

**SURGICAL QUESTIONNAIRE (DEATHS) 1991/2**

QUESTIONNAIRE No. **S**

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**DO NOT PHOTOCOPY ANY PART OF THIS QUESTIONNAIRE**

**QUESTIONNAIRE COMPLETION**

The questionnaire should be completed with reference to the last operation before the death of the patient specified by the NCEPOD office. If you feel that this was not the main operation in the period before the patient's death, you may give additional information. See question 61.

The whole questionnaire will be shredded when data collection is complete. The information will be filed anonymously.

Neither the questions nor the choices for answers are intended to suggest standards of practice.

Please enclose a copy of all the relevant surgical operation notes, the postmortem reports and the postmortem request form if available. Any identification will be removed in the NCEPOD office.

Many of the questions can be answered by "yes" or "no". Please insert a tick(✓) in the appropriate box.

Where multiple choices are given, please insert the tick(s) in the appropriate box(es).

Where more details are requested for an answer, please write in **BLOCK CAPITALS**

If you wish to alter an answer, please "white" out the incorrect answer. Please do not write in amendments, which can not be accepted by the computer.

Consultants or junior staff may write to the NCEPOD office under separate cover, quoting the questionnaire number, offering any additional details which may be relevant to the understanding of the case. All original copies of correspondence will be confidential (but do not retain copies of your correspondence).

In case of difficulty, please contact the NCEPOD office on:

071-831-6430

REMINDER

**HAVE YOU ENCLOSED COPIES OF THE OPERATION AND POSTMORTEM NOTES ?**

1. Speciality of Consultant Surgeon in charge at time of final operation before death (any additional special interests may be entered under "other" below).

a	General	
b	General with special interest in Paediatric Surgery	
c	General with special interest in Urology	
d	General with special interest in Vascular Surgery	
e	General with special interest in Gastroenterology	
f	General with special interest in Endocrinology	
g	General with special interest in _____	
h	Accident and Emergency	
i	Cardiac - Paediatric	
j	Cardiac - Adult	
k	Cardiac - Mixed	
l	Thoracic	
m	Gynaecology	
n	Neurosurgery	
o	Ophthalmology	
p	Oral/Maxillofacial	
q	Orthopaedic	
r	Otorhinolaryngology	
s	Paediatric	
t	Plastic	
u	Transplantation	
v	Urology	
w	Other (Please specify) _____	

2. In which type of hospital did the last operation take place?

- a District General Hospital
- b University/Teaching Hospital
- c Surgical Specialty Hospital
- d Other Acute/Partly Acute Hospital
- e Community Hospital
- f MOD Hospital
- g Independent Hospital
- h Other (Please specify) \_\_\_\_\_

2	a	
	b	
	c	
	d	
	e	
	f	
	g	
	h	

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**

**YOU MUST NOT KEEP A COPY OF THIS QUESTIONNAIRE**

Please return it in the reply-paid envelope provided to:

NCEPOD  
 35-43 Lincoln's Inn Fields  
 LONDON  
 WC2A 3PN

**THIS QUESTIONNAIRE IS THE PROPERTY OF NCEPOD**

If you wish to inform the NCEPOD office of any other details of this case, please do so here or on a separate sheet.

**PATIENT DETAILS**

D D M M Y Y

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3. Date of birth

4. Age at final operation \_\_\_\_\_

5. Sex

5
Male
Female
a
b

6. Main diagnosis:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Final operation performed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Established cause of death:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**N.B. You may be asked for this information elsewhere on the form. NCEPOD considers it useful to record the details here in order to summarise the case.**

102. Were all the notes available?

102
Yes
No

102A. If no, which part was inadequate/unavailable?

102A	a
Pre-operative notes	
b	Operative notes
c	Postoperative notes
d	Death certificate book
e	Other notes (Please specify) _____

103. Were the nursing notes available?

103
Yes
No

104. Has the consultant surgeon seen and agreed this form?

104
Yes
No

105. Date questionnaire completed

D D M M Y Y

--	--	--	--	--	--

99A. If yes, which?

- a Consultant surgeons
- b Trainee surgeons
- c Consultant anaesthetists
- d Trainee anaesthetists
- e Skilled assistants
- f Nurses
- g ODAs
- h Porters
- i Other (Please specify) \_\_\_\_\_

99A

a
b
c
d
e
f
g
h
i

100. Who completed this questionnaire?

- a HO
- b SHO
- c Registrar
- d Staff Grade
- e Senior Registrar
- f Associate Specialist
- g Consultant
- h Other (please specify) \_\_\_\_\_

100

a
b
c
d
e
f
g
h

101. Did you have any problems in obtaining the patient's notes?

- Yes
- No

101

Yes
No

If yes, how long did they take to reach you? \_\_\_\_\_

9. Was a record of the patient's weight available?

- a Yes
- b No

9

a
b

9A. If yes, what was this weight?

\_\_\_\_\_ kg or \_\_\_\_\_ st \_\_\_\_\_ lb

9B. If no, please indicate the patient's physique.

- a Thin
- b Average
- c Obese/overweight
- d Not recorded

9B

a
b
c
d

10. Was a record of the patient's height available?

- a Yes
- b No

10

a
b

10A. If yes, what was this height?

\_\_\_\_\_ cm or \_\_\_\_\_ ft \_\_\_\_\_ in

10B. If no, please indicate the patient's estimated height.

- a Short
- b Average
- c Tall
- d Not recorded

10B

a
b
c
d

11. To which ethnic group did the patient belong?

- a White
- b West Indian/Guyanese
- c Indian/Pakistani/Bangladeshi
- d Chinese
- e African
- f Arab
- g Mixed Origin
- h Other (Please specify)

11	
a	
b	
c	
d	
e	
f	
g	
h	

**ADMISSION DETAILS**

12. Initial admission intention for the last operation performed:

- a **Elective** - at a time agreed between patient and surgical service
- b **Urgent** - within 48 hours of referral/ consultation
- c **Emergency** - immediately following referral/consultation, when admission is unpredictable and at short notice because of clinical need.

12	
a	
b	
c	

Please specify the following dates:

13. Date of initial referral for condition leading to final operation (eg date on letter of referral):

												13
--	--	--	--	--	--	--	--	--	--	--	--	----

D D M M Y Y

14. Date of first consultation following referral:

												14
--	--	--	--	--	--	--	--	--	--	--	--	----

D D M M Y Y

95. Was the pathological information given useful, ie did it contribute additional information to the understanding of the patient's illness?

95	
Yes	
No	

If not, why not?

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96. Who performed the postmortem?

- a Specialist pathologist (eg. Neuropathologist)
- b Consultant pathologist
- c Junior pathologist

96	
a	
b	
c	

97. Are you aware of any other specialty of the pathologist involved? (eg. Haematology, Microbiology, Biochemistry, etc)

97	
Yes	
No	

If yes, please specify:

---

98. Has this death been considered, (or will it be considered) at a local audit/quality control meeting?

98	
Yes	
No	

99. Was there a shortage of personnel in this case?

99	
Yes	
No	

91A. If a surgeon did not attend the postmortem, why not?

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92. Did the consultant surgeon and his/her team receive a copy of the postmortem report?

92

Yes	
No	

93. What was the date of the first written information received about any postmortem?

						93
--	--	--	--	--	--	----

D D M M Y Y

94. Please list what you regard as the relevant findings of the postmortem (not a copy of the death certificate).

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15. Decision to operate:

						15
--	--	--	--	--	--	----

D D M M Y Y

Time

						15A
--	--	--	--	--	--	-----

(use 24 hour clock)

16. Date of admission to hospital in which final operation took place:

						16
--	--	--	--	--	--	----

D D M M Y Y

Time

						16A
--	--	--	--	--	--	-----

(use 24 hour clock)

16A. Admission

- a Weekday (ie Monday to Friday)
- b Weekend (ie Saturday or Sunday)
- c Public Holiday
- d Extra-statutory Holiday (NHS)

16A

	a
	b
	c
	d

### ELECTIVE ADMISSIONS

If the patient was admitted on an urgent or emergency basis please move straight to Q24.

17. Date placed on waiting list:

										17
--	--	--	--	--	--	--	--	--	--	----

D D M M Y Y

18. Was the patient's category as an elective admission appropriate (bearing in mind subsequent events)?

18

Yes	
No	

19. If the patient waited longer than six months, was his/her clinical status reassessed in a pre-admission clinic prior to admission?

a Yes

b No

19

	a
	b

**PLEASE SEND A COPY OF ALL POSTMORTEM REPORTS AND  
POSTMORTEM REQUEST FORM IF AVAILABLE**

20. Was this patient initially intended as an elective day case? (see definition below)

Yes	20
No	

**Definition**

**A surgical day case is a patient who is admitted for investigation or operation on a planned non-resident basis (ie no overnight stay).**

21. Had this patient's admission ever been cancelled on a previous occasion as a result of a lack of resources (ie not a patient imposed delay)?

Yes	21
No	

If yes, please explain.

22. Was the outcome in this case altered by the time spent on the waiting list?

Yes	22
No	

If yes, please explain.

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89. Was a hospital postmortem refused?

Yes	89
No	

89A. If yes, by whom?

- a Relative
- b Pathologist
- c Other (Please specify)

a	89A
b	
c	

**N.B. If a postmortem was not performed, please move to Q98.**

90. Was the surgical team informed of the date and time of postmortem?

Yes	90
No	

91. Which member of the surgical team attended the postmortem?

- a HO
- b SHO
- c Registrar
- d Staff Grade
- e Senior Registrar
- f Associate Specialist
- g Consultant
- h Other (please specify)

a	91
b	
c	
d	
e	
f	
g	
h	
i	

i None of the above



87. Was the death reported to the coroner?

87

Yes
No

23. Did any out-patient investigations impose an undesirable delay in setting a date for surgery?

23

Yes
No

If yes, please explain.

87A. If yes, was an autopsy ordered (and performed) under the coroner's authority?

87A

Yes
No

88. Was a hospital postmortem requested?

88

Yes
No

If no, why not?

88A. If yes, who requested the postmortem permission from the relatives?

88A

a HO
b SHO
c Registrar
d Senior Registrar
e Associate Specialist
f Consultant
g Other (Please specify)

Now move to Q26.

**URGENT AND EMERGENCY ADMISSIONS**

If the patient was admitted on an elective basis please move straight to Question 26.

24. Was there any delay in REFERRAL on this occasion?

24

Yes
No

24A. If yes, was the delay:

24A

a Doctor related
b Patient related
c Other (Please specify)

25. Was there any delay in ADMITTING the patient?

25

Yes
No

25A. If yes, was the delay due to:

25A

a Lack of resources (Please specify)
b Surgical staff committed elsewhere
c Non-medical staff shortages
d Other (Please specify)

NCEPOD use

25B. Did this delay affect the outcome?

Yes	25B
No	

**REFERRAL DETAILS**

26. Source of referral:

a General Medical Practitioner	26
b General Dental Practitioner	
c A/E department	
d Out-patient follow-up clinic	
e Transfer from another hospital	
f Other specialty	
g Self referral by patient	
h Own specialty	
i Other (please specify) _____	

27. Was the patient transferred from another department within the hospital where the operation took place?

Yes	27
No	

If yes, give date and time of transfer to surgical team:

Date 

--	--	--	--	--	--

 27A Time 

--	--	--	--

 27B  
(use 24 hour clock)  
D D M M Y Y

**N.B.** If the patient was transferred as an in-patient from another hospital, the option 'e' in Q26, answer Q28 to Q31 below, otherwise go directly to Q32.

86. **CAUSE OF DEATH** (this is a facsimile of the death certificate: please complete it accordingly).

I (a) Disease or condition directly leading to death

(b) Other disease or condition, if any, leading to I(a)

(c) Other disease or condition, if any leading to I(b)

**II** Other significant conditions **CONTRIBUTING TO THE DEATH** but not related to the disease or condition causing it

84. Was cardiopulmonary resuscitation attempted?

84

Yes	
No	

If not, why not?

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85. What was the immediate clinical cause of death? (This need not be a duplication of the death certificate.)

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28. Location of referring hospital:

- a non-NHS
- b same District (or Health Board)
- c same Region
- d outside Region
- e overseas
- f other (Please specify)

28

a
b
c
d
e
f

29. Type of referring hospital:

- a District General Hospital
- b University/Teaching Hospital
- c Surgical Specialty Hospital
- d Other Acute/Partly Acute Hospital
- e Community Hospital
- f MOD Hospital
- g Independent Hospital
- h Other (Please specify)

29

a
b
c
d
e
f
g
h

30. Why was the patient transferred?

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31. Did the patient's condition deteriorate during transfer?

31

Yes	
No	

32. Was the patient's transfer to another hospital ever considered?

Yes	
No	

**DEATH**

81. Date of death

D	D	M	M	Y	Y

81

33. If transfer was considered desirable, why was it not undertaken?

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81A. a Weekday

b Weekend

c Public holiday

d Extra-statutory holiday (NHS)

81A	
a	
b	
c	
d	

34. To what type of area was the patient first admitted? (see definitions)

a	Medical ward	
b	Coronary care unit (CCU)	
c	Geriatric ward	
d	Surgical ward	
e	Mixed medical/surgical ward	
f	Gynaecological/obstetric ward	
g	Admission ward	
h	Day unit	
i	HDU (see definition)	
j	ICU (see definition)	
k	A/E holding area (or other emergency admission ward)	
l	Direct to theatre	
m	Other (please specify)	

82. Time of death.

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(use 24 hour clock)

83. Place of death

a Theatre

b Recovery room.

c Ward

d ICU/HDU

e CCU

f Home

g Another hospital

h Other (Please specify)

83	
a	
b	
c	
d	
e	
f	
g	
h	

- s Orthopaedic prosthetic complication
- t Pressure sores
- u Peripheral ischaemia
- v Urinary tract infection
- w Urinary retention/Catheter blockage
- x Ureteric injury/fistula
- y Nutritional problems
- z Other (Please specify)

s
t
u
v
w
x
y
z

80. Was mechanical ventilation employed postoperatively?

80

Yes
No

80A. Is this your usual practice in this type of procedure?

80A

Yes
No

80B. If mechanical ventilation was employed, were there any complications with it?

80B

Yes
No

If yes, please explain:

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**Definitions**

A high dependency unit (HDU) is an area for patients who require more intensive observation and/or nursing than would be expected on a general ward. Patients who require mechanical ventilation or other organ support would not be admitted to this area.

An intensive care unit (ICU) is an area to which patients are admitted for treatment of actual or impending organ failure who may require technological support (including mechanical ventilation of the lungs and/or invasive monitoring).

35. Was the patient initially admitted to an adult or paediatric ward?

a Adult

b Paediatric

35

a
b

36. Was the site of admission appropriate for the patient's condition?

36

Yes
No

If no, please explain

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37. Was care undertaken on a formal shared basis with another specialty?

37

Yes
No

If yes, please specify

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38. Who made the working diagnosis? (This can be a multiple entry - please put a tick in each appropriate box).

Please tick the second column if a locum.

a General Practitioner (Medical or Dental)	a		
b HO	b		
c SHO	c		
d Registrar	d		
e Senior Registrar	e		
f Consultant	f		
g Staff Grade	g		
h Clinical Assistant	h		
i Associate Specialist	i		
j Other (please specify) _____	j		

38

39. Which grade of surgeon made the final decision to operate?

Please tick the second column if a locum.

a HO	a		
b SHO	b		
c Registrar	c		
d Senior Registrar	d		
e Consultant	e		
f Staff Grade	f		
g Clinical Assistant	g		
h Associate Specialist	h		
i Other (please specify) _____	i		

39

79. Were there any postoperative complications?

Yes	a
No	b

79

If yes, which of the following?

a Haemorrhage/postoperative bleeding requiring transfusion	a	
b Upper respiratory obstruction	b	
c Respiratory distress	c	
d Generalised sepsis	d	
e Wound infection	e	
f Wound dehiscence	f	
g Anastomotic failure	g	
h Low cardiac output	h	
i Cardiac arrest	i	
j Hepatic failure	j	
k Renal failure	k	
l Endocrine system failure	l	
m Stroke or other neurological problems	m	
n Persistent coma	n	
o Other organ failure (Please specify)	o	

79A

p Problems with analgesia	p	
q DVT and/or pulmonary embolus	q	
r Fat embolus	r	

Continued . . .

76. What were the indications for the admission to ICU/HDU? (This can be multiple entry).

- a Specialist nursing
- b Presence of experienced intensivists
- c General monitoring
- d Metabolic monitoring
- e Ventilation
- f Surgical complications
- g Anaesthetic complications
- h Co-incident medical diseases
- i Inadequate nursing on general wards
- j Transfer from hospital without facilities
- k Other (Please specify)

76	a	
	b	
	c	
	d	
	e	
	f	
	g	
	h	
	i	
	j	
	k	

40. What was the grade of the most senior surgeon consulted before the operation?

Please tick the second column if a locum.

- a HO
- b SHO
- c Registrar
- d Senior Registrar
- e Consultant
- f Staff Grade
- g Clinical Assistant
- h Associate Specialist
- i Other (please specify)

		Locum
a		
b		
c		
d		
e		
f		
g		
h		
i		

40

41. Please record all surgical staff who took history before operation but after admission (this can be multiple entry).

Please tick the second column if a locum.

- a HO
- b SHO
- c Registrar
- d Senior Registrar
- e Consultant
- f Staff Grade
- g Clinical Assistant
- h Associate Specialist
- i Other (please specify)

		Locum
a		
b		
c		
d		
e		
f		
g		
h		
i		

41

77. Discharge from ICU/HDU was due to:

- a Elective transfer to ward
- b Pressure on beds
- c Death
- d Other (Please specify)

77	a	
	b	
	c	
	d	

78. Was the patient subsequently readmitted to an ICU/HDU etc?

78	a	
	b	

Yes  
No

If yes, please give details.

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42. Please record all surgical staff who **examined** the patient before operation but after admission (this can be multiple entry).

Please tick the second column if a locum.

a	HO	a		
b	SHO	b		
c	Registrar	c		
d	Senior Registrar	d		
e	Consultant	e		
f	Staff Grade	f		
g	Clinical Assistant	g		
h	Associate Specialist	h		
i	Other (please specify) _____	i		

42

43. Working diagnosis by most senior member of surgical team.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

44. What operation was proposed by the most senior member of the surgical team?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

72. Was the patient admitted immediately to an ICU or HDU postoperatively?

- a ICU
- b HDU
- c Neither of the above

	a
	b
	c

72

73. If **neither**, was the patient admitted to an ICU/HDU after an initial period on a routine postoperative ward ?

After how many days postoperatively? \_\_\_\_\_ days

Yes	
No	

73

**N.B.** If the answer to either Q72 or Q73 was negative, then please answer question 74 and then proceed directly to Q79. If the answer to either question was yes, then please answer all the following questions.

74. Were you at any time unable to transfer the patient into an ICU/HDU within the hospital in which the surgery took place?

Yes	a
No	b

74

If yes, why?

\_\_\_\_\_

75. Were the ICU/HDU facilities adequate?

Yes	
No	

75

If no, what was inadequate?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



70. Were facilities for resuscitation, including airway management, immediately available during this procedure?

70

Yes	
No	

**POSTOPERATIVE PROGRESS**

71. Which of the following are available in the hospital in which the final operation took place (see definitions below):

71

a Theatre recovery area	a
b Adult ICU	b
c Adult HDU	c
d Paediatric ICU/HDU	d
e None of the above	e

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

1. A **recovery area** is an area to which patients are admitted from an operating room, where they remain until consciousness is regained and ventilation and circulation are stable.
2. A **high dependency unit (HDU)** is an area for patients who require more intensive observation and/or nursing care than would normally be expected on a general ward. Patients who require mechanical ventilation or other organ support would not be admitted to this area.
3. An **intensive care unit (ICU)** is an area to which patients are admitted for treatment of actual or impending organ failure who may require technological support (including mechanical ventilation of the lungs and/or invasive monitoring).

45. What was the immediate indication for the proposed operation?

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46. Co-existing problems at time of final surgery (specify disorder in space next to category). Please put a tick in each appropriate box.

46

a Respiratory	
b Cardiac	
c Renal	
d Haematological	
e Gastrointestinal	
f Vascular	
g Sepsis	
h Neurological	
i Endocrine (including diabetes mellitus)	
j Musculoskeletal	
k Psychiatric	
l Alcohol-related problems	
m Drug addiction	
n Genetic abnormality	
o Other (Please specify)	

47. ASA class (see definition below)

47
1
2
3
4
5

**American Society Of Anesthesiology (A.S.A.) Classifications Of Physical Status**

**Class 1**

This patient has no organic, psychological or psychotic disturbance. The pathological process for which operation is to be performed is localised and does not entail a systemic disturbance.

**Class 2**

Mild to moderate systemic disturbance or distress caused by either the condition to be treated surgically or by other pathophysiological processes.

**Class 3**

Severe systemic disturbance or disease from whatever cause, even though it may not be possible to define the degree of disability with finality.

**Class 4**

Severe systemic disorders that are already life threatening, not always correctable by operation.

**Class 5**

The moribund patient who has little chance of survival but is submitted to operation in desperation.

48. What was the anticipated risk of death related to the proposed operation?

- a Not expected
- b Small but significant risk
- c Definite risk
- d Expected

48
a
b
c
d

**LOCAL/REGIONAL ANAESTHESIA OR SEDATION**

67. Was local/regional anaesthesia or sedation administered by the operating surgeon at any time during the procedure?

67
Yes
No

If no, go to Q71

If yes, what was the main drug/agent used?

What dosage was administered?

68. Was any other drug administered with the local anaesthetic?

68
Yes
No

If yes, please describe.

69. If the procedure was performed **solely** under local anaesthetic or sedation administered by the surgeon, which of the following were recorded during or immediately after the procedure?

- a Blood pressure.
- b Pulse
- c ECG
- d Pulse oximetry
- e Other (please specify) \_\_\_\_\_
- f None

69
a
b
c
d
e
f

64. Duration of operation (not including anaesthetic time)  
 \_\_\_\_\_ hrs \_\_\_\_\_ mins

**Cardiac cases only:**

Ischaemic Time  
 \_\_\_\_\_ hrs \_\_\_\_\_ mins

65. Was the time taken acceptable?  
 Yes 


  
 No 


66. Were there any unanticipated intra-operative problems?  
 Yes 


  
 No 


If **yes**, please specify.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

48A. If death was expected, specify the anticipated benefit of the operation.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRE-OPERATIVE PREPARATION**

49. What precautions or therapeutic manoeuvres were undertaken pre-operatively (excluding anaesthetic room management) to ensure adequate physiological function?

Enter a tick in each appropriate box.

- a Pulse rate recording
- b Blood pressure recording
- c Respiratory rate recording
- d Temperature
- e Central venous pressure measurement
- f Cardiac support drugs or antidysrhythmic agents
- g Gastric aspiration
- h Intravenous fluids
- i Correction of hypovolaemia
- j Urinary catheterisation
- k Blood transfusion
- l Diuretics
- m Anticoagulants
- n Vitamin K
- o Antibiotics (pre or intraoperative)
- p Bowel preparation (specify method used)
- q Chest physiotherapy

49	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	

continued...

- r Oxygen therapy
- s Blood gas analysis
- t Pulse oximetry
- u Airway protection (eg in unconscious patients)
- v Tracheal intubation
- w Mechanical ventilation
- x Nutritional support
- y DVT prophylaxis  
(please specify method used) \_\_\_\_\_
- z Others (please specify) \_\_\_\_\_
- N None

50. If no DVT prophylaxis was used, is this your usual policy?

50	
Yes	a
No	b

51. Was emergency radiology (including CT scanning) readily accessible?

51	
Yes	
No	

If no, please explain

52. Did the patient's medication (excluding premedication) influence the outcome?

52	
Yes	
No	

If yes, please explain :

62. Classify the final operation (see definitions below and choose the category most appropriate to the case).

- a Emergency
- b Urgent
- c Scheduled
- d Elective

**Definitions**

- a **Emergency**  
Immediate life-saving operation, resuscitation simultaneous with surgical treatment (eg trauma, ruptured aortic aneurysm). Operation usually within one hour.
- b **Urgent**  
Operation as soon as possible after resuscitation (eg irreducible hernia, intussusception, oesophageal atresia, intestinal obstruction, major fractures). Operation usually within 24 hours.
- c **Scheduled**  
An early operation but not immediately life saving (eg malignancy). Operation usually within 3 weeks.
- d **Elective**  
Operation at a time to suit both patient and surgeon (eg cholecystectomy, joint replacement).

63. In view of your answer to Q62, was there any delay due to factors other than clinical?

62	
a	
b	
c	
d	

If yes, please specify:

63	
Yes	
No	

**N.B. Please include a copy of all operation notes. If the final operation is one of a sequence please send copies of preceding operation notes, numbered in sequence, and include any comments you wish to make about the relevance of these preceding operations to the final outcome. Identification will be removed at the NCEPOD office.**

61. Multiple operations. If this operation was the most recent in a sequence or was preceded by a minor procedure, please list the other procedures.

Operation	Date	Specialty of Operating Surgeon
a _____	_____	_____
_____	_____	_____
_____	_____	_____
b _____	_____	_____
_____	_____	_____
_____	_____	_____
c _____	_____	_____
_____	_____	_____
_____	_____	_____
d _____	_____	_____
_____	_____	_____
_____	_____	_____

53. Date of start of final operation before death:

										53
D	D	M	M	Y	Y					

53A. Please circle day: M T W Th F Sa Sun

53B. Was this,  
 a Public Holiday  
 b Extra-statutory Holiday (NHS)  
 c Neither

53B	a	
	b	
	c	

53C. Time of start of operation:  
 (not including anaesthetic time)

						53C
(use 24 hour clock)						

53D. Out of hours operations only:  
 Would this operation have been done during the routine list time if operating theatre space had been available?

53D	Yes	a
	No	b

If yes, please specify.

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54. What was the grade of the most senior operating surgeon? Please tick the second column if a locum.

a HO		a		Locum
b SHO		b		
c Registrar		c		
d Staff Grade		d		
e Senior Registrar		e		54
f Clinical Assistant		f		
g Associate Specialist		g		
h Consultant		h		
i Other (please specify)		i		

55. How long had this surgeon spent in this grade in this specialty?

\_\_\_\_\_ yrs \_\_\_\_\_ mths

56. How many similar procedures had this surgeon performed in the last year? (if not known, please enter an estimate)

\_\_\_\_\_ procedures

57. Was a more senior surgeon immediately available, ie in the operating room/suite?

57	
Yes	
No	

If yes, please specify grade and location.

Grade \_\_\_\_\_

Location \_\_\_\_\_

58. Diagnosis established at operation:

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59. Final operation undertaken:

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60. If the operation was different to that proposed, please explain.

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