



Maximally accurate nomenclature

We in America were blessed (and cursed) by our former oppressors, now our closest allies, the British, with a most wonderful and exasperating language known as English. Careful attention to the definitions of words will result in (dare I say, surgical?) precision in our communication and may prevent calls for the expunging of a most precise and precisely accurate phrase as “minimal access surgery.” No less esteemed surgeon (and English speaker) than Sir Alfred Cuschieri is quite fond of the term, and with just cause.

Dr Cunningham’s observation [1] that there is little room for sloppiness in surgery is spot on, but his care in defining “minimal” but not “access” is, with all due respect, a tad sloppy. My ancient (©1983) office copy of the American Heritage Dictionary [2] defines access (from the Latin *accessus* < *accedere*, to arrive) as “1. An act or means of approaching. 2. The right to enter or use.” The more contemporary Webster’s online dictionary [3] defines it as “permission, liberty, or ability to enter, approach, communicate with, or pass to and from.” Clearly, we do indeed use minimal access (especially if we choose 2-mm instruments) sites through which we have the “ability to enter” the body to provide the maximum *exposure* Dr. Cunningham seems to be implying.

Although “minimal access surgery” does not quite roll off the tongue as smoothly as “minimally invasive surgery,” it is certainly the more accurate term: We now

perform procedures as extensive as total colectomies (and an intrepid few have performed pancreaticoduodenectomies) using the minimal access our video-assisted peritoneoscopes and instruments allow. I doubt any of us would consider either of these operations “minimally invasive” despite our work through minimal access.

References

1. Cunningham SC (2006) Minimally accurate nomenclature. *Surg Endosc* 20: 998
2. The American Heritage Dictionary (1983) Houghton Mifflin Company, New York
3. Merriam-Webster Online available at <http://www.m-w.com>

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