

Appendix A – Glossary (supplement)

Definition of the 1996/97 sample groups

Gynaecology – any gynaecological procedure.

Head and neck surgery – any procedure in the head and neck region including the base of skull and pharyngeal pouch surgery but excluding intracranial operations.

Minimally invasive surgery – the sample for this group was difficult to define as much debate remains about the most accurate title for this form of surgery, which is variously called minimally invasive surgery, minimal access surgery, endoscopic surgery, laparoscopic surgery and keyhole surgery. We have included minimal access general abdominal surgery, endoscopic thoracic and orthopaedic surgery and diagnostic or therapeutic endoscopies (excluding gynaecological laparoscopy and urological endoscopy).

Oesophageal surgery – any oesophageal procedure including specific oesophageal endoscopy.

Spinal surgery – any spinal procedure.

Urology – any urological procedure including urological endoscopy.

Admission

Elective - at a time agreed between the patient and the surgical service.

Urgent - within 48 hours of referral/consultation.

Emergency - immediately following referral/consultation, when admission is unpredictable and at short notice because of clinical need.

American Society of Anesthesiologists (ASA) Classification of Physical Status

ASA 1 a normal healthy patient.

ASA 2 a patient with mild systemic disease.

ASA 3 a patient with severe systemic disease that limits activity but is not incapacitating.

ASA 4 a patient with incapacitating systemic disease that is a constant threat to life.

ASA 5 a moribund patient who is not expected to survive for 24 hours with or without an operation.

(NCEPOD) Classification of operations

Emergency

Immediate life-saving operation, resuscitation simultaneous with surgical treatment (e.g. trauma, ruptured aortic aneurysm). Operation usually within one hour.

Urgent

Operation as soon as possible after resuscitation (e.g. irreducible hernia, intussuception, oesophageal atresia, intestinal obstruction, major fractures). Operation within 24 hours.

Scheduled

An early operation but not immediately life-saving (e.g. malignancy). Operation usually within three weeks.

Elective

Operation at a time to suit both patient and surgeon (e.g. cholecystectomy, joint replacement).

Out of hours

NCEPOD's definition of out-of-hours operating includes all operations started between 18.01 and 07.59 on a weekday, as well as operations performed at any time on a Saturday or Sunday.

Recovery and special care areas

(Definitions used by the Association of Anaesthetists of Great Britain and Ireland)

High dependency unit

A high dependency unit (HDU) is an area for patients who require more intensive observation, treatment and nursing care than can be provided on a general ward. It would not normally accept patients requiring mechanical ventilation, but could manage those receiving invasive monitoring.

Intensive care unit

An intensive care unit (ICU) is an area to which patients are admitted for treatment of actual or impending organ failure, especially when mechanical ventilation is necessary.

Recovery area

A recovery area is an area to which patients are admitted from an operating theatre, and where they remain until consciousness has been regained, respiration and circulation are stable and postoperative analgesia is established.

Appendix B – Abbreviations (supplement)

AAA	Abdominal aortic aneurysm
A&E	Accident and Emergency
ASA	American Society of Anesthesiologists
Assoc. spec.	Associate Specialist
BP	Blood pressure
CT	Computer tomography
CCU	Coronary care unit
CFAM	Cerebral functioning analysing monitor
COPD	Chronic obstructive pulmonary disease
CVA	Cerebrovascular accident
CVP	Central venous pressure
DVT	Deep vein thrombosis
ECG	Electrocardiogram
EEG	Electroencephalogram
GA	General anaesthetic
GI	Gastrointestinal
HDU	High dependency unit
HO	House officer
ICU	Intensive care unit
IV	Intravenous
LA	Local anaesthetic
MRI	Magnetic resonance imaging
NIDDM	Non-insulin-dependent diabetes mellitus
NMR	Nuclear magnetic resonance imaging
ODP	Operating Department Practitioner
PE	Pulmonary embolism
PM	Postmortem
SHO	Senior house officer
SHO 1, 2, >2	Senior house officer years 1, 2 and more than 2 years
SpR 1,2,3,4	Specialist registrar, years 1, 2, 3 and 4
SpR Accred/CCST	Specialist registrar Accredited/Certificate of completion of specialist training