Interventional Vascular Radiology

and

Interventional Neurovascular Radiology

A Report of the National Confidential Enquiry into Perioperative Deaths

Data collection period 1 April 1998 to 31 March 1999

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The analysis of data from 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.

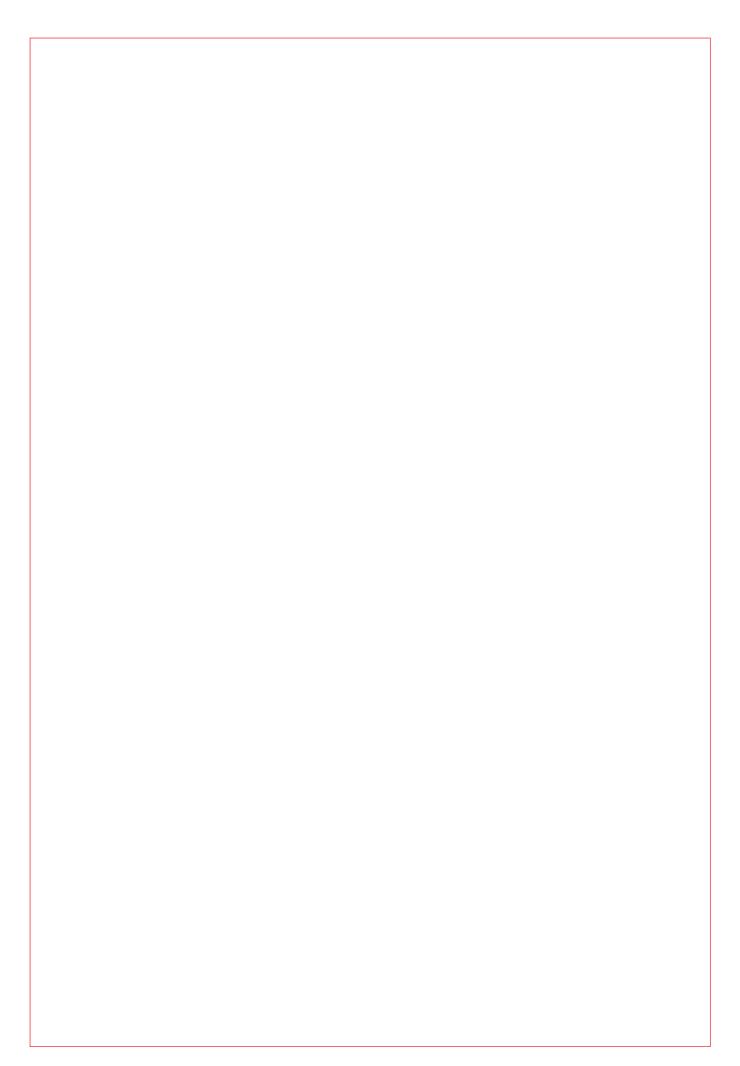
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CONTENTS

Foreword	X

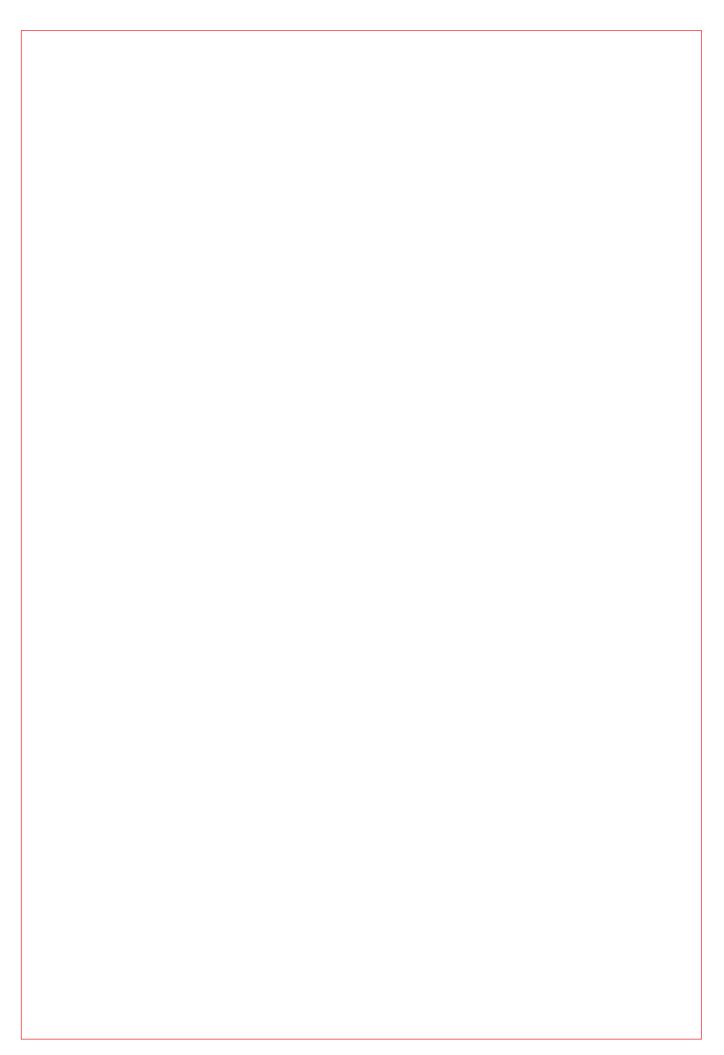
1 Interventional Vascular Radiology

Recommendations 1 Introduction 3 Data collection 3 General data analysis 4 Monthly returns of procedures performed4 Reported procedures 4 Reported deaths 5 Distribution, return and analysis Procedures 8 Patient profile 10 Urgency of procedure 10 Fitness of the patient 11 Specialty and experience of the medical team13 Specialty of the clinical team 13 Radiologist's assessment prior to procedure14 Facilities, personnel and monitoring 15 Dedicated room 15 Equipment 15 Shortage of personnel 16 Delays. Anaesthesia 16 Monitoring 17 Care following the procedure 17 Recovery 17 Complications 18 Specific problems 19 Level of puncture 19 Lower limb revascularisation 20 Thrombolysis 21 Embolisation 22 SVC stent 23 Central venous access 23 Transjugular intrahepatic portosystemic shunt (TIPS) 23 DVT prophylaxis 23 Postmortem examinations 24 Audit and availability of patient records 25

2 Interventional Neurovascular Radiology

Recommendations	27		
Introduction	29		
Data collection			
General data analysis			
Monthly returns of procedures performed			
Reported deaths			
Distribution of deaths	32		
Distribution, return and analysis			
of questionnaires	33		
Procedures	34		
Patient profile			
Urgency of procedure			
Fitness of the patient	36		
F 2122	90		
Facilities, personnel and monitoring			
Seniority and specialty of the radiologist			
Dedicated room			
Monitoring			
Anaesthesia			
Care following the procedure			
Intensive and high dependency care	39		
Complications	39		
Postmortem examinations	40		
A 12. 1 12.	40		
Audit and quality			
Audit			
Quality of questionnaires			
Standard of care	40		
REFERENCES	41		
APPENDICES			
A Abbreviations	43		
B NCEPOD corporate structure			
C Data collection and review methods	47		
D Local Reporters - Interventional			
Vascular Radiology	49		
E Local Reporters – Interventional			
Neurovascular Radiology	53		
F Participants – Consultant			
Vascular Radiologists	55		
G Participants – Consultant			
Neurovascular Radiologists	57		





TABLES, FIGURES AND QUESTIONS

1 Interventional Vascular Radiology		Table 1.16:	Grade of most senior doctor	
			performing the procedure14	
	Radiology	Question 1.1:	If the most senior operator was not a	
			consultant,was a more senior	
Gener	al data analysis		doctor immediately available?14	
Figure 1.	1: Monthly returns of total procedures performed 4	Facilities, p	personnel and monitoring	
Table 1.	1: Monthly returns by region4			
Figure 1	.2: Total deaths reported	Table 1.17:	Location in which the procedure was performed15	
Table 1.:	2: Inappropriate reports received and excluded5	Question 1.2:	Was there a shortage of personnel in this case?16	
Table 1.	3: Deaths reported to NCEPOD by region	Question 1.3:	Were there any delays (between admission	
Figure 1	.3: Calendar days from procedure to death6		and procedure) due to factors other	
Figure 1	.4: Age/sex distribution of reported deaths	T.I.I.10	than clinical?	
Figure 1.	5: Distribution, return and analysis of questionnaires7	Table 1.18:	Reasons for non-clinical delay between	
Table 1.4	· · · · · · · · · · · · · · · · · · ·	0 11 1 4	admission and procedure	
	from analysis	Question 1.4:	Was the procedure performed solely	
Figure 1	.6: Reasons for non-return of questionnaires		under local anaesthetic or sedation	
Table 1	5: Regional distribution, return and analysis rates8	T-LL- 1 10.	administered by the operator?	
Table 1.	6: Endovascular interventions (arterial)	Table 1.19:	Monitoring performed during or	
Table 1.2	, ,	Table 1.20:	immediately after the procedure	
Table 1.	8: Other interventions	lable 1.20:	Responsibility for monitoring the patient's	
		Question 1.5:	general condition during the procedure	
		Question 1.5.	attached to the procedure suite?17	
Patien	t profile		attached to the procedure suites	
Figure 1	.7: Day of the procedure10			
Figure 1	.8: Admission category	Complications		
Figure 1	.9: ASA status 11	Table 1.21:	Unexpected procedural complications	
Table 1.9	9: Coexisting medical problems 11	Table 1.22:	Postprocedural complications 19	
Table 1.	10: Anticipated risk of death related to	Question 1.6:	Were any measures taken (before, during	
	the proposed procedure12	QUESTION 1.0.	or after the procedure) to prevent	
			venous thromboembolism? 23	
			venous illioniscentisciniii:	
Specia	ulty and experience of the medical team	D / /	. ,.	
Table 1.	11: Specialty of consultant surgeon	Posimoriem	n examinations	
idble 1.	under whose care the patient was	Question 1.7:	Did the pathological information	
	at the time of the procedure		confirm the team's clinical impression?24	
Table 1.			'	
idble 1.	under whose care the patient was			
	at the time of the procedure			
Table 1.				
iuble I.	referred the patient			
Table 1.				
1UDIC 1.	reviewed the patient before the procedure14			
Table 1.				



2 Interventional Neurovascular Radiology

General data analysis

Figure 2.1:	Monthly returns of total procedures performed30				
Table 2.1:	Monthly returns by region				
Figure 2.2:	Total deaths reported				
Table 2.2:	Deaths reported to NCEPOD by region				
Figure 2.3:	Calendar days from procedure to death	.32			
Figure 2.4:	Age/sex distribution of reported deaths				
Figure 2.5:	Distribution, return and analysis of questionnaires33				
Table 2.3:	Regional distribution and return rates	.33			
Table 2.4:	Neurovascular interventions				
Patient pro	ofile				
Figure 2.6:	Day of the procedure	.35			
Figure 2.7:	gure 2.7: Admission category				
Table 2.5:	ble 2.5: Coexisting medical problems				
Figure 2.8:	ASA status	.37			
Table 2.6:	Modified Glasgow Coma Scale (GCS)	.37			
Facilities, ₁	bersonnel and monitoring				
Table 2.7:	Specialty of the most senior radiologist present	.38			
Question 2.1:	Was there non-medical help with anaesthesia?38				
Complicati	ions				
Table 2.8:	Postprocedural complications	.39			
Postmorten	n examinations				
Question 2.2:	Did the pathological information confirm	40			

Specialty of the pathologist who performed



Table 2.9:

FOREWORD

Significant advances in interventional techniques, particularly in vascular and neurovascular radiology, in the last decade have led NCEPOD to explore the morbidity and mortality associated with such procedures. It should be appreciated that this is a new area of investigation, but in view of the frequency with which these minimally invasive techniques are being carried out, it is important that the consequences of such interventions should be investigated. Furthermore, this is an area of team working which has developed very significantly, the relationships between members of that team and the role that each play are highlighted in an investigation of this type. There is a need to understand the potential roles that each member of the team can play and the responsibilities that each should take at different stages in the care of the patient.

It is fundamental to the development of new techniques that adequate facilities should be available. What is highlighted in this report, therefore, is the necessity for interventional radiologists and surgeons to have not only sufficient experience and expertise, but also the facilities and equipment with which to carry out their tasks in as safe an environment as possible.

This report not only highlights the frequency with which these procedures are now being carried out, but also the safety of such techniques, recognising that the patients in question are frequently seriously ill, such that minor complications could have various serious outcomes. This is reflected in the very low mortality rate of around 2%. The fact that these patients are so severely ill links with this year's general NCEPOD report "Then and Now" in emphasising the need for both high dependency and intensive care facilities to be available where such clinical activities are being performed.

The increasing demand for interventional procedures of this type is as yet unmet by the number of consultant vascular radiologists and neurovascular radiologists who are available to satisfy that need. This report, therefore, further highlights the need for an increase in resources which is emphasised in our report "Then and Now" also published this year.

John Ll Williams Chairman

