Preface

The practice of medicine has changed dramatically over the past quarter century. These changes have often wedged physicians into situations in which clinical practice is being shaped by the competing quest for optimum outcomes built on evidence-based practice and the pressure of economic forces. Influenced by the same factors, ambulatory surgery and anesthesia have also undergone major changes, even since the *Ambulatory Anesthesia Handbook* (Mosby, 1995) was first published. Key examples are the number of surgical procedures that now can be performed on an ambulatory basis due to improved surgical technology; the exponential growth in the number of ambulatory surgery centers, particularly in the U.S.; and advances in anesthesia with drugs that produce shorter emergence and fewer postoperative adverse reactions, enabling more rapid patient discharge. The health industry in the U.S. is at a crossroads, shifting to ambulatory surgery as the primary mode of surgical care. The number of ambulatory surgery centers nears or surpasses the number of hospitals. This continued shift is also apparent in the rapid growth of office-based surgery. An increasing number of complex procedures are moving from the inpatient to the outpatient environment, out of hospital-based settings into freestanding ambulatory surgery centers, and to physicians’ offices and diagnostic facilities. As ambulatory surgery pushes to expand the scope of procedures and increase the quality of care provided, anesthesia practices will continue to play a pivotal role. Additionally, the push for patient-centered care and measurements of performance will greatly influence the ways that hospitals, ambulatory surgery centers, office-based surgical practices, and their anesthesiologists approach patient selection, sedation, anesthesia, pain management, and postoperative recovery.

It is no coincidence that this updated *Ambulatory Anesthesia Handbook* is being published now. The intention of this handbook is to address the clinical and administrative concerns that have arisen from the expanding daily practice of ambulatory surgery and anesthesia. The handbook is directed to anesthesiologists both in training and in practice as well as other physicians, nurses, health care professionals, ancillary providers, and administrators involved in the care of ambulatory surgery patients. Practical approaches to the common problems encountered in this continually growing field, including recommendations and guidelines for actual practice, are addressed. This book is intended to guide these individuals through the steps of treating the ambulatory surgery patient.

The authors of this handbook are acknowledged and respected authorities in the field of ambulatory surgery and anesthesia and have elegantly provided both state-of-the-art and cutting-edge information for clinical practice. Although this book is multi-authored, we as editors have standardized the format for each chapter, providing a brief outline with text materials accompanied by succinct illustrative and tabular enhancements and key references. The handbook covers the spectrum of care, starting with preoperative evaluation (Chapter 1) and anesthesia considerations for cutting-edge, minimally invasive ambulatory surgery procedures (Chapter 2). Extensive discussions of the management of common clinical conditions and considerations for the perioperative physician
for treating both adult and pediatric patients are provided (Chapters 3 and 4). The preoperative preparation of pediatric and adult patients is covered in Chapters 5 and 6, and specific anesthesia techniques—sedation, regional, and general—are addressed in Chapters 7 through 9. Anesthesia outside the operating room (Chapter 10) and office-based anesthesia (Chapter 11) are clearly growing segments of clinical practice, and an especially in-depth discussion of office-based anesthesia practice is provided. The success of ambulatory anesthesia is also measured in the safe recovery and discharge of the patient, as is illustrated in Chapters 12 and 13. Quality measures, pay for performance, and economic and administrative aspects are no less important than the anesthesia techniques, and Chapters 14 through 16 provide an excellent overview for both administrative and nonclinical management personnel. In keeping with the format of a handbook, we have attempted to provide the most relevant and up-to-date information; readers are referred to basic texts for more in-depth discussions.

We sincerely acknowledge the scholarly efforts of all the contributing authors, our colleagues in our respective departments, and the members of our families, who appreciated the importance of this undertaking and permitted us to dedicate our time and energy needed to complete this task.

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