

**GI THERAPEUTIC ENDOSCOPY STUDY  
2002/2003****QUESTIONNAIRE No.**

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**DO NOT PHOTOCOPY ANY PART OF THIS QUESTIONNAIRE ONCE COMPLETED**

*NCEPOD looks at clinical practice in order to identify remediable factors in the practice of medicine in its broadest sense. The advisors who read this questionnaire are not apportioning blame; our aim is to help clinicians to improve the care of patients. Neither the questions, nor the choices for answers, are intended to suggest standards of practice.*

**INSTRUCTIONS FOR COMPLETION**

This questionnaire should be completed with reference to the final GI therapeutic procedure before death, of the patient specified by NCEPOD on the accompanying letter. This includes upper GI, lower GI, ERCP and PEG procedures. It should be completed even if there was a subsequent procedure performed before death.

Please use a black or blue pen, completing all questions using printed capitals.

Please answer all 'yes/no' or multiple choice questions with a tick (✓) in the appropriate box(es).

Please use the free text areas to clarify events and communicate your opinions.

**PLEASE ENCLOSE THE FOLLOWING SINGLE SIDED PHOTOCOPIES:**

- Admission medical clerking notes
- Any clinical notes relevant to the procedure, or to the patient's medical condition before or after the procedure
- Endoscopy report for the procedure
- Monitoring chart or anaesthetic chart covering the duration of the procedure
- Discharge summary
- Histology report(s)
- Post-mortem report

All correspondence with NCEPOD is confidential, and we advise you not to retain copies of your correspondence for legal reasons. This questionnaire and enclosures will be shredded when data collection and reporting is complete.

For further information or for assistance, please contact the NCEPOD office on:

Tel: 020 7831 6430  
Fax: 020 7430 2958  
email: [info@ncepod.org.uk](mailto:info@ncepod.org.uk)

1. Date of admission

d	d

m	m

y	y

2. Admission method

A Elective day-case  
(i.e. admitted on the day of procedure and planned discharge on that day)

 A

B Other elective  
(at a time agreed between patient and endoscopy services with planned in-hospital stay)

 B

If elective (A or B) then date of decision to admit

d	d

m	m

y	y

C Emergency  
(immediately following referral/consultation)

 C

### Case Summary

3. Please provide a brief summary of this case, adding any comments or information you feel relevant. Please write clearly for the benefit of the specialist advisory group who will be reviewing the questionnaires.

**NCEPOD attaches great importance to this summary. Please give as much information as possible about the perioperative care of this patient.**

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4. Co-existing medical diagnoses (please specify as accurately as possible. Answers may be multiple)

A	None		<input type="checkbox"/>	A
B	Respiratory	COPD	<input type="checkbox"/>	B1
		Acute chest infection	<input type="checkbox"/>	B2
		Asthma	<input type="checkbox"/>	B3
C	Cardiac	Ischaemic heart disease/previous MI/angina	<input type="checkbox"/>	C1
		MI within three months of the endoscopy	<input type="checkbox"/>	C2
		Valvular heart disease	<input type="checkbox"/>	C3
		CCF (at present or in the past)	<input type="checkbox"/>	C4
D	Neurological	CVA/TIAs	<input type="checkbox"/>	D1
		Dementia	<input type="checkbox"/>	D2
		Acute confusion state	<input type="checkbox"/>	D3
		Psychiatric disease	<input type="checkbox"/>	D4
		Parkinson's disease	<input type="checkbox"/>	D5
E	Hepatic/pancreatic		<input type="checkbox"/>	E
F	Alimentary		<input type="checkbox"/>	F
G	Renal failure	Acute	<input type="checkbox"/>	G1
		Chronic	<input type="checkbox"/>	G2
H	Endocrine	Non-insulin dependent diabetes mellitus	<input type="checkbox"/>	H1
		Insulin dependent diabetes mellitus	<input type="checkbox"/>	H2
		Hypothyroidism	<input type="checkbox"/>	H3
I	Musculoskeletal		<input type="checkbox"/>	I
J	Haematological	Bleeding disorder	<input type="checkbox"/>	J1
		Immunosuppression	<input type="checkbox"/>	J2
K	Sepsis (please specify site)		<input type="checkbox"/>	K
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
L	Other (please specify)		<input type="checkbox"/>	L
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

5. Did the patient have liver cirrhosis?

y     n

If Yes, what was the Childs-Pugh Score?

Category	Encephalopathy	Ascites	Bilirubin (micro mol.l <sup>-1</sup> )	Albumin (gm.l <sup>-1</sup> )	INR
A <input type="checkbox"/>	0	0	<34	>35	<1.3
B <input type="checkbox"/>	I/II	Mild/moderate	34-51	28-35	1.3-1.5
C <input type="checkbox"/>	III/IV	Severe	>51	<28	>1.5

6. ASA status

- ASA1 (a normal healthy patient)  1
- ASA2 (a patient with mild systemic disease)  2
- ASA3 (a patient with severe systemic disease)  3
- ASA4 (a patient with severe systemic disease that is a constant threat to life)  4
- ASA5 (a moribund patient who is not expected to survive without the operation)  5

7. What was the anticipated risk of death within 30 days of the proposed endoscopic procedure?

- A Not expected  A
- B Small but significant risk  B
- C Definite risk  C
- D Expected  D

8. Patient's weight (if recorded)  .  kg

9. Patient's blood pressure at the start of the procedure  /  mmHg

10. Patient's heart rate at the start of the procedure  per min

11. Pre-procedural investigations. Please tick each investigation performed and give the value where indicated

A None	<input type="checkbox"/>			
B Haemoglobin	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	gm.dl <sup>-1</sup>
C White cell count	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	x10 <sup>9</sup> .l <sup>-1</sup>
D Platelets	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	x10 <sup>9</sup> .l <sup>-1</sup>
E INR	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	
F Serum Na	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	m mol.l <sup>-1</sup>
G Serum K	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	m mol.l <sup>-1</sup>
H Blood urea	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	m mol.l <sup>-1</sup>
I Serum creatinine	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	micro mol.l <sup>-1</sup>
J Serum albumin	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	gm.l <sup>-1</sup>
K Blood glucose	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	m mol.l <sup>-1</sup>
L Serum amylase	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	IU.l <sup>-1</sup>
M Total bilirubin	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	micro mol.l <sup>-1</sup>
N Blood gas analysis	<input type="checkbox"/>	Inspired oxygen	<input type="text"/>	%
		pH	<input type="text"/> . <input type="text"/>	
		PaCO <sub>2</sub>	<input type="text"/> . <input type="text"/>	kPa
		PaO <sub>2</sub>	<input type="text"/> . <input type="text"/>	kPa
O Chest X-ray	<input type="checkbox"/>	(please specify abnormalities)	<input type="text"/>	
			<input type="text"/>	
P ECG	<input type="checkbox"/>	(please specify abnormalities)	<input type="text"/>	
			<input type="text"/>	
Q ECHO cardiography	<input type="checkbox"/>	(please state findings)	<input type="text"/>	
			<input type="text"/>	
			<input type="text"/>	
R Other (please specify)	<input type="checkbox"/>		<input type="text"/>	
			<input type="text"/>	

**Procedure**

- 12. Date of procedure
- 13. Time of start of procedure (please use 24-hour clock)
- 14. Time of finish of procedure (please use 24-hour clock)
- 15. What procedures were performed?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d	m	m	y	y
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		h	h	m	m

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Please also tick the appropriate box(es) below for OPCS coding of the *therapeutic* part(s) of the procedure (Q16 to Q19). For this study we are not reviewing diagnostic procedures. Then proceed to Q20 on page 9.

For **upper digestive tract (excluding PEGs)** please refer to Q16a, Q16b & Q16c (page 7)  
 For **PEGs** please refer to Q17 (page 8)  
 For **lower digestive tract** please refer to Q18 (page 8)  
 For **ERCp** please refer to Q19 (page 9)

**16. Upper digestive tract (excluding PEGs)**

**16a Oesophagus**

	Fibreoptic oesophagoscope	Rigid oesophagoscope <i>(oesophagus or stomach)</i>
Snare resection of lesion	<input type="checkbox"/>	<input type="checkbox"/>
Laser destruction of lesion	<input type="checkbox"/>	<input type="checkbox"/>
Cauterisation of lesion (Argon beam)	<input type="checkbox"/>	<input type="checkbox"/>
Sclerotherapy of varices	<input type="checkbox"/>	<input type="checkbox"/>
Other destruction of lesion	<input type="checkbox"/>	<input type="checkbox"/>
Removal of foreign body	<input type="checkbox"/>	<input type="checkbox"/>
Balloon dilatation	<input type="checkbox"/>	<input type="checkbox"/>
Bougie dilatation	<input type="checkbox"/>	<input type="checkbox"/>

Insertion of tubal prosthesis

Other (please specify below)


**16b Upper GI tract, stomach to the proximal duodenum, using fiberoptic scope.**

Snare resection of lesion

Laser destruction of lesion

Cauterisation of lesion

Sclerotherapy to lesion

Other destruction of lesion

Insertion of prosthesis

Removal of foreign body

Endoscopic dilatation of the pylorus

Other (please specify below)


**16c Remainder of the upper digestive tract**

Duodenum

Jejunum

Ileum

Removal of lesion

Dilatation of lumen

Insertion of prosthesis

Other (please specify below)


**Please go to Q20 (page 9)**

17. PEGs

- Creation of new (first) gastrostomy
- Creation of a second (subsequent) gastrostomy
- Replacement of gastrostomy feeding tube
- Removal of gastrostomy feeding tube
- Attention to a gastrostomy tube (not requiring removal)
- Other (please specify below)


Please go to Q20 (page 9)

18. Lower digestive tract

Using -	Colonoscope	Fibreoptic sigmoidoscope	Rigid sigmoidoscope
Snare resection of lesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cauterisation of lesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser destruction of lesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other destruction of lesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilatation of lumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation of blood vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of foreign body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insertion of tubal prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Please go to Q20 (page 9)



19. **ERCP**

- Sphincterotomy sphincter of Oddi and insertion of calculus
  - Sphincterotomy sphincter of Oddi and insertion of tubal prosthesis
  - Sphincterotomy of accessory ampulla of Vater
  - Insertion of tubal prosthesis into both hepatic ducts
  - Insertion of tubal prosthesis into bile duct
  - Renewal of tubal prosthesis in bile duct
  - Removal of tubal prosthesis from bile duct
  - Dilatation of bile duct
  - Insertion of prosthesis into pancreatic duct
  - Renewal of prosthesis in pancreatic duct
  - Removal of calculus from pancreatic duct
  - Drainage of lesion of pancreas
  - Dilatation of pancreatic duct
  - Other (please specify below)
- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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20. Urgency of the procedure

- A **Elective** – Procedure at a time to suit both patient and operator  A
- B **Scheduled** - Early procedure (usually within 3 weeks) but not immediately life saving (e.g. malignancy)  B
- C **Urgent** - Procedure as soon as possible after resuscitation  C
- D **Emergency** - Immediate life-saving procedure, resuscitation simultaneous with the procedure  D

21. List any previous endoscopic procedures within the last 2 years, and their dates.

Date	Endoscopy procedure
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**We want to have more specific detail on the gastrointestinal findings before and during the endoscopy**

- For **upper digestive tract endoscopy** go to **Q22** (page 10)
- For **PEG** go to **Q23** (page 11)
- For **lower digestive tract endoscopy** please go to **Q24** (page 12)
- For **ERCP** please go to **Q25** (page 12)

**Upper digestive tract endoscopy**

22. Which of the following conditions did the patient have at the time of the endoscopy?

	Diagnosed before this endoscopy	Diagnosed during this endoscopy
A Pharyngeal pouch	<input type="checkbox"/>	<input type="checkbox"/>
B Malignant oesophageal stricture	<input type="checkbox"/>	<input type="checkbox"/>
C Benign oesophageal stricture	<input type="checkbox"/>	<input type="checkbox"/>
D Achalasia	<input type="checkbox"/>	<input type="checkbox"/>
E Oesophageal diverticulum	<input type="checkbox"/>	<input type="checkbox"/>

F Gastric ulcer	<input type="checkbox"/>	<input type="checkbox"/>																																																
G Gastric cancer	<input type="checkbox"/>	<input type="checkbox"/>																																																
H Duodenal ulcer	<input type="checkbox"/>	<input type="checkbox"/>																																																
I Pyloric stenosis	<input type="checkbox"/>	<input type="checkbox"/>																																																
J Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>																																																
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**Go to Q26 (page 13)**

**PEGs**

23. Which of the following conditions did the patient have at the time of the endoscopy?

A Nutritional failure due to non-malignant disease		<input type="checkbox"/>	A
B Motor neurone/other degenerative disease		<input type="checkbox"/>	B
C Neurological disease	Acute (CVA, trauma etc)	<input type="checkbox"/>	C1
	Chronic (degenerative neurological disease e.g. MS)	<input type="checkbox"/>	C2
D Dementia		<input type="checkbox"/>	D
E Malignancy	Oropharyngeal cancer	<input type="checkbox"/>	E1
	Oesophageal cancer	<input type="checkbox"/>	E2
	Gastric cancer	<input type="checkbox"/>	E3
	Other	<input type="checkbox"/>	E4

**Go to Q26 (page 13)**

**Lower digestive tract endoscopy**

- 24a Did the patient have a previous history of pelvic surgery e.g. hysterectomy?  y  n
- 24b Was the patient known to suffer from diverticular disease?  y  n
- 24c Had the patient previously had a “difficult” colonoscopy?  y  n
- 24d Did the patient have prior contrast examination?  y  n
- 24e Which of the following conditions did the patient have at the time of the endoscopy?

	Diagnosed before this endoscopy	Diagnosed during this endoscopy
A Diverticular disease	<input type="checkbox"/>	<input type="checkbox"/>
B Malignant stricture	<input type="checkbox"/>	<input type="checkbox"/>
C Benign stricture	<input type="checkbox"/>	<input type="checkbox"/>
D Pedunculated polyp(s)	<input type="checkbox"/>	<input type="checkbox"/>
E Flat polyp(s)	<input type="checkbox"/>	<input type="checkbox"/>
F Non-stricturing carcinoma	<input type="checkbox"/>	<input type="checkbox"/>
G Angiodysplasia	<input type="checkbox"/>	<input type="checkbox"/>
H Ulcerative colitis	<input type="checkbox"/>	<input type="checkbox"/>
I Crohn’s disease	<input type="checkbox"/>	<input type="checkbox"/>
J Other	<input type="checkbox"/>	<input type="checkbox"/>

**Go to Q26 (page 13)**

**ERCP**

25. Which of the following conditions did the patient have at the time of the endoscopy?
- |                                       | Diagnosed before this endoscopy | Diagnosed during this endoscopy |
|---------------------------------------|---------------------------------|---------------------------------|
| A Bile duct stone (possible/definite) | <input type="checkbox"/>        | <input type="checkbox"/>        |
| B Bacterial cholangitis               | <input type="checkbox"/>        | <input type="checkbox"/>        |

- C Benign biliary stricture
- D Malignant biliary stricture
- E Carcinoma of the pancreas
- F Acute pancreatitis
- G Chronic pancreatitis
- H Sclerosing cholangitis
- I Choledochal cyst
- J Other

26. Was written consent obtained for the procedure?

y

n

27. Did the patient receive antibiotic prophylaxis for the procedure?

y

n

### Movement of the patient through the hospital/endoscopy unit

28. What was the pathway for this referral?

- A Admission following an outpatient consultation  A
- B Direct referral from a general practitioner (open access)  B
- C Admission via A&E  C
- D Tertiary referral from within own hospital  D
- E Transfer from another hospital or general practitioner endoscopy unit  E
- F Self-referral by patient  F
- G Other (please specify)  G


29. If a tertiary referral which specialty

A Care of the elderly

 A

B Other medical

 B

C Surgical

 C

D Other (please specify)

 D

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30. Which department of the hospital was the patient in immediately before the procedure?

A A&E department

 A

B Emergency admissions unit

 B

C Medical ward

 C

D Surgical ward

 D

E Day case ward

 E

F Out-patient department

 F

G High dependency unit

 G

H Intensive care unit

 H

I Other (please specify)

 I

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31. Where was the procedure performed?

A Dedicated endoscopy unit/room

A

B Day-case surgery unit

B

C Operating theatres

C

D X-ray department

D

E ICU/HDU

E

F A&E

F

G Admission unit or A&E ward

G

H Other ward (please specify)

H

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I Other (please specify)

I

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32. Where was the patient nursed *immediately* after the procedure?

A A dedicated recovery area within the endoscopy unit

A

B A dedicated recovery area within the operating theatres department

B

C ICU

C

D HDU

D

E General ward

E

F Died during the procedure

F

G Other (please specify)

G

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33. If the patient went initially to a dedicated recovery area where did they go next?

A ICU

A

B HDU

B

C Directly to the operating theatre for an operation

C

D General ward

D

E Died in the recovery area

E

F Home

F

**Operating endoscopist**

34. What was the specialty of the most senior operating endoscopist?

A Specialised GI physician

A

B Other physician

B

C Specialised GI surgeon

C

D Thoracic surgeon

D

E Other surgeon (please specify)

E

F Radiologist

F

G General practitioner

G

H Nurse practitioner

H

I Other (please specify)

I

35. What was the grade of the most senior operating endoscopist?

**Career grades**

A Consultant

A

B Associate specialist

B

C Staff grade

C

D General practitioner

D



E Nurse practitioner

 E

**Trainee grades and year of training**

F Specialist registrar – post CCST

 F

G Specialist registrar – year 3/4/5

 G

H Specialist registrar – year 1/2

 H

I Senior house officer

 I

J Other trainee (please specify)

 J

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36. Which higher diplomas did the most senior operating endoscopist hold at the time of the procedure, and their dates?

		Year			
A None	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B Full Fellowship or Membership of a Royal Medical College	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C Part Fellowship or Membership of a Royal Medical College	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D ENB course A87	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Other (please specify)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

  

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If the procedure performed was on the **upper digestive tract**, please answer **Q37** (page 17)  
 If the procedure performed was a **PEG**, please answer **Q38** (page 18)  
 If the procedure performed was on the **lower digestive tract**, please answer **Q39** (page 18)  
 If the procedure performed was an **ERCP**, please answer **Q40** (page 18)

37. How many upper digestive tract therapeutic endoscopic procedures had the senior operator performed in the last 12 months? *(please tick one box)*

<5	6-10	11-20	21-50	51-100	>100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to **Q41** (page 18)

38. How many PEG procedures had the senior operator performed in the last 12 months?  
(please tick one box)

<5	6-10	11-20	21-50	51-100	>100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to Q41 (page 18)

39. How many lower digestive tract therapeutic endoscopic procedures had the senior operator performed in the last 12 months? (please tick one box)

<5	6-10	11-20	21-50	51-100	>100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to Q41 (page 18)

40. How many ERCP procedures had the senior operator performed in the last 12 months? (please tick one box)

<5	6-10	11-20	21-50	51-100	>100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Has the senior operating endoscopist attended a formal course of instruction in the use of sedation techniques?  y  n

42. If the senior operator was *not* a consultant or general practitioner where was the consultant supervising this operator available?

- A A consultant was in, or came to the operating/endoscopy room during the procedure  A
- B A consultant was in the operating/endoscopy unit but not directly involved with the case  B
- C A consultant was available in the hospital, but not present in the operating/endoscopy unit  C
- D A consultant was not in the hospital but was available by phone  D
- E Other (please specify)  E


**Sedation and the monitoring of events during the procedure**

43. What forms of sedation and analgesia were used during the procedure?  
*(answers may be multiple)*

- A None  A
- B Local anaesthesia  B
- C Intravenous opiate sedation  C

Drug used 

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

Total dose 

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

- D Intravenous benzodiazepine sedation  D
- Drug used 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- Total dose 

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

- E Other intravenous sedation (please specify)  E
- Drug used 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- Total dose 

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

44. Did the patient receive either of the following?

- A Naloxone  A
- B Flumazenil  B

45. Which of the following patient monitors were used? *(Answers may be multiple)*

- A Pulse oximetry  A
- B ECG  B
- C Automatic non-invasive blood pressure  C
- D Manual non-invasive blood pressure  D
- E Invasive blood pressure  E
- F CVP  F
- G None of the above  G

46. Was oxygen administered to the patient during the procedure?

y      n

47. Who was the person mainly responsible for continuously monitoring the general condition of the patient during the procedure?

A A qualified nurse

A

B The operator

B

C An anaesthetist

C

D Another doctor

D

E A radiographer

E

F An operating department assistant

F

G A support worker/health care worker

G

H Not known

H

48. Is there a monitoring chart for the procedure in the patient's notes?

y      n

**If so, please enclose a photocopy of this chart**

49. Did any critical incidents occur during the procedure? *(Answers may be multiple)*

A None

A

B Cardiac arrest

B

C Respiratory arrest

C

D Hypoxaemia (SpO<sub>2</sub> 90% or less)

D

E Pulmonary aspiration

E

F Hypotension (systolic less than 100mm Hg)

F

G Tachycardia (more than 100 beats per minute)

G

H Local haemorrhage

H

I Viscus perforation

I

J Other (please specify)

J

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**Post-endoscopy complications**

50. What complications/events were there in the 30 days after the procedure?

*(Answers may be multiple)*

A None

 A

B Viscus perforation

 B

C Upper or lower bowel haemorrhage

 C

D Subsequent related operation (please specify below)

 D

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

E Cardiac problems

 E

F Respiratory problems

 F

G Hepatic failure

 G

H Renal failure

 H

I Sepsis (please specify the source)

 I

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

J Progress of medical condition

 J

K Stroke

 K

L Electrolyte imbalance

 L

M Haematological problems

 M

N Other (please specify)

 N

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

51. What was the date of death?

d	d

m	m

y	y

52. Was the death reported to the coroner?

y

n

a. If Yes, was a coroner's post-mortem examination performed?

y

n

b. If No, was a hospital post-mortem performed?

y

n

53. Which of the following system(s) were implicated in the patient's death?

- A Cardiovascular
- B Respiratory
- C Renal
- D Hepatic
- E Central nervous system

A

B

C

D

E

54. What was the cause of death (according to the death certificate)?

1(a)

1(b)

1(c)

2

If death certificate not available, please state the clinical cause of death

55. Does the department of the endoscopist hold audit/morbidity/mortality meetings?

y  n

a. Has this case been considered at an audit/mortality/morbidity meeting?

y  n

b. If not, will it be?

y  n

56. Did you have any problems obtaining the patient notes?  
(e.g. more than one week)

y  n

a. If Yes, how many weeks did they take to reach you?

weeks

57. If you were not the senior operating endoscopist and have filled this questionnaire on behalf of another please state your position

- A Consultant responsible for the patient  A
- B Chair of the department/lead clinician for endoscopy  B
- C Duty consultant  C
- D Non-consultant career grade (please specify below)  D
- E Trainee (please specify below)  E
- F Other (please specify below)  F

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**

**REMINDER**

<i>Have you enclosed photocopies of:</i>	Enclosed	Not available	Not applicable
• Admission medical clerking notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Any clinical notes relevant to the procedure, or to the patient's medical condition before or after the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Endoscopy report for the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Monitoring chart or anaesthetic chart covering the duration of the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discharge summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Histology report(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Post-mortem report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to inform NCEPOD of any other details of this case, please do so on a separate sheet and remember to write the number of this questionnaire on the sheet.

**You are advised for legal reasons not to keep a copy of this questionnaire, since this would form a part of the patient's medical record. All material sent to NCEPOD is destroyed when data collection is complete.**

Please return the questionnaire and accompanying papers in the reply-paid envelope provided.