

Editorial

Anaesthesia acronyms and abbreviations

When the Editor-in-Chief (EIC) of a journal changes then it is customary to mark the occasion with an Editorial in the first edition of the journal compiled by the new EIC. So I decided not to do that. This looked as if it would be a momentous year for *European Anaesthesiology* (EA). I could feel it in my bones, as my grandmother used to say. I decided instead to go for an Editorial mid-year. That would allow me to draw on the events of the first few months of 2004 and my hunch has proved correct. I decided not to break with one tradition though, which is to thank the previous EIC for all of his hard work.

Saying a heartfelt thanks to Professor Tony Adams is a real pleasure. Tony is a very old friend of mine who I have known longer than I would care to admit. He is a staunch Europhile and has steered the EJA resolutely forward, always with the benefit of the Journal and EA in his mind. Tony's period as EIC has been marked by some important historic occasions. The Impact Factor (IF) of the EJA rose above 1.0. The turnaround time for manuscripts shortened (I recall Tony proudly telling me one day that he had turned one around within 24 hours!). The EJA started to acquire affiliate Societies (ESCTAIC, EACTA, EFAAD and SESAM) as well as being the official publication of EAA, ESA, FEEA, UEMS and CENSA. It moved to being published on behalf of EFA as the umbrella organisation of EA. There are numerous other achievements, far too many to mention in a short Editorial. Thanks Tony and we all wish you a long and happy retirement.

Taking on the position of EIC was a step that I took with excitement and trepidation. As much as I tried to organise myself in advance, I was still not fully prepared for the EJA workload to be added to my already busy clinical and academic schedule! The transition was made smoother by the dedicated team of Editors and I realise how lucky I am to have these colleagues behind me. Two of our Editors, Christian Werner and Hartmut Burkle, have recently tendered their resignation due to other work pressures and

I should like to thank them both for all of their hard work. Their replacements will be announced soon. I needed a new deputy EIC and Tom Crozier generously allowed himself to be talked into the job of DEIC. The Associate Editors (AE) tend to be close geographical associates of the EIC for convenience and although Penny Hewitt and Craig Bailey had done such an excellent job as AEs, I felt that I should have two AEs nearer to me. Nigel Harper and Chris Pomfrett generously agreed to each take on the role of AE. It did not take much persuasion!

As I write this Editorial, EA is taking a huge leap forward with the merging of the EAA and ESA. Many have been working towards this goal for years and the prospects for EA look rosy. The agreements between EAA, ESA and CENSA have been signed. It is difficult to single out any individual with respect to this process but the present and previous ESA and EAA Presidents, Hugo van Aken, Hans Priebe and Thomas Pasch together with Peter Simpson, President of the RCOA, were probably the principal players. It is my understanding that very little will change. The EDA (or DEAA), educational programmes, annual meeting, grants, hospital visiting programme, etc. will all continue, but instead will be run by one organisation, the new ESA with its new structure and new logo. This is a historic step for EA.

The future of the EJA is guaranteed within the new organisation which has stated its intention to continue using the EJA as its official journal. There are some changes for the EJA though. At the beginning of this year Greenwich Medical Media (GMM) was taken over by Cambridge University Press (CUP) and so the GMM logo will be replaced by the CUP logo. By the time you read this, the move to CUP will have taken place and I have been assured that it will be seamless. The disadvantage for me is that I will have to travel to Cambridge instead of London for meetings – a more difficult journey from Manchester. The advantages for the EJA, however, will far outweigh this. The might of a bigger publishing house will be behind us – the oldest in the world I am told. One big advantage for me and the editorial team will be migration onto a total electronic platform, a move which I have been trying to introduce for several years. CUP use the Scholar One (SC1) manuscript tracking

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system and the EJA will also use SC1. We currently do conduct almost all of our work electronically using email. With SC1 it will be more streamlined. Authors, Editors, Referees, EIC, DEIC, AE and CUP will all be able to follow the movements of manuscripts with greater ease on SC1. I suppose that I could run the journal from anywhere in the world, even when on holiday, but I am sure that I can resist that temptation!

So where do abbreviations and acronyms in anaesthesia (AAA) fit in? The EJA has for a long time been a journal of minimal abbreviations. We remove as many as we can at the editorial stage and only leave very common ones or ones that will avoid much tedious repetition. Because of this, I thought that I should redress the balance and put back some AAA for just one article. Medicine, of course, is full of abbreviations. Some of the mysteries of the art of Medicine are perpetuated by writing in a language that only doctors understand. It is fascinating to steer my medical student group through their initial learning process (ILP) by providing them with some case histories which are riddled with abbreviations. How about the following – O/E °JACCL, CVS SR HS I–II, RS NAD, AS °LKKS BS[√], CNS/LS NAD, PI↓↓. Is the patient fit and well (F/W)? I will leave you, the reader, to decide. A patient may be DNA, be DOA, be a WLI or require some TTOs. They may have various diseases including IDDM, COPD, IHD, HT to name but a few. The operative procedure could be a TEMS, ERPC, ERCP, D&C or to have their RIH or BPF repaired. But some abbreviations are not so polite. What about NFM (normal for Manchester), FLK (funny looking kid)? There are many more that are very rude indeed and I expect that every other European language has its own similar abbreviations. But patients now have better access to their notes. How do you tell the patient exactly what the derogatory abbreviation written by your resident last year means? Lawyers have enjoyed these too!

Anaesthesia has its fair share. When O/C I might go to A&E or ER, take a patient for a CT or MR on the

way to the OR, then the ICU, check a PCA on the HDU as I walk past. Our automated anaesthesia information management system (AIMS) now produces a neatly printed anaesthesia record so I am deprived of the pleasure of using my huge store of AAA. My favourite anaesthesia record was written by a senior consultant when I was a trainee about 25 years ago. It was 11 characters long including spaces. It read STP GOH M+A. That was it. It translates as 'sodium thiopental, gas, oxygen, halothane, mask and airway' if you were wondering. Admittedly that was before we regularly used TIVA, TCI, LMA or the SpO₂, NIBP, BIS and ETCO₂ monitors and those anaesthetic machines have long ago become museum pieces.

Surely research and teaching are more abbreviation-free? Unfortunately not. Our medical students use PBL at all levels including the ILP. The residents are all ACLS, APLS and ALTS certified. They want to talk about NCEPOD or the ISPOCD2 study conclusions. My research nurse wants to discuss GCP before the COREC submission. Should we measure RSA and NMT as well? I must RSVP ASAP. Am I suffering from a TSE? Some of my colleagues think so. One of my dreams is to hold an ICU WR entirely using AAA – will I ever manage it?

There is deliberately no complete key to the AAA in this MS but if anybody is interested contact me either directly or drop in at the GMM/CUP/EJA stand at the Euroanaesthesia meeting. There is no reward or prize money for getting them all right or indeed for getting any of them right unfortunately. That is partly because the currency of the EJA is not £ or € or \$ but your best MS. Our IF is rising and we need keep up the momentum. So when you are sending us your next MS (as I hope that you do), include as many AAA as you like but remember that the EJA EIC, DEIC, AE or CUP might R/M them.

TTFN

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