

DATA FROM 1997/98 SURGICAL QUESTIONNAIRES – THE ELDERLY

This data supplement should be read in conjunction with the 1999 NCEPOD Report, “Extremes of Age”.

The question numbers in the supplement correspond to those in the anaesthetic or surgical questionnaire from which the data was derived.

Where a question is omitted from the supplement it is because the data was not statistically analysed; in most instances these were free text questions which were reviewed by the Advisors but could not be analysed on our database.

DATA FROM 1997/98 SURGICAL QUESTIONNAIRES – THE ELDERLY

1. In which type of hospital did the final operation take place?

District General (or equivalent)	875
University / Teaching	183
Surgical specialty	1
Other acute / partly acute	1
Independent	4
Not answered	13
Total	1077

2. Are the following areas available in the hospital in which the final operation took place?

a. Theatre recovery area:

Yes	1060
No	1
Not answered	16
Total	1077

If yes, is this available and staffed 24 hours per day, 7 days per week?

Yes	666
No	147
Not answered	247
Total	1060

b. Adult ICU:

Yes	1045
No	9
Not answered	23
Total	1077

If yes, is this available and staffed 24 hours per day, 7 days per week?

Yes	509
No	4
Not answered	532
Total	1045

c. Adult HDU:

Yes	568
No	456
Not answered	53
Total	1077

If yes, is this available and staffed 24 hours per day, 7 days per week?

Yes	262
No	18
Not answered	288
Total	568

3. Age (years) of patient at time of final operation:

89*	7
90	224
91	199
92	159
93	128
94	110
95	78
96	64
97	42
98	25
99	15
100	8
101	8
102	3
103	3
104	2
105	1
106	1
Total	1077

* Although these patients were aged 89 at the time of the operation, at the time of death they were aged 90 and thus form part of the sample.

4. Day of operation:

Monday	129
Tuesday	154
Wednesday	162
Thursday	163
Friday	156
Saturday	153
Sunday	160
Total	1077

5. Sex of patient:

Male	299
Female	778
Total	1077

7. Day of admission:

Monday	184
Tuesday	172
Wednesday	166
Thursday	153
Friday	147
Saturday	114
Sunday	133
Not answered	8
Total	1077

Number of days from admission to operation:

Same day	145
Next day	386
2 days	150
3 days	82
4 days	47
5 days to 9 days	108
10 days to 19 days	77
20 days to 29 days	26
30 days or more	48
Not answered	8
Total	1077

8. Admission category:

Elective	79
Urgent	74
Emergency	919
Not answered	4
Not known	1
Total	1077

9. What was the pathway for this admission?

Transfer as an inpatient from another <u>acute</u> surgical hospital	26
Transfer from another <u>non-surgical</u> hospital, nursing home etc.	86
Referral from a General Medical or General Dental Practitioner	286
Admission following a previous outpatient consultation	64
Planned re-admission / routine follow-up procedure	13
Admission via A&E department	585
Other	2
Not answered	14
Not known	1
Total	1077

10. Type of referring hospital (when patient was transferred as an inpatient from another acute hospital):

District General (or equivalent)	11
University / Teaching	5
Other Acute / Partly Acute	4
Community	1
Independent	2
Not answered	3
Total	26

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

Yes	3
No	20
Not answered	3
Total	26

11. To what type of area was the patient first admitted in "your" hospital (i.e. in which the final operation took place)?

Surgical ward (including surgical specialties)	831
Gynaecological / Obstetric ward	3
Medical ward	67
Mixed medical / surgical ward	9
Elderly medicine ward	42
Admission ward	25
A&E holding area (or other emergency admission ward)	87
Direct to theatre	5
Coronary care unit (CCU)	1
HDU	3
Other	3
Not answered	1
Total	1077

12. Was the patient originally admitted to "your" hospital (i.e. in which the operation took place) under the care of the surgeon whose team undertook the operation?

Yes	863
No	212
Not answered	2
Total	1077

a. If no, what was the source of referral to the Consultant Surgeon?

A medical specialty	136
Another surgical specialty	30
Same surgical specialty	45
Not answered	1
Total	212

13. Was there any delay in either the referral or the admission of this patient?

Yes	69
No	951
Not answered	57
Total	1077

14. Specialty of Consultant Surgeon in charge at the time of the final operation:

General (including special interests)	346
Accident and Emergency	2
Cardiac / Thoracic / Cardiothoracic	4
Gynaecology	2
Neurosurgery	2
Ophthalmology	11
Oral / Maxillofacial	1
Orthopaedic	648
Otorhinolaryngology	9
Plastic	9
Urology	30
Vascular	12
Other	1
Total	1077

15. Was care undertaken on a formal shared basis?

Yes	240
No	811
Not answered	26
Total	1077

a. If yes, please specify:

Care of the elderly / geriatric medicine	189
General medicine with an interest in cardiology	10
General medicine with an interest in diabetes	2
General medicine with an interest in gastroenterology	7
General medicine with an interest in nephrology	3
Other	22
Not answered	7
Total	240

16. Most senior surgeon consulted before this operation:

Consultant	896
Associate Specialist	22
Clinical Assistant	9
Staff Grade	31
SpR (Accred/CCST)	16
SpR 4	33
SpR 3	19
SpR 2	13
SpR 1	6
Visiting SpR (or year not stated)	14
SHO	11
HO	1
Not answered	6
Total	1077

20. Patient's ASA status prior to the final operation:

ASA 1	8
ASA 2	197
ASA 3	534
ASA 4	299
ASA 5	22
Not answered	17
Total	1077

21. Were there any coexisting problems (other than the main diagnosis) at the time of this operation?

Yes	932
No	128
Not answered	17
Total	1077

a. If yes: 932 cases, answers may be multiple

Malignancy	92
Respiratory	301
Cardiac	609
Renal	126
Haematological	92
Gastrointestinal	105
Vascular	79
Sepsis	58
Neurological	193
Diabetes mellitus	57
Other endocrine	37
Musculoskeletal	121
Psychiatric	136
Alcohol-related problems	5
Other	1

22. What precautions or therapeutic manoeuvres were undertaken preoperatively (excluding anaesthetic room management) to improve the patient's preoperative condition? 1077 cases, answers may be multiple

None	123
Cardiac support drugs or anti-arrhythmic agents	183
Gastric aspiration	143
Intravenous fluids	700
Correction of hypovolaemia	326
Urinary catheterisation	366
Blood transfusion	117
Diuretics	155
Anticoagulants	122
Vitamin K	4
Antibiotics	382
Bowel preparation	24
Chest physiotherapy	122
Oxygen therapy	190
Optimisation of respiratory function	81
Airway protection	6
Tracheal intubation	25
Mechanical ventilation	20
Nutritional support	31
Control of diabetes mellitus	33
Discussion with relevant counsellor (e.g hospice team / amputation counsellor)	14
Preoperative chemotherapy	15
Other	5
Not answered	38
Not known	3

23. Were any measures taken to prevent venous thromboembolism?

Yes	684
No	287
Not answered	102
Not known	4
Total	1077

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

Not expected	110
Small but significant risk	255
Definite risk	669
Expected	32
Not answered	10
Not known	1
Total	1077

27. Were there any delays (between admission and surgery) due to factors other than clinical?

Yes	124
No	949
Not answered	4
Total	1077

28. Classification of operation:

Emergency	73
Urgent	767
Scheduled	191
Elective	44
Not answered	2
Total	1077

30. Most senior surgeon present in operating room:

Consultant	459
Associate Specialist	65
Clinical Assistant	14
Staff Grade	96
SpR – Accredited/CCST	38
SpR – 4	106
SpR – 3	65
SpR – 2	67
SpR – 1	31
Visting SpR (or year not stated)	92
SHO – 2	39
SHO – 1	2
HO	2
Not answered	1
Total	1077

Overall consultant involvement:

Operating	335
Present in operating room	124
Not in operating room but immediately available	209
Consulted before operation	287
No involvement detailed	122
Total	1077

31. Most senior operating surgeon:

Consultant	335
Associate Specialist	58
Clinical Assistant	14
Staff Grade	99
SpR – Accred/CCST	45
SpR – 4	129
SpR – 3	75
SpR – 2	83
SpR – 1	46
Visiting SpR (or year not stated)	103
SHO – 2	77
SHO – 1	6
HO	1
Not answered	5
Other	1
Total	1077

Most senior surgeon involved in any way (including pre-op consultation) where no consultant involvement was detailed:

Associate Specialist	17
Clinical Assistant	6
Staff Grade	21
SpR – Accred / CCST	14
SpR – 4	26
SpR – 3	13
SpR – 2	7
SpR – 1	2
Visiting SpR (or year not stated)	12
SHO – 2	2
SHO – 1	2
Total	122

33. Which higher diploma(s) in surgery were held at the time of the operation? 1077 cases, answers may be multiple

None	41
Part 1 of Fellowship	188
Fellowship (Royal College, College or Faculty)	802
MS/MD	270
Intercollegiate specialty diploma	121
Other	68

35. If the most senior operator was not a consultant, was a more senior surgeon immediately available, i.e. in the operating room / suite?

Yes	366
No	351
Not answered	25
Total	742

39. Were there any unanticipated intra-operative problems?

Yes	103
No	961
Not answered	13
Total	1077

40. Was the procedure performed solely under local anaesthetic or sedation administered by the surgeon?

Yes	70
No	975
Not answered	32
Total	1077

a. If yes, which of the following were recorded during or immediately after the procedure? 70 cases, answers may be multiple

Blood pressure	48
Pulse	56
ECG	29
Pulse oximetry	53
Other	5
None	10

41. Does your hospital have an age-related policy for admission to ICU/HDU?

Yes	28
No	986
Not answered	49
Not known	14
Total	1077

42. Was the patient admitted to an ICU, HDU, CCU or other critical care area immediately after leaving the theatre suite?

Yes	122
No	939
Not answered	16
Total	1077

a. If yes, which?

Intensive Care Unit	66
High Dependency Unit	52
Coronary Care Unit	1
Other specialised unit	1
Not answered	2
Total	122

b. If no, was the patient admitted to one of the above after an initial period on a routine postoperative ward?

Yes	23
No	874
Not answered	42
Total	939

c. If yes, which?

Intensive Care Unit	6
High Dependency Unit	3
Coronary Care Unit	6
Other	2
Not answered	6
Total	23

43. Discharge from ICU/HDU was due to:

Death	61
Elective transfer to ward	67
Pressure on beds	1
Other	3
Not answered	13
Total	145

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

Yes	2
No	105
Not answered	38
Total	145

45. If the patient's condition warranted an admission to an ICU/HDU, were you at any time unable to transfer the patient into an ICU/HDU within the hospital in which the surgery took place?

Yes	14
No	356
Condition did not warrant admission to ICU/HDU	438
Not answered	268
Not known	1
Total	1077

46. Please specify the postoperative complications: 1077 cases, answers may be multiple

Not applicable (died in theatre)	10
Not answered / "none"	217
Haemorrhage / postoperative bleeding requiring transfusion	61
Upper respiratory obstruction	8
Upper respiratory distress	335
Generalised sepsis	56
Wound infection / dehiscence	31
Anastomotic failure	8
Cardiac arrest	168
Low cardiac output / other cardiac problems	269
Hepatic failure	35
Renal failure	125
Endocrine system failure	6
Stroke or other neurological problems	71
Persistent coma	10
Other organ failure	25
Problems with analgesia	8
DVT	8
Pulmonary embolus	24
Fat embolus	3
Orthopaedic prosthetic complication	12
Pressure sores	31
Peripheral ischaemia	20
Urinary tract infection	32
Urinary retention / catheter blockage	28
Ureteric injury / fistula	18
Nutritional problems	58
Other	4

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

Yes	5
No	1044
Not answered	28
Total	1077

a. If yes, which? 5 cases, answers may be multiple

Consultant surgeons	2
Trainee surgeons	2
Trainee anaesthetists	1
Other	1

50. Place of death:

Theatre	10
Recovery Room	20
Ward	918
ICU/HDU	56
CCU or other specialised ICU	5
Home	14
Another acute hospital	12
Other	21
Not answered	15
Not known	6
Total	1077

51. Was cardiopulmonary resuscitation attempted?

Yes	149
No	886
Not answered	26
Not known	16
Total	1077

a. If no, when was this decision made?

Preoperatively	183
Intraoperatively	24
Postoperatively	616
Not answered	61
Not known	2
Total	886

54. Was the death reported to the Coroner?

Yes	667
No	315
Not answered	73
Not known	22
Total	1077

a. If yes, was a Coroner's postmortem examination ordered and performed?

Yes	244
No	393
Not answered	22
Not known	8
Total	667

55. If a Coroner's postmortem examination was not performed, was a hospital examination undertaken?

Yes	34
No	595
Not answered	191
Not known	13
Total	833

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

Yes	60
No	200
Not answered	11
Not known	7
Total	278

a. If yes, which member of the surgical team attended the postmortem examination?

None	43
House Officer	4
Senior House Officer	6
Specialist Registrar and House Officer	1
Staff Grade	1
Consultant	2
Not answered	1
Not known	2
Total	60

58. Did the surgical team receive a copy of the postmortem examination report?

Yes	199
Informal report or verbal message	12
No	54
Not answered	12
Not known	1
Total	278

60. Did the pathological information confirm the clinical impression?

Yes	211
No	27
None received	14
Not answered	25
Not known	1
Total	278

61. Please specify the specialty of the pathologist who performed the postmortem examination:

General histopathologist	208
Home Office histopathologist	23
Neuropathologist	1
Non-histopathologist (e.g. chemical pathologist)	2
Not answered	35
Not known	9
Total	278

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

Yes	692
No	311
Not answered	71
Not known	3
Total	1077

62. Did you have any problems in obtaining the patient's notes (i.e. more than one week)?

Yes	104
No	895
Not answered	75
Not known	3
Total	1077

64. Were all the notes available?

Yes	831
No	158
Not answered	88
Total	1077

a. If no, which part was inadequate / unavailable? 158 cases, answers may be multiple

Preoperative notes	11
Operative notes	11
Postoperative notes	19
Death certificate book	99
Nursing notes	15
Anaesthetic notes	18
Postmortem report	62
Other notes	2
Not answered	1

66. Has the consultant surgeon seen and agreed this questionnaire?

Yes	946
No	66
Not answered	65
Total	1077