Appendices

Glossary

Abdominal aortic aneurysm

Aneurysms result from the stretching of a weakened artery, which balloons out rather like a worn motorcar tyre. When this happens there is a risk that the artery may burst. The most common artery to be affected is the aorta, which is the main artery in the abdomen.

The aneurysm can be repaired either by conventional surgery or by a technique which involves a graft being threaded into the aortic aneurysm via a small incision in the groin (endovascular repair).

Further information about this condition can be found on the Vascular Society website at www.vascularsociety.org.uk/patient/aaa.html

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.
ASA 4:	A patient with severe systemic disease that is a constant threat to life.
ASA 5:	A moribund patient who is not expected to survive without the operation.
ASA 6:	A declared brain-dead patient whose organs are being removed for donor purposes.

EVAR trials

EVAR 1	This trial randomised patients between endovascular and conventional surgery.
EVAR 2	This trial randomised patients between endovascular repair and observation.

Glasgow Coma Score

A method of assessing the level of consciousness of a patient.

Levels of care

Level 0	Patients whose needs can be met through normal ward care in an acute hospital.
Level 1	Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.
Level 2	Patients requiring more detailed observation or intervention including support for a single failing organ system or postoperative care and those ‘stepping down’ from higher levels of care.

Level 3

Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.

Local reporter

A hospital member of staff who provides information on cases to NCEPOD.

Size of vascular unit

Large

Hospital with sufficiently large catchment population (at least 500,000) to employ at least four vascular surgeons and the potential for an on-site vascular rota.

Intermediate

Hospital with catchment population of less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

Remote

Separated by long distances from other hospitals, and usually serving a small catchment population.

Appendices

Abbreviations

AAA	Abdominal aortic aneurysm
ASGBI	Association of Surgeons of Great Britain and Ireland
CT	Computed tomography
CVP	Central venous pressure
ECG	Electrocardiograph
EVAR	Endovascular aneurysm repair
GCS	Glasgow Coma Score
HES	Hospital episode statistics
HDU	High dependency unit
ICD	International Classification of Diseases (10^{th} revision)
ICU	Intensive care unit
JVP	Jugular venous pressure
MI	Myocardial infarction
MRI	Magnetic resonance imaging
MRSA	Methicillin resistant staphylococcus aureus
MUGA	Multiple gated acquisition scan
NPSA	National Patient Safety Agency
OPCS	Office of Population Census and Surveys procedure codes (4^{th} revision)
PRHO	Pre-registration house officer
SAS	Staff and associate specialist grade
SHO	Senior house officer
SpR	Specialist registrar
SpR 1/2	Year 1 or 2 specialist registrar
SpR 3+	Year 3 or more specialist registrar
VASGBI	Vascular Anaesthetic Society of Great Britain and Ireland
V-BHOM	Vascular biochemical and haematological outcome modelling
VSGBI	Vascular Society of Great Britain and Ireland