



# Editorial



As more and more health authorities put pressure on us to shorten the hospital stays of our patients as much as possible and to rush them in and out of theatre for various procedures, so it behoves us to re-visit the area that is fraught with controversy and the potential for disaster – the recovery room. If one examines our Society of Anaesthesiologists guidelines, the chapter on recovery room states the following:

- The staff working in this area must be appropriately trained
- A registered or enrolled nurse trained in recovery room care must be present at all times
- We require one nurse to each patient who has not recovered protective reflexes

The biggest problem with this is that we do not specify the exact meaning of “appropriately” trained or “trained in recovery room care”. This is supported by the findings in the research survey by van Huyssteen and Botha published in this edition of our journal. Their conclusion states “nurses working in the recovery rooms of five hospitals in Northern Gauteng did not have the necessary knowledge and competence needed to render quality nursing care to postoperative patients.” This is of enormous concern to us as anaesthesiologists. They have also made practical recommendations for improving this. These can be applied in all of our hospitals, both public and private. In fact recovery rooms should possibly be regarded as high care areas to all intents and purposes. This would allow us far more leverage as far as facilities, equipment and staffing is concerned. In addition, our nurses in the public sector would qualify for a high care/ICU scarce skills allowance, allowing us to attract competent and trained nurses to our recovery rooms....

The other areas that contributions to this edition address, are the problems of airway management for dental procedures in the mentally retarded patient. Our anaesthetic colleagues from the Czech Republic have performed a pilot study, successfully using the laryngeal mask airway for these procedures. Our regular contributor, Prof Bosie Bosenberg, draws our attention to a very rare but life-threatening syndrome, the Pentology of Cantrell, and Bruce Biccard reviews the performance of carotid endarterectomy in the awake patient.

**Professor Christina Lundgren**

**Editor-in-Chief**