ed from SGB which blocks sympathetic efferents originating from the thoracic spinal cord. SGB is known to increase cerebral blood flow on the injected side.² Modified blood flow to the cerebrum may have affected schizophrenia-related symptoms.³ The relaxing effect of SGB may have been additive. We were impressed with this unexpected, beneficial effect of SGB on psychiatric symptoms and suggest that more research in this direction may be warranted.

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Fast-tracking in ambulatory anesthesia: a new concept? Not!

To the Editor:

A recent editorial in the Canadian Journal of Anesthesia by Song and Chung¹ entitled “Fast-tracking in ambulatory anesthesia” was of interest because my research group has been actively involved in this area of clinical research for many years. Although Duncan and his colleagues² are to be congratulated for achieving successful postanesthesia care unit (PACU) bypass in 83% of their outpatient population undergoing knee arthroscopy procedures, the editorialists erroneously suggested that this was “the first report of a successful (fast-tracking) practice in a community setting.” As a former research fellow at the University of Texas Southwestern Medical Center in Dallas, Dr. Song should have been aware of the numerous papers which our group has published on fast-tracking techniques for ambulatory surgery in both the university and community-based setting. In fact, Dr. Song participated in some of the early studies and co-authored the manuscript³ which described the criteria used by Duncan *et al.*² to determine fast-tracking eligibility in their study. Of interest, in our community hospital-based practice in Los Angeles, 100%

of the outpatients undergoing hernia repair and breast surgery are fast-tracked, with average times to *discharge home* of less than 60 min.^{4,5}

In my opinion, it is unprofessional to knowingly ignore the peer-reviewed literature on a topic when preparing an editorial. While there is clearly a need for further studies on fast-tracking after ambulatory surgery, I would suggest that there are already a large number of published studies demonstrating the safety of fast-tracking programs in this surgical setting.

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REPLY:

Failure to acknowledge Dr. White’s articles in our editorial was unfortunate but can be explained easily.

In his letter, Dr. White points out that his research group has published numerous articles on fast-tracking techniques for ambulatory surgery in both university and community-based setting. At the time we wrote our editorial, we considered these earlier studies were teaching hospital related researches (including office space anesthesia) and did not represent common practice in the community hospital. Both Texas Southwestern Medical Center at Dallas and Cedar Sinai Medical Center in Los Angeles are affiliated with universities. Therefore we suggested that Dr. Duncan’s study was the first report of successful fast-tracking in ambulatory anesthesia in a community setting, which is more generalizable and applicable to community practitioners. Victoria General Hospital is not affiliated with any university. If our assumptions are incorrect, we apologize for this erroneous statement.