advice to aid the ambulatory ethos, particularly in relation to this operation. It would seem that the greatest barrier to enhancement of ambulatory rates for laparoscopic cholecystectomy may be the patients themselves.

Mark Skues
Editor-in-Chief

Gamal Mohamed, Newsletter Editor-in-Chief
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