

Book report

Operating Department Practice A-Z (second edition)

Roger Bloomer and Jeremy Cordingley

Department of Anaesthetics and Critical Care, Royal Brompton Hospital, Sydney Street, London SW3 6NP, UK

Corresponding author: Roger Bloomer, R.Bloomer@rbht.nhs.uk

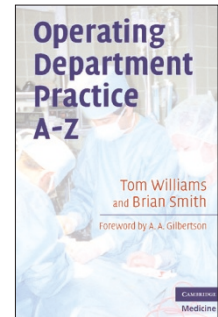
Published: 4 June 2008

Critical Care 2008, **12**:304 (doi:10.1186/cc6904)

This article is online at <http://ccforum.com/content/12/3/304>

© 2008 BioMed Central Ltd

Williams T, Smith B: *Operating Department Practice A-Z (Second Edition)*. Cambridge: Cambridge University Press. Pp. 386. Cost £35.00. ISBN 978-0-521-71021-3



To the uninitiated, the operating theatre and anaesthetic room can be a daunting and often confusing environment, rife with medical jargon, acronyms, abbreviations and colloquialisms. The dictionary-like format of this text is intended to aid trainee operating department practitioners, medical students and indeed any practitioner who is involved in the care of patients in the surgical setting.

The second edition of this text has been expanded to include a wider scope of information than the more focused first edition to address the growing curriculum of the trainee operating department practitioner. The book is divided into four main sections: abbreviations, medical terminology (prefixes, suffixes), the A-Z itself, and appendices.

The abbreviations section includes a strange mixture of terms that are in everyday use and often bizarre entries (for instance, CRTAP [cartilage associated protein] and DAD [doctor assisted suicide]), which admittedly may represent commonly used terms in the authors' local areas. There are duplications and 'Americanisms' (for instance, CBC [complete blood count] and FBC [full blood count]), which illustrate the confusion of having several abbreviations for the same term.

The dictionary format of the A-Z is relatively easy to use, with quick and advanced references for each entry, the latter often having cross-references to related terms within the A-Z. In many cases the need for both references is questionable, but it is understood that there is a requirement to have a uniform layout throughout the text. The detail of the entries is often concise, and while by no means comprehensive, it offers a good base for further research into specific entries. To this end, perhaps external references to sources of detailed information would enhance this function. Some entries such as 'back - pertaining to the posterior surface' and 'throb - to beat or pulse' are unnecessary.

Another criticism is the authors' inconsistency relating specifically to drugs, in some instances referring to proprietary names and in others using the generic. Relatively little information is given about commonly used drugs with more historical detail relating to many rarely used, obsolete, and now unavailable drugs.

The appendices include some useful information relating to signs, symbols and formulae, useful normal values and examples of classification systems. In combination they build an easily accessible *aide mémoire* that is useful, not only to the novice but also to qualified practitioners.

Criticisms aside, we recognize that the authors have produced a text that provides the target audience with a brief, quick reference tool that could prove useful to trainee operating department practitioners during their study and placements, in conjunction with more detailed reference texts.

Competing interests

The authors declare that they have no competing interests.