

National Confidential Enquiry into Perioperative Deaths
35-43 Lincoln's Inn Fields, London, WC2A 3PN

SURGICAL QUESTIONNAIRE (INDEX CASE) 1991/2

QUESTIONNAIRE No.

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DO NOT PHOTOCOPY ANY PART OF THIS QUESTIONNAIRE

QUESTIONNAIRE COMPLETION

Please refer to the covering letter for details of the appropriate operation.

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. 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 A COPY OF THE OPERATION NOTES ?

1. Specialty of Consultant Surgeon in charge at time of operation (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) _____

1
a
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o
p
q
r
s
t
u
v
w

2. In which type of hospital did the 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

PATIENT DETAILS

D D M M Y Y

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

3. Date of birth

4. Age at operation _____

5. Sex

	5
Male	a
Female	b

6. Main diagnosis:

7. Operation performed:

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.

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

- a Yes
- b No

8

a
b

8A. If **yes**, what was this weight?

_____ kg or _____ st _____ lb

8B. If **no**, please indicate the patient's physique.

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

8B

a
b
c
d

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

- a Yes
- b No

9

a
b

9A. If **yes**, what was this height?

_____ cm or _____ ft _____ in

9B. If **no**, please indicate the patient's estimated height.

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

9B

a
b
c
d

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.

10. 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)

10	
a	
b	
c	
d	
e	
f	
g	
h	

ADMISSION DETAILS

11. Initial admission intention for the 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.

11	
a	
b	
c	

Please specify the following dates:

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

D	D	M	M	Y	Y

12

13. Date of first consultation following referral:

D	D	M	M	Y	Y

13

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

Yes	
No	

87

If **yes**, how long did they take to reach you? _____

88. Were all the notes available?

Yes	
No	

88

88A. If **no**, which part was inadequate/unavailable?

- a Pre-operative notes
- b Operative notes
- c Postoperative notes
- d Other notes (Please specify) _____

88A	
a	
b	
c	
d	

89. Were the nursing notes available?

Yes	
No	

89

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

Yes	
No	

90

91. Date questionnaire completed

D	D	M	M	Y	Y

OTHER INFORMATION

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

85

Yes	
No	

85A. 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) _____

86. 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) _____

14. Decision to operate:

D	D	M	M	Y	Y	14	Time				

(use 24 hour clock) 14A

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

D	D	M	M	Y	Y	15	Time				

(use 24 hour clock) 15A

16. Admission day

- a Weekday (ie Monday to Friday)
 - b Weekend (ie Saturday or Sunday)
 - c Public Holiday
 - d Extra-statutory Holiday (NHS)
- 16
- | | |
|--|---|
| | 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:

D	D	M	M	Y	Y	17			

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?

19

a Yes	
b No	

s
t
u
v
w
x
y
z

- 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)

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:

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

23

Yes
No

If **yes**, please explain.

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

a
b

Yes
No

24A. If **yes**, was the delay:

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

24A

a
b
c

25. Was there any delay in **ADMITTING** the patient?

25

a
b

Yes
No

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

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

25A

a
b
c
d

25B. Did this delay affect the outcome?

Yes	
No	

REFERRAL DETAILS

26. Source of referral:

- a General Medical Practitioner
- 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)

26	
a	
b	
c	
d	
e	
f	
g	
h	
i	

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

27	
Yes	
No	

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

Date

--	--	--	--	--

 27A Time

--	--	--	--

 27B
(use 24 hour clock)

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

79. Were there any postoperative complications?

79	
Yes	
No	

If **yes**, which of the following?

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

79A	
a	
b	
c	
d	
e	
f	
g	
h	
i	
j	
k	
l	
m	
n	
o	

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

p	
q	
r	

Continued

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

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

76

77. Discharge from ICU/HDU was due to:

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

77

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

Yes	a
No	b

78

If **yes**, please give details.

28. Location of referring hospital:

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

28

29. Type of referring hospital:

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

29

30. Why was the patient transferred?

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

Yes	
No	

31

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

32
Yes
No

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

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

a	Medical ward	34
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)	

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

72	
a	ICU
b	HDU
c	Neither of the above

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

73
Yes
No

After how many days postoperatively? _____ days

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?

74
Yes
No

If **yes**, why?

75. Were the ICU/HDU facilities adequate?

75
Yes
No

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 operation took place (see definitions below):

71	a				
	b	c	d	e	

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

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).

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?

35	a	
	b	Paediatric

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

36		
	Yes	No

If **no**, please explain

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

37		
	Yes	No

If **yes**, please specify

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		

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		

LOCAL/REGIONAL ANAESTHESIA OR SEDATION

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

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?

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	a	
b Pulse	b	
c ECG	c	
d Pulse oximetry	d	
e Other (please specify) _____	e	
f None	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.

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

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

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			Locum
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?

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

a Emergency		a			62
b Urgent		b			
c Scheduled		c			
d Elective		d			

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?

	63
Yes	
No	

If **yes**, please specify:

N.B. Please include a copy of all operation notes. If the operation is one of a sequence please send copies of preceding operation notes, numbered in sequence, and include any comments you wish to make. 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 _____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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) _____	_____
p None of the above _____	_____

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

58. Diagnosis established at operation:

59. Operation undertaken:

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

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

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

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

_____ 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 _____

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	

continued . . .

