Teresa Hardcastle’s recent conference experience draws our attention to Sweet Ease™. She passionately advocates for the UK to consider using ‘this simple low cost non-pharmacological technique’ for infants receiving their immunisations or other painful procedures.

Other questions raised in this issue include: Are we doing enough to prevent patient injury caused by positioning for surgery? Anaesthesia for phacoemulsification surgery: is it as comfortable as we think?

Thank you to all for their contribution in this issue, but special thanks must go to Flick. Thank you and good luck with your PhD.

Brian Smith
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FROM THE EDITOR

New Year, New Decade and New Era fill me with mixed emotions, mainly excitement and passion. However, it is important that I share my fears too – Flick’s notable contribution to the Journal over the last three years, in my opinion, has strengthened the perioperative profession by drawing together a series of high quality and interesting articles.

From afar, I have admired her work and found myself racing to the front door to get an early glimpse of the monthly issue. I have never been disappointed and have enjoyed reading every issue. The Cox era provided something for all working in the perioperative setting with timely articles allowing us to keep abreast of health demographics.

As the new editor, will I be able to achieve the same? I certainly hope so. My fears are not around being the editor, but more about can I be as humorous and witty as Flick? On reflection I realise that we all offer something different to life, the journal and patient care. Therefore, I do not intend to morph into Flick but to continue with her magic formula by ensuring the journal has a significant impact value on perioperative practice.

This month’s issue of JPP sees the outcome of a service evaluation regarding a new fast-track programme – Advanced Scrub Practitioner/Dual role. The authors highlight how the service evaluation encouraged the participants to raise their concerns about the new programme and to work together to challenge local policies. Collaborative working is a key feature in enriching perioperative practice; working together allows us to share and promote good practice.

As Flick steps back from the editor’s role and prepares for her PhD, we should applaud her for her invaluable contribution to our Journal.
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