



Preface

Ambulatory anesthesia



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Guest Editor

Ambulatory anesthesia is a relatively young and rapidly growing specialty. Although ambulatory patient care has its roots in the early days of general anesthesia, it has emerged as a recognized concept only within the past 30 years. It now comprises the overwhelming majority of anesthesia services provided in the United States. As ambulatory anesthesia continues to grow as a specialty, new challenges emerge that present opportunities for advancement of the field.

This issue of the *Anesthesiology Clinics of North America* provides an up-to-date guide to the current status of ambulatory anesthesia. To appreciate the contributions made by the pioneers of the field and where the specialty might take us, this issue begins with an article that offers a historical perspective and reviews the future challenges of ambulatory anesthesia. Two articles are devoted to the controversy that surrounds preoperative screening and patient selection for ambulatory surgery. The following three articles address anesthetic techniques, inhalational- and intravenous-based anesthesia, and the regional techniques for surgery and postoperative pain control, the latter of which have become increasingly popular in ambulatory settings.

Issues specific to the pediatric patient population and controversial issues in ambulatory anesthesia are addressed in separate articles. Pain and postoperative nausea and vomiting are two postoperative problems that frequently cause a delay in discharge and are consistently being rated as causes of poor patient satisfaction. Each topic is reviewed extensively, including discussions regarding mechanisms, evidenced-based treatment, and costs of patient care. A separate article reviews the most recent data from the extensive research that has been performed in the assessment of patient recovery and discharge readiness.

Strategic scheduling of surgical cases is a vital component of ensuring a successful and efficient ambulatory surgery practice; this topic is discussed in detail. Patient outcome following ambulatory anesthesia has recently generated a renewed interest and will no doubt become more important as the specialty develops. The last article discusses a rapidly growing area of ambulatory anesthesia: the office-based practice.

Ambulatory anesthesia has a bright future. To advance the specialty, practitioners must face new challenges and be ready to embrace change. Our pioneers have started the journey, and we will continue to follow the illuminated path. I wish to thank all the authors for their kind contribution of these outstanding articles.

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