Inaugural Editorial

The Foreword to JOURNAL of ANESTHESIA and PERIOPERATIVE MEDICINE

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The idea of co-founder of JOURNAL of ANESTHE-SIA and PERIOPERATIVE MEDICINE (JAPM) originates from the advocacy of Professor Jin Liu. The journal is sponsored by West China Hospital of Sichuan University and Xuanwu Hospital of Capital Medical University. The pragmatic spirit and strong endorsement from hospital leaders of above mentioned two hospitals ultimately promotes the publication of JAPM.

The development of modern anesthesiology originates from ethylether anesthesia implemented at Massachusetts General Hospital (MGH) in 1846 (1), which marks a new progression in perioperative medicine. New advances in devices and drugs promote the continuous development in perioperative medicine, and the progress in subspecialties of anesthesiology, pain medicine and critical care medicine will further carry the anesthesiology to a new stage in its development, the evidence-based guidelines on perioperative management accelerate the persistent improvement of quality and safety of care (2-6). Despite continuous decline in perioperative mortality rates (7,8), while look at the development of perioperative medicine over the past two decades, actually, the perioperative mortality rates do not decrease significantly with time. Thus, we ask ourselves whether the development of anesthesiology has been perfect.

Based on the results of large, multi- center studies evaluating the perioperative outcomes of patients over the past decade, we believe that, the development of anesthesiology should not only focus on the postoperative outcomes, and efforts should be made to improve perioperative process which may affect the long-term prognosis of patients, such as postoperative cognitive dysfunction (POCD) (9,10) and postoperative long-term recurrence rate, mortality and survival rates of patients with cancer (11,12), which will promote the anesthesiology to a new stage of "long march".

Anesthesiologists may become the "leader" in perioperative medicine in future due to the potential effect of anesthesia on long-term patient outcome. We have recently seen dramatic improvements in the care of patients undergoing major surgeries as a result of a multimodal, evidence based perioperative care pathway -- Enhanced Recovery After Surgery (ERAS) program, including goal-directed fluid management (13, 14) and acute postoperative pain management (15) that are key factors predicting postoperative outcomes. The ERAS program has been validated to achieve early recovery after major surgeries by maintaining preoperative organ function and reducing the profound stress response following surgery, including morbidity and mortality, length of stay (16,17). Within our broad mission to improve the quality and outcomes of healthcare, we should develop new knowledge in areas relevant to perioperative medicine by conducting innovative and important clinical, translational and basic science researches.

JAPM is dedicated to improve the quality of care and outcomes of patients, and promote the continuous improvement of perioperative medicine by multidisciplinary collaboration and integration. The multidisciplinary, collaborative researches, which will play a leading role in promoting academic development, are welcomed.

Many thanks for the support and encouragement provided by anesthesiologists both at home and abroad, I believe that JAPM will become the most widely read and influential anesthesiology periodical through our continuous efforts.



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Declaration of Interests

The author has no financial support and potential conflict of interest for this work.

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