



Summary of the 1994/95 Report

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Sample group

The detailed sample for 1994/95 was the first perioperative death within three calendar days of surgery reported for each consultant surgeon or gynaecologist.

Recommendations

- Essential services (high dependency and intensive care beds) are still inadequate and resources need to be increased to correct deficiencies.
- Communication between specialists and between grades needs to be more frequent and more effective.
- There are special circumstances of patients (those over 90 years of age, those with aortic stenosis, those who need radical pelvic surgery, those who need transfer to neurosurgical units and those for emergency vascular operations) which require special individual attention by consultant anaesthetists and consultant surgeons.
- Organisation for effective clinical audit still needs to be improved in all disciplines but particularly in gynaecology and ophthalmology.
- Clinical records and data collection still need to be improved.
- The abilities of locums should be ascertained before appointments are made.

Key points in anaesthesia

- **SHOs working alone**
Everyone needs to pay even more attention to all aspects of training, experience and responsibility of SHOs.
- **Deaths inpatients aged 90 years or over**
The special requirements for anaesthesia in the elderly must be remembered.
- **Aortic stenosis**
The well recognised risks of anaesthesia for patients with this condition need to be re-emphasised.
- **Problems in obtaining blood products**
Organisational problems in the provision of blood and blood products persist.
- **ICU and HDU beds**
The provision for ICU and HDU care was still inadequate.

Key points in surgery (specialty issues)

Radical pelvic surgery

- Deliberation about individual cases, including multidisciplinary discussion, should occur before embarking on this type of surgery.

Transfer to neurosurgical units

- There are recent recommendations for the management of an urgent transfer of head -injured patients to neurosurgical units; these should be widely circulated and adopted.

Emergency vascular surgery

- Thirty-six per cent of emergency vascular procedures were done by non-vascular surgeons. This should be remedied.

Key points in surgery (general issues)

Data collection

- Surgeons should aim to complete and return all NCEPOD surgical questionnaires in order to improve the overall current return rate of 76%.

Critical care services for paediatric surgery

- Wherever children with major injuries are admitted, or major paediatric surgery is performed, there needs to be an adequate provision of dedicated paediatric critical care services (ICU/HDU).

Provision for ICU and HDU care

- There needs to be a commitment to continue resourcing essential services to support surgery.

Communication between grades

- Surgical trainees must at all times discuss cases with their consultants prior to surgery.

Communication between specialties

- Patients should not undergo operative intervention until there has been appropriate appraisal of risks and a discussion between surgeons and anaesthetists.

Clinical audit

- Audit should be applied more widely and effectively. This is particularly so in specialties where audit activity was low e.g. gynaecology (54%) and ophthalmology (36%).

Locums

- Clinical directors and individual consultants ought to make efforts to assure themselves of the abilities of locums and keep appropriate records.

Key points in pathology

- The rate of referral of perioperative deaths to the Coroner has increased substantially.
- A higher rate of requesting hospital consent postmortem examinations would have beneficial effects for clinical audit and education.
- Eighty-eight percent of postmortem examination reports were graded as satisfactory or better.
- The cranial cavity should be examined in all postmortem examinations, and a clinicopathological correlation provided.
- The efficiency of transmission of postmortem examination reports to the clinical team must be improved, and liaison with the Coroner's office is essential.

General data issues

- Lost notes continue to be a major problem.
- The return rate of anaesthetic and surgical questionnaires was 76%; regional rates of return ranged from 53% to 100%.