The skills and mindset of general internists in Canada are adaptable to a broad range of clinical domains, especially situations that combine many organ-based specialties. The assessment and management of patients in a perioperative setting are ideally suited to the diverse clinical skills and holistic approach that is integral to the ethos of general internal medicine.

Perioperative medicine has traditionally been part of the clinical practice for many general internists, whether in pre-operative risk assessment clinics or the management of patients with postoperative medical consequences, typically cardiorespiratory, infectious, or medication-related. Using different parlance, the internist’s role in the perioperative milieu has been to "clear the patient for surgery" and to deal with "putting out fires."

In the past one or two decades, the landscape of "perioperative medicine" has changed substantially. First, there is an increased emphasis on preparing the patient for surgery to mitigate against the risk for complications, particularly stroke, acute coronary syndrome, respiratory insufficiency, and venous thromboembolism to name a few conditions to prevent. This aspect of care has become challenging in an era where patients having surgery, typically, are older, take more medications, and have more comorbidities while, at the same time, the expectation is that patients will leave the "safe confines" of the hospital often within 12 hours after surgery. Second, although perioperative medicine has been a long-neglected area of clinical research, this aspect has also changed dramatically. Recent clinical trials have informed perioperative best practices on the use of beta-blockers, anticoagulants, antiplatelet drugs, and prohemostatic agents. Third, in recognition of the importance of perioperative clinical management and research, new societies and collaborations have formed to promote and elevate the practice of perioperative medicine. Abroad, there are annual scientific meetings of the Preoperative Association in the U.K. (www.pre-op.org) and the Society of Perioperative Assessment and Quality Improvement (www.spaqi.org) in the U.S. Closer to home, the annual Perioperative Care Congress (www.perioperativecongress.org) in Canada offers a state-of-the-art review of perioperative clinical practice and research, with its next gathering November 1-3, 2019. At my institution, the newly-minted Division of Perioperative Medicine, the first of its kind worldwide, will provide a foundation for clinical care, training, and research in this field.

The landmark VISION Study is a clarion call to improve perioperative care as the rate of major postoperative complications remains high (>20%). General internists are well-positioned to play a major role in overhauling perioperative care and leading the research needed to inform best practices. To capitalize on this potential and interest, the Journal is starting a new feature on Perioperative Medicine, which will address many of the issues relating to the assessment, management, and research directions of this burgeoning field. Please consider contributing to this new section of the Canadian Journal of General Internal Medicine – your Journal – and encourage your colleagues to do the same!

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