

EXTREMES

of age

*The 1999 Report of the National Confidential Enquiry
into Perioperative Deaths*

Data collection period 1 April 1997 to 31 March 1998

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The analysis of data from anaesthetic and surgical questionnaires is not included in full in this report. A supplement containing additional data, and copies of the questionnaires, is available free of charge from the NCEPOD office.

Throughout this Report AQ and SQ are used to denote the anaesthetic or surgical question from which the data was obtained.

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- The Advisors whose names are listed overleaf.
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DEDICATION



This Report is dedicated to the memory of Brendan Devlin, one of the original pioneers responsible for setting up the Enquiry, who sadly died in December 1998.

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<i>General issues</i>	58	General surgery	86
Patient profile	58	Consultant involvement	86
Age	58	ASA status	87
Procedures	58	Delays in referral or admission	87
Preoperative status	58	Preoperative preparation	87
Time of death	60	Femoral hernia	88
Hospitals, facilities and staffing	60	Femoral hernia in the elderly today	88
Type of hospital	60	Incidental hernia	89
Facilities	61	Diagnosis of intestinal obstruction	
Recovery facilities	61	in the elderly	89
Intensive care and high dependency units	61	Laparotomy for disseminated malignancy	89
General surgical emergency and		Bowel resection	90
orthopaedic trauma lists	62	Denominator figures	91
Staffing	62	Thromboembolic prophylaxis	91
Delays before operation	62	Audit	91
Audit	64	Pathways of care	91
Special clinical problems	65	Urology	92
Operative hypotension	65	Neurosurgery	93
Postoperative fluid management	68	Vascular surgery	93
Audit	69	Leaking abdominal aortic aneurysm	94
Patients	69	Embolectomy	94
Monitoring	69	Success of embolectomy and	
Documentation	69	specialty of surgeon	94
Management and training	70	Amputation	95
Patient location	70	Surgical consultant involvement	95
Fluid chart documentation	71	Anaesthetic consultant involvement	95
<i>Specific issues</i>	72	Decision-making	95
Anaesthesia	72	Thromboembolic prophylaxis	95
Non-training anaesthetic appointments	72	High dependency units	95
The role of the staff grade anaesthetist	72	Audit	95
Locum anaesthetists	73	Other specialties	96
Matching the seniority of the		Gynaecology	96
anaesthetist to the patient	74	Ophthalmology	96
Pain relief in the elderly	75	Oral and maxillofacial surgery	96
Pain service	75	Otorhinolaryngology	96
Pain charts documentation	75	Plastic surgery	97
Non-steroidal anti-inflammatory drugs	76	Cardiothoracic surgery	97
Postoperative respiratory complications	78	<i>Pathology</i>	98
Orthopaedic surgery	80	General	98
Perioperative care	80	The postmortem examination report	98
Training	80	Clinical history	98
Seniority	81	Description of external appearances	98
Delay and organisation of trauma lists	82	Gross description of internal organs	98
Urinary catheterisation	83	Description of the operation site	98
Management of impacted intracapsular		Postmortem histology	98
fractures	83	Summary of lesions	99
Deaths due to cement reaction	84	Clinicopathological correlation and	
Thromboembolic prophylaxis	84	OPCS cause of death	99
Audit	85	Overall score for postmortem examinations	99
		Attendance of the surgical team at	
		the postmortem	100

Communication of the postmortem result to the surgical team	100
Cause of death assigned by pathologist	101
Gastrointestinal complications	102
Comment	102

REFERENCES	103
-------------------------	-----

APPENDICES	107
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A Glossary	107
B Abbreviations	109
C NCEPOD corporate structure	111
D Data collection and review methods	113
E Local Reporters	115
F Participants (anaesthetists)	125
G Participants (surgeons and gynaecologists)	129

TABLES, FIGURES AND QUESTIONS

1 GENERAL DATA

General data analysis

Figure 1.1:	Total deaths reported	3
Table 1.1:	Inappropriate reports received and excluded	3
Table 1.2:	Deaths reported to NCEPOD by region	4
Figure 1.2:	Calendar days from operation to death	4
Figure 1.3:	Age/sex distribution of reported deaths	5
Table 1.3:	Calendar days between death and receipt of report by NCEPOD	5

Sample groups for detailed review

Figure 1.4:	Selection of sample groups	5
Figure 1.5:	Distribution, return and analysis of questionnaires <i>(less than 16 years)</i>	6
Table 1.4:	Reasons for exclusion of surgical questionnaires from analysis <i>(less than 16 years)</i>	6
Table 1.5:	Reasons for exclusion of anaesthetic questionnaires from analysis <i>(less than 16 years)</i>	6
Figure 1.6:	Reasons for non-return of surgical questionnaires <i>(less than 16 years)</i>	6
Figure 1.7:	Reasons for non-return of anaesthetic questionnaires <i>(less than 16 years)</i>	7
Table 1.6:	Distribution, return and analysis of questionnaires by region <i>(less than 16 years)</i>	7
Figure 1.8:	Distribution, return and analysis of questionnaires <i>(90 years and over)</i>	8
Table 1.7:	Reasons for exclusion of surgical questionnaires from analysis <i>(90 years and over)</i>	8
Table 1.8:	Reasons for exclusion of anaesthetic questionnaires from analysis <i>(90 years and over)</i>	8
Figure 1.9:	Reasons for non-return of surgical questionnaires <i>(90 years and over)</i>	8
Figure 1.10:	Reasons for non-return of anaesthetic questionnaires <i>(90 years and over)</i>	9
Table 1.9:	Distribution, return and analysis of questionnaires by region <i>(90 years and over)</i>	9

Distribution and return rates for the total sample group

Table 1.10:	Regional distribution, return and analysis rates <i>(total sample)</i>	10
Table 1.11:	Reasons given for non-return of questionnaires <i>(total sample)</i>	11
Table 1.12:	Reasons given for non-return of surgical questionnaires by region	11
Table 1.13:	Reasons given for non-return of anaesthetic questionnaires by region	11

2 CHILDREN

General Issues

Who anaesthetises and who operates on children?

Table 2.1:	Departmental data	17
Table 2.2:	Consultant anaesthetists by region: "Do you ever anaesthetise children aged 15 or under?"	17
Table 2.3:	Number of consultants anaesthetising children in different age groups	18
Figure 2.1:	Percentage of consultant anaesthetists (based on returned questionnaires) anaesthetising infants of less than six months grouped by number of cases anaesthetised	18
Table 2.4:	Consultant surgeons by region: "Do you, or your junior staff, ever operate on children aged 15 or under?"	19
Question 2.1:	A&E consultants (and teams) who operate on children	19
Table 2.5:	Number of A&E consultants (and teams) operating on children in different age groups	19
Figure 2.2:	Percentage of A&E consultants and teams (based on returned questionnaires) operating on infants of less than six months grouped by number of cases treated	19
Question 2.2:	Consultant orthopaedic surgeons (and teams) who operate on children	20
Table 2.6:	Number of consultant orthopaedic surgeons (and teams) operating on children in different age groups	20
Figure 2.3:	Percentage of consultant orthopaedic surgeons and teams (based on returned questionnaires) operating on infants of less than six months grouped by number of cases treated	20
Question 2.3:	Consultant general surgeons (and teams) who operate on children	20

Table 2.7:	Number of consultant general surgeons (and teams) operating on children in different age groups	20	Question 2.11:	Consultant urologists (and teams) who operate on children	24
Figure 2.4:	Percentage of consultant general surgeons and teams (based on returned questionnaires) operating on infants of less than six months grouped by number of cases treated	21	Table 2.15:	Number of consultant urologists (and teams) operating on children in different age groups	24
Question 2.4:	Consultant oral/maxillofacial surgeons (and teams) who operate on children	21	Figure 2.10:	Percentage of consultant urologists and teams (based on returned questionnaires) operating on infants of less than six months grouped by number of cases treated	24
Table 2.8:	Number of consultant oral/maxillofacial surgeons (and teams) operating on children in different age groups	21	Question 2.12:	Consultant plastic surgeons (and teams) who operate on children	24
Figure 2.5:	Percentage of consultant oral/maxillofacial surgeons and teams (based on returned questionnaires) operating on infants of less than six months grouped by number of cases treated	21	Table 2.16:	Number of consultant plastic surgeons (and teams) operating on children in different age groups	25
Question 2.5:	Consultant dental surgeons (and teams) who operate on children	21	Question 2.13:	Consultant thoracic surgeons (and teams) who operate on children	25
Table 2.9:	Number of consultant dental surgeons (and teams) operating on children in different age groups	21	Table 2.17:	Number of consultant thoracic surgeons (and teams) operating on children in different age groups	25
Question 2.6:	Consultant otorhinolaryngologists (and teams) who operate on children	22	Question 2.14:	Consultant vascular surgeons (and teams) who operate on children	25
Table 2.10:	Number of consultant otorhinolaryngologists (and teams) operating on children in different age groups	22	Table 2.18:	Number of consultant vascular surgeons (and teams) operating on children in different age groups	25
Figure 2.6:	Percentage of consultant otorhinolaryngologists and teams (based on returned questionnaires) operating on infants of less than six months grouped by number of cases treated	22	Question 2.15:	Consultant transplant surgeons (and teams) who operate on children	25
Question 2.7:	Consultant gynaecologists (and teams) who operate on children	22	Table 2.19:	Number of consultant transplant surgeons (and teams) operating on children in different age groups	25
Table 2.11:	Number of consultant gynaecologists (and teams) operating on children in different age groups	22	Question 2.16:	Consultant spinal surgeons (and teams) who operate on children	25
Figure 2.7:	Percentage of consultant gynaecologists and teams (based on returned questionnaires) operating on infants of less than six months grouped by number of cases treated	22	Table 2.20:	Number of consultant spinal surgeons (and teams) operating on children in different age groups	26
Question 2.8:	Consultant neurosurgeons (and teams) who operate on children	23	Question 2.17:	Consultant hand surgeons (and teams) who operate on children	26
Table 2.12:	Number of consultant neurosurgeons (and teams) operating on children in different age groups	23	Table 2.21:	Number of consultant hand surgeons (and teams) operating on children in different age groups	26
Figure 2.8:	Percentage of consultant neurosurgeons and teams (based on returned questionnaires) operating on infants of less than six months grouped by number of cases treated	23	Table 2.22:	Number of surgeons by specialty who operate on small numbers (one to nine) of children per annum aged under six months	26
Question 2.9:	Consultant ophthalmic surgeons (and teams) who operate on children	23	<i>Patient profile</i>		
Table 2.13:	Number of consultant ophthalmic surgeons (and teams) operating on children in different age groups	23	Table 2.23:	Age of patient at time of final operation	27
Figure 2.9:	Percentage of consultant ophthalmic surgeons and teams (based on returned questionnaires) operating on infants of less than six months grouped by number of cases treated	23	Figure 2.11:	Gestational age at birth (when under six months old at the time of surgery) by weight at operation	27
Question 2.10:	Consultant paediatric surgeons (and teams) who operate on children	24	Question 2.18:	Sex of child	28
Table 2.14:	Number of consultant paediatric surgeons (and teams) operating on children in different age groups	24	Figure 2.12:	Age at time of surgery for infants under six months by sex	28
			Table 2.24:	Specialty of consultant surgeons and operations performed	28
			Table 2.25:	Coexisting medical disorders	31
			Question 2.19:	Were any respiratory therapies in use before the operation?	31
			Question 2.20:	Were other intensive treatments in progress?	31
			Question 2.21:	Was it necessary to delay the anaesthetic to improve the child's state before the operation?	31

Table 2.26:	ASA status prior to the final operation	32
Table 2.27:	Patients graded ASA 1 by surgeons and where no anaesthetic questionnaire was returned	33
Table 2.28:	Patients graded ASA 1 by surgeons and where an anaesthetic questionnaire was returned	33
Table 2.29:	Classification of final operation by ASA status	33

Time of death

Figure 2.13:	Calendar days from operation to death	34
--------------	---------------------------------------	----

Hospitals, facilities and staffing

Table 2.30:	Type of hospital in which the final operation took place	34
Figure 2.14:	Comparison of the type of hospitals in which surgery took place in 1997/98 and 1989	35
Table 2.31:	Availability of special care areas and out-of-hours imaging facilities	36
Question 2.22:	Does the hospital have a specific separate consultant anaesthetic paediatric on-call rota?	37
Question 2.23:	Where is this paediatric surgical service provided?	37
Question 2.24:	Was experienced medical paediatric cover available for this ward/area?	37
Question 2.25:	Was the care of the child undertaken on a formal shared basis with paediatric physicians?	38
Table 2.32:	Specialty of consultant surgeon in charge at the time of the final operation	38
Question 2.26:	What type of surgery does this consultant provide for children?	38
Question 2.27:	Does this consultant manage neonates?	38
Question 2.28:	Has this consultant had specialist training in surgery on children?	38
Question 2.29:	What is this consultant's regular sessional commitment for surgery in children?	39
Question 2.30:	What is the surgical specialty of consultants with no regular sessional commitment?	39
Question 2.31:	In the hospital in which the final surgery took place, is there an identified consultant surgeon who leads the provision of surgical services for children?	39
Table 2.33:	Overall surgical consultant involvement	39
Table 2.34:	Grade of the surgeon who signed the consent form	40
Table 2.35:	Grade of most senior anaesthetist present at the start of the anaesthetic	40
Table 2.36:	Grade of most senior anaesthetist present at the start of the anaesthetic, by classification of operation	40
Table 2.37:	Grade of most senior anaesthetist present at the start of the anaesthetic, by ASA status	40
Question 2.32:	If the most senior anaesthetist present at the start of the anaesthetic was not a consultant, when was a consultant anaesthetist informed about this case?	41

Question 2.33:	If the most senior anaesthetist at the start of the anaesthetic was not a consultant, where was consultant help available?	41
Question 2.34:	Was advice sought, at any time, from another anaesthetist who was not present during the anaesthetic?	41
Question 2.35:	Was there a trained anaesthetist's assistant (i.e. ODP, anaesthetic nurse) present for this case?	42
Question 2.36:	Were monitoring devices used during the management of this anaesthetic?	42
Table 2.38:	Monitoring devices used during the operation	42
Question 2.37:	Did anything hinder full monitoring?	42

Admission and transfer

Table 2.39:	Admission category	43
Table 2.40:	Pathway for admission	43
Question 2.38:	Was the child transferred as an inpatient from another hospital?	43
Question 2.39:	Did the child's condition deteriorate during transfer?	43
Question 2.40:	Was the child accompanied by a medical/nursing team during transfer?	44
Question 2.41:	What was the condition of the child on admission to the receiving hospital?	44
Figure 2.15:	Accompanying team for interhospital transfer	45
Table 2.41:	Cases where condition was deemed unsatisfactory on arrival at receiving hospital	45
Table 2.42:	Type of area to which the child was first admitted in the hospital in which the final operation took place	46
Question 2.42:	Was there any delay in either the referral or the admission of this child?	46

Audit

Question 2.43:	Do you have morbidity/mortality review meetings in your anaesthetic department?	47
Question 2.44:	Has this death been considered, or will it be considered, at a local surgical audit/quality control meeting?	47
Table 2.43:	Specialty of surgeon where cases not considered at a local audit/quality control meeting	47

Specific Issues

Neurosurgery

Table 2.44:	Seniority of surgeon in neurosurgical operations	48
-------------	--	----

Postoperative pain relief

Question 2.45: Is there an acute pain team available for children?	51
Question 2.46: Do nursing staff receive training in acute pain techniques?	51
Question 2.47: Were drugs given in the first 48 hours after operation for pain?	51
Question 2.48: Did complications occur as a result of these analgesic methods?	51

3 THE ELDERLY

General Issues

Patient profile

Table 3.1: Age of patient at time of final operation	58
Table 3.2: Most frequently performed operative procedures	58
Table 3.3: Specialty of consultant surgeon in charge at the time of final operation	58
Table 3.4: ASA status prior to final operation	58
Table 3.5: Coexisting medical disorders	59
Table 3.6: Admission category	59
Figure 3.1: Day of admission for emergency and urgent cases	59

Time of death

Figure 3.2: Calendar days from operation to death	60
---	----

Hospitals, facilities and staffing

Table 3.7: Type of hospital in which the final operation took place	60
Table 3.8: Availability of facilities	61
Table 3.9: Operations in hospitals with recovery facilities not available on a 24-hour basis	61
Table 3.10: Destination of patient on leaving the operating theatre/recovery room	61
Table 3.11: Anaesthetic staffing for general surgical emergency and orthopaedic trauma lists	62
Table 3.12: Grade of most senior surgeon and anaesthetist present in operating room	63
Figure 3.3: Seniority of surgeon by ASA group	63
Figure 3.4: Seniority of anaesthetist by ASA group	63

Delays before operation

Table 3.13: Operations delayed by lack of theatre time	64
--	----

Audit

Question 3.1: Do you have morbidity/mortality review meetings in your anaesthetic department?	64
Question 3.2: Has this death been considered (or will it be considered) at a local audit meeting?	64
Question 3.3: Did you have any problems in obtaining the patient's notes (i.e. more than one week)?	64
Question 3.4: Were all the notes available?	64
Question 3.5: Do you have anaesthetic departmental guidelines relating to the care of the elderly?	65

Specific Issues

Anaesthesia

Table 3.14: Non-consultant career grade anaesthetists	72
Table 3.15: Grade of the most senior anaesthetist by ASA status of the patient	72
Table 3.16: Highest qualification of staff grade anaesthetists	73
Table 3.17: Years in anaesthesia for staff grade anaesthetists without full Fellowship	73
Table 3.18: Locum anaesthetists	73
Table 3.19: Qualifications of all locum anaesthetists	74
Table 3.20: Qualifications of locum consultant anaesthetists	74
Table 3.21: Years in anaesthesia of locum anaesthetists	74
Question 3.6: Does the hospital in which the operation took place have an acute pain service?	75
Question 3.7: Who is on the pain team?	75
Question 3.8: How many ward nursing staff are specially trained in epidural and/or PCA analgesia?	75
Question 3.9: Did this patient have a pain assessment chart?	75
Table 3.22: Use of pain assessment charts	76
Table 3.23: Information recorded on pain assessment charts	76
Table 3.24: Use of non-steroidal anti-inflammatory drugs	76

Orthopaedic surgery

Figure 3.5: Grade of most senior surgeon and anaesthetist in theatre for fractured neck of femur	81
--	----

General surgery

Figure 3.6: Grade of most senior surgeon and anaesthetist in theatre for general surgical cases	86
Table 3.25: ASA status of general surgical cases	87
Table 3.26: Reasons for delay in referral or admission of general surgical patients	87
Table 3.27: Femoral hernia repair	88
Table 3.28: Incidental hernia and other pathology	89
Table 3.29: Laparotomy for disseminated malignancy	90
Table 3.30: Patients undergoing bowel resection without preoperative antibiotic prophylaxis	90

Urology

Table 3.31:	Urological procedures	92
-------------	-----------------------------	----

Vascular surgery

Table 3.32:	Vascular procedures	93
Table 3.33:	Repair of leaking abdominal aortic aneurysm	94
Table 3.34:	Failure of embolectomy to restore circulation	94
Figure 3.7:	Grade of most senior surgeon present in theatre for vascular procedures	95
Question 3.10:	Does your hospital have an age-related policy for admission to HDU/ICU?	95
Question 3.11:	If the patient's condition warranted an admission to an HDU/ICU, were you at any time unable to transfer the patient into an HDU/ICU within the hospital in which the surgery took place?	95

Other specialties

Table 3.35:	Ophthalmology procedures	96
Table 3.36:	Otorhinolaryngology procedures	96
Table 3.37:	Plastic surgery procedures	97
Table 3.38:	Cardiothoracic surgery procedures	97

Pathology

Table 3.39:	Description of the operation site	98
Table 3.40:	Cases where OPCS cause of death given	99
Table 3.41:	Record of operation in OPCS cause of death	99
Table 3.42:	Quality of postmortem examinations	99
Table 3.43:	History, antemortem clinical diagnosis and cause of death compared with postmortem findings	100
Table 3.44:	Communication of postmortem results to the clinical team	100
Table 3.45:	Time taken for first information to be received by clinical team	101
Table 3.46:	Cause of death assigned by pathologist	101
Table 3.47:	Malignant disease as direct or contributory cause of death	101
Table 3.48:	Gastrointestinal complications in patients undergoing orthopaedic procedures	102

FOREWORD

This report concentrates on the extremes of age. In detail there are obvious differences between the groups, yet many of the lessons to be drawn from this study span the age difference. This is also our first report since the introduction of clinical governance, following publication of 'The new NHS Modern Dependable' and 'A First Class Service' by the government, in which participation in National Confidential Enquiries was seen as a mandatory requirement. NCEPOD is delighted that this government has paid such attention to the issue of quality of care, which we have been promoting since our inception a decade ago. It must be remembered, however, that the data collected, and participation in this report, occurred before the introduction of clinical governance and hence the return rates cannot be viewed against this requirement and show that there is still room for significant improvement. The reasons for failure to return data are multiple, yet why there should be marked regional variation is difficult to understand.

In children's surgery it is quite evident that our previous message regarding the inappropriateness of occasional paediatric practice has been acted upon, with far fewer surgeons and anaesthetists involved in the management of children. However, this message should apply particularly to emergencies, an area where a significant number of respondents failed to see the inappropriateness of occasional practice. The division of responsibilities between surgeons in specialist paediatric units and those in district general hospitals has to be resolved. On occasions this carries with it the issue of patient transfer; the facility for this to be carried out by appropriately trained staff from the receiving centre may be indicated - yet this is a resource which is not always available. The report also highlights the lamentable fact that audit of deaths in children was less than adequate and we would hope that the introduction of clinical governance will address this failing.

The greatest problem seen in the elderly group concerned the management of fluid balance. Although coexisting medical conditions were common, surprisingly few patients were treated by a multidisciplinary team. However, the report does highlight the need for a full diagnosis to be made in these patients before surgical intervention. Issues surrounding emergency admissions throughout the week, and the availability both of emergency theatre time and of sufficiently senior clinicians, are factors behind the delays in treatment of some elderly patients that still need to be addressed. A far greater issue is that of proper preoperative

evaluation and management of the patient's physiological state. Life expectancy is increasing and society understandably demands and expects successful outcomes after surgical intervention for this elderly population. This requires the involvement of more senior staff, on a multidisciplinary basis, than is currently the practice. A rigorous preoperative high dependency approach to stabilising the physiological state of the patient is required if postoperative complications are to be avoided and early mobilisation achieved. The lack of high dependency beds has been recognised but the problem of providing suitably trained nursing staff is an even greater resource issue. Unless this is addressed, it is difficult to envisage significant improvements in the care of this group of patients.

NCEPOD was concerned at the low postmortem rates in both these age groups and particularly that reports of findings failed to meet the standards set by the Royal College of Pathologists. It is highly desirable that clinicians should be present at postmortems, yet this seems not to occur, presumably due to other commitments. This results in an even greater need for postmortem reports to be communicated to the clinicians involved, but this does not occur sufficiently frequently.

Dissemination of our findings has always been a major concern, since all too frequently the clinical teams who should be the principal recipients fail to see them. We hope that this year's wider distribution of an executive summary will alert all interested parties to the availability of this full Report.

John LI Williams
Chairman

