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CHAPTER 31

Ambulatory Anesthesia

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Ambulatory anesthesia is defined as a formal, organized program for conducting anesthesia for elective surgical procedures, in patients who are admitted and discharged from the facility on the same day. The earliest written reference to an ambulatory surgical facility appeared in the *American Journal of Surgery* in 1919. The legendary United States anesthesiologist, R. M. Waters, M.D., opened the Downtown Anesthesia Clinic in Sioux City, Iowa, where he provided care for dental and minor surgery cases. The next written description of an ambulatory surgery center appeared in *Arizona Medicine* in 1969. John Ford, M.D., and Wallace Reed, M.D., published an article in which they described their concept of a “Surgicenter.” They opened the Phoenix Surgicenter in 1970, the first “free standing surgicenter.”

The Society of Ambulatory Anesthesia (SAMBA) was organized in 1984 and was the first subspecialty society to be formed within the American Society of Anesthesiologists.

The primary mission of SAMBA is to encourage specialization in the field of ambulatory anesthesia, to contribute to the growth of the subspecialty and to foster research, education and scientific progress in ambulatory anesthesia and thereby encourage high ethical and professional standards in ambulatory anesthesia.

SAMBA has approximately 1,669 members who practice throughout the United States and 83 international members. The majority of the members devote a significant percentage of their professional activity to the perioperative care of the ambulatory surgery population.

SAMBA is committed to providing high-quality continuing education activities for physicians and other health care professionals. Since 1991 the Society has also had its own annual meeting, which focuses on various aspects of ambulatory anesthesia and in 1997 a mid-year meeting was established that also continues to be held yearly. The Society for Ambulatory Anesthesia held its first educational meeting in April 1986. Since then SAMBA has held an annual and a mid-year meeting each year. The meeting focuses on presentation of scientific abstracts and discussions of practice trends in the field of ambulatory anesthesia. The annual meeting in 2006 presented four days of refresher course lectures, interactive workshops, problem-based learning and lecture sessions on a broad range of topics related to ambulatory anesthesia.



The Society also participates in the development and promotion of the programs of the American Society of Anesthesiologists (ASA) and other organizations relating to ambulatory anesthesia. In 1987, SAMBA was granted membership on the ASA Committee on Subspecialty Representation and hosted the first breakfast panel on ambulatory anesthesia at the ASA annual meeting that year and topics on ambulatory anesthesia continue to be a major component of the ASA annual meeting. This session continues to be very popular at the annual meeting of the ASA. Additionally, as of 2007, ambulatory anesthesia has been designated one of the 10 “learning tracks” at the ASA annual meeting with refresher course lectures, panels, clinical forums, workshops and general sessions devoted to topics related to ambulatory anesthesia. The SAMBA leadership has been actively involved at all stages in the development of this ambulatory anesthesia track.

Anesthesia and Analgesia, which is the oldest anesthesiology journal in the United States and has been published continuously since 1922 by the International Anesthesia Research Society (IARS), has been the official journal of the Society of Ambulatory Anesthesia (SAMBA) since 1995. This journal has an international circulation in excess of 21,000 and has a monthly section on ambulatory anesthesia.

SAMBA has published the newsletter “*Ambulatory Anesthesia*” since 1986. This newsletter continues to be published each month since that time and is distributed in print and electronic versions.

Another goal of SAMBA is to support, encourage, and participate in the development and promotion of policies and programs of the American Society of Anesthesiologists and other professional organizations regarding ambulatory anesthesia. In 1989, national recognition of the SAMBA was enhanced by it being represented in the ASA House of Delegates as an anesthesia subspecialty organization. As of 1992, SAMBA members have served as representatives for the ASA to various health care organizations, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and its Professional and Technical Advisory Committee (PTAC) and the Accreditation Association for Ambulatory Health Care (AAAHC), in accordance with the Society’s mission to participate in the development of policies and programs related to ambulatory anesthesia, at a national level.

SAMBA has an active resident membership category whose 2,850 members are residents in anesthesiology training programs throughout the United States. The mission of the resident section is to encourage resident interest in ambulatory anesthesia, and to inform residents of the purpose of SAMBA in promoting research and education in ambulatory anesthesia administered in a hospital outpatient center, an ambulatory surgery center or in an office setting; and to encourage continued membership involvement during residency and beyond.

The resident committee organizes resident education seminars regarding the practice and current issues of ambulatory anesthesia and encourages residents to gain experience in organized medical societies, thereby promoting their development in the future.

In 1987, SAMBA established awards for the best scientific research presentations and in 1991 the first Resident Travel awards were presented for resident physicians presenting research abstracts at the annual meeting.

SAMBA has participated in the development of guidelines for postgraduate education for qualification as a subspecialist in ambulatory anesthesia and guidelines for approval of postgraduate training programs in ambulatory anesthesia.