INTRODUCTION

Over the past decades, there has been a dramatic growth in our knowledge regarding outpatient anesthesia and surgery practice. The formal development of ambulatory anesthesia as a subspecially occurred with the establishment of the Society for Ambulatory Anesthesia in 1984. By 1985, 7.3 million operations in USA (representing 34% of all elective surgical procedures) were performed on an outpatient basis. In 1990, this figure had increased to over 11 million, with less than 10% of this cases performed in free-standing units. In 1994, over 16 million outpatient operations (representing 61.3% of all elective surgical procedures) were performed in USA alone. By the end of this century, it is expected that over 70% of all elective operations will be performed on an outpatient basis ***(Ostman and White, 2000)***.

In other parts of the world, the growth in outpatient anesthesia and surgery has occurred at a much slower rate. In Europe and Asia, tradition has favored the relation of an overnight stay even after minor surgical procedures. However, in recent years, significant growth in outpatient anesthesia and surgery has occurred in Europe. At present, outpatient surgery accounts for less than 20% of all elective procedures in the UK but the Royal College of Surgeons has recommended that this should increase to 50-60% by the end of this decade ***(Saint-Maurice et al., 1995)***.

In 1988, a multidisciplinary organization consists of surgeons, radiolgoists and anesthetists formed the Society for Minimally

Invasive Therapy. The growth of this international organization has been aided by the rapid development of endoscopic surgical techniques. In 1995, the International Association for Ambulatory Surgery held an organizational meeting to facilitate the worldwide development of ambulatory surgery practice ***(Pasternak et al., 1996)***.

Children are excellent candidates for outpatient surgery because they are generally healthy, and typically undergo simple surgical procedures associated with prompt recovery. Avoiding hospitalization is advantageous for infants and preschool children who experience minimal separation from parents and spared exposure to threatening hospital environment. Successful pediatric outpatient surgery requires attention to proper patient selection, screening and preparation prior to surgery. Although the child should be in a good health, patients who have a chronic illness should not be excluded from outpatient surgery if their pre-existing medical condition is under good control ***(Hannallah and Patel, 1995)***.

In order for ambulatory anesthesia to be safe and efficient, careful selection of patients and procedures is crucial. Ideally, procedures should be performed in a reasonable period of time (< 90 min) not to be associated with excessive blood loss or fluid shifts, not require highly specialized operating equipment and postoperative care, and post surgical pain should be manageable by the patient in their own home ***(Cros, 1994)***.