I would like to start by thanking Dr Martin and the staff at Elsevier (especially Arlene Campos and John Vassallo, who made this first foray into editing relatively pain free) for the opportunity to edit this issue of *Surgical Clinics*. However, Dr Martin charged me with the daunting task of Surgical Critical Care. While not the first time I have been asked to talk on the subject, I find this request to be equivalent to being requested to quickly cover other broad fields like Surgical Oncology or Trauma. Thus, I tried to create a sampling of different areas in surgical critical care, using different inspirations.

First comes the classical areas in critical care, the management of failing essential organs, such as the kidneys and heart. The aging population in the United States makes keeping up-to-date on the advances in these areas essential. This was the inspiration for many of the articles in this issue.

My second inspiration is more personal in nature, my residents and students. While surgical residents are given the Sisyphean task of learning the breadth of surgery in only a few years, they tend to focus more on the technical aspects of surgery. I find areas such as perioperative management tend to get pushed to the side, creating such beliefs that nonrebreathers or BiPAP (bilevel positive airway pressure) is the go-to for all oxygenation issues, especially at night. This was the motivation for articles such as topical coagulant agents (it kills me when they don’t know what they are using on their patients) and noninvasive ventilation and oxygenation strategies.

Finally comes the ever-changing nature of the field. Technical advances, such as ECMO (extracorporeal membrane oxygenation) and advanced hemodynamic monitoring modalities, and changing views of practice, such as pain management with the ongoing opioid epidemic, both have effects upon the field. At the time this issue was prepared, an infectious pandemic, COVID-19, has been ravaging the country. This disease has put critical care in the forefront, along with how we manage limited resources during an emergency.
I would like to finish by thanking all the authors for their hard work in creating this issue. The devotion and time they have expended to produce these articles have made the editing process easy. I could not have asked for a better group of experts in preparation of this issue.

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