ABDOMINAL AORTIC ANEURYSM STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ANAESTHETIC QUESTIONNAIRE

CONFIDENTIAL												
Hospital Number of patient NCEPOD Local Reporter												
What is this study about? NCEPOD will be reviewing clinical and organisational issues in the delivery of care to patients who undergo repair of Abdominal Aortic Aneurysms (AAAs), and also patients that are diagnosed with an AAA and die in hospital not having received surgery. Data will be collected for a two-month period from all sites across England, Wales, Northern Ireland, Isle of Man, Guernsey, Defence and the Independent sector. Elective and emergency procedures (conventional and endovascular) carried out by vascular surgeons, general surgeons and interventional radiologists will	Who should complete this questionnaire? If you have received this questionnaire, it is because you were the consultant anaesthetist directly involved in the AAA repair, or were supervising the anaesthesia for an AAA repair. Questionnaires have also been sent to the consultant surgeon and radiologist (where applicable) involved. Please return completed questionnaires to NCEPOD, either directly or via the Local Reporter.											
be included. This work is supported by the Vascular Surgical Society of Great Britain and Ireland (VSSGBI), the Vascular Anaesthetic Society of Great Britain and Ireland (VASGBI) and the Royal College of Radiologists.	How to complete this questionnaire This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.											
NCEPOD and the National Vascular Database Some vascular surgeons contribute to the National Vascular Database. This study will address the care of AAA patients across all specialities and include those that are not operated on.	Was an epidural catheter inserted? Yes No Unknown If you make a mistake, please "black-out" the box and re-enter the correct information e.g.											
Inclusion Criteria for this study: All adults (≥16 years of age) who either: • underwent elective or emergency AAA repair (conventional or endovascular) between 1 st Feb and 31 st March 2004 inclusive. (OPCS Codes: L18.3, L18.4, L18.5, L18.6, L18.8, L18.9, L19.3, L19.4, L19.5, L19.6, L19.8, L19.9) OR • were admitted with a primary diagnosis of AAA between 1 st Feb and 31 st March 2004 inclusive but did not undergo surgery and subsequently died in hospital during the same hospital episode (ICD10 codes: I71.0, I71.3, I71.4, I71.8,	Was an epidural catheter inserted? ■ Yes No Unknown Unless indicated, please cross only one box per question. A list of definitions is provided on the back of the questionnaire. Free space is provided on page 7 for your comments. Incomplete questionnaires may be followed up.											

Questions or help

Specific exclusions are: Repeat operations for AAA repairs that are for complications of a previous operation coded as one of the following OPCS codes: L18.3, L18.4, L18.5, L18.6, L18.8, L18.9, L19.3, L19.4, L19.5, L19.6, L19.8,

If this patient underwent a repeat operation, please return this questionnaire to the NCEPOD Local Reporter.

If you have any queries about the study or this questionnaire, please contact NCEPOD at AAA@ncepod.org.uk or Tel: 020 7920 0999

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in late 2005.

1.	Age on admission		(Patients <16	(Patients <16 years are excluded)								
2.	Gender	Male	Female	Female								
В-	DRUGS											
3.	Was the patient taking beta- hospital admission?	blockers prior to this	Yes	No	Unknown							
4.	Was the patient started on be perioperatively?	eta-blockers	Yes	No	Unknown							
5.	Was the patient taking statin operation?	s at the time of the	Yes	No	Unknown							
C -	PREOPERATIVE INVES	STIGATIONS										
6.	Did the patient undergo any Please cross ALL that apply	of the following investiga	ations within 6 m	onths prior to s	urgery? UNKNOWN							
00	a Transthoracic echocardi		$\exists C$									
	b Radionuclide ventriculog											
	c Stress myocardial perfus											
	d Exercise ECG If yes , did the result affe	ct the management?										
	e Ambulatory 24-hour ECO											
	f Dobutamine stress echo											
	g Coronary angiography If yes , did the result affe	ct the management?										
7.	Was the patient assessed by preoperatively?	y a cardiologist	Yes	No	Unknown							

8.		patient have coronary angioplasty as preoperative work up?		Yes		No		Jnknown							
9.		patient have coronary artery bypass a their preoperative work up?		Yes		No		Jnknown							
D-	THE A	NAESTHETIST													
10.		of most senior anaesthetist present of anaesthesia	1	Cons	ultant										
	ar oran		2	Assoc	ciate Spe	cialist									
			3	Staff Grade											
			4	SpR year 3+											
			5	SpR year 1/2											
			6	SHO											
			7	Other											
			8	Unkn	own										
11.		nore senior anaesthetist take sibility at any time during the operation	n?	Yes		No	Ē	Unkno	wn						
		'ES, grade of more senior	1	Cons	ultant										
		anaesthetist taking responsibility during the operation	2	Assoc	ciate Spe										
			3	Staff	Grade										
			4	SpR y	ear 3+										
			5	SpR y	/ear 1/2										
			6	SHO											
			7	Other											
			8	Unkn	own										
12.	Informa	ation about the most senior anaestheti	st involv	ed in th	e operati	<u>on</u>									
	me	he most senior anaesthetist a mber of the Vascular Anaesthetic ciety of Great Britain & Ireland?		Yes		No		Unkno	wn						
	ser	w many AAA repairs did the most nior anaesthetist give an anaesthetic in the year April 2002 - March 2003?			Electiv Emerg			Unkno							
	i	Where was this information obtained	?	1	Log bo	ook/info	ormation	system							
				2	Memo	ry									

E - '	THE	AN:	IAESTHETIC	
13.	Da	ate o	f anaesthetic	d d m m y y
14.	а		as an epidural catheter inserted eoperatively?	Yes No Unknown
	b	lf Y	res,	
		i	Did the patient receive aspirin in the seven days before surgery?	Yes No Unknown
		ii	Did the patient receive subcutaneous unfractionated heparin in the 6 hours before surgery?	Yes No Unknown
		iii	Did the patient receive fractionated heparin in the 12 hours before surgery	y? Yes No Unknown
 		iv	What date was the epidural catheter removed?	d d m m y y
15.	Int	raop		1
				Please cross ALL that apply
16.				1 None
	ınt	raop	peratively	2 Aprotinin
				3 Bank platelets
				4 Bank red cells (autologous, preoperative donation)
				5 Bank red cells (homologous transfusion)
				6 Fresh frozen plasma
				7 Haemodilution
				8 Intra-operative cell salvage
				9 Tranexamic acid
				10 Other
				11 Unknown

17.	a Patient temperature at end of operation	1 >36°C
		2 34°C – 36°C
		3 <34°C
		4 Unknown
	b Site of temperature	1 Axillary
		2 Nasopharyngeal
		3 Oesophageal
		4 Tympanic
		5 Other
		6 Unknown
18.	Was a pulmonary artery flotation catheter used intraoperatively?	Yes No Unknown
19.	Was cardiac output measured intraoperatively?	Yes No Unknown
20.	Total cross-clamp time (See definition at end of questionnaire)	minutes Unknown
21.	Were any inotropes used? (See definition at end of questionnaire)	Yes No Unknown
22.	Were any vasoconstrictors used? (See definition at end of questionnaire)	Yes No Unknown
23.	Did the patient die in theatre?	Yes No Unknown If YES, please go to question 26b
F - F	RECOVERY	
24.	What was the immediate destination of the patient after the operation?	1 Recovery area
	·	2 Level 3 care (e.g. ICU)
	(See definitions at end of questionnaire) Please do not cross recovery area if the	3 Level 2 care (e.g. HDU)
	patient only received immediate post- anaesthetic care before transfer to one of the	4 Level 1 care - vascular surgical ward
	other destinations listed	5 Level 1 care - general surgical ward
		6 Another hospital
		7 Other
		8 Unknown

25. Were the patient's lungs ventilated mechanically postoperatively?							1 2 3 4 5] 4] >	4 ho - 24 24 a 72 l	ours hou and nour	ırs < 72 s	hou	urs													
G -	PA ⁻	TIENT O	UTC	OI	ИE																						
26.] Y	es		If N	N 10, µ	o olea:	se g	o to	_	Unk						
	b	h KVEO										Please cross ALL that apply															
	D	If YES , i What	was	the	mod	de o	f de	ath	?		1		-			ailur											
SAMPL						2 3 4 5 6 7 8		Is N R R S	ulti- enal espi epsi ther	orga I faili rato s	c bow in dy ure ry fa	/sfu		on s	ync	dron	ne			Y	/						
		ii What	was	the	cau	se c	of de	eath	sta	ated	on	the o	deat	h ce	rtific	ate1	>										
		1a																				$\underline{\mathbb{I}}$					
		1b																				I					
		1c																				$\underline{\mathbb{I}}$					
		2																				I					
	С	Date of d	eath/	disc	charç	ge (í	if ap	plica	able,)		d	d		т	т		У	У]							

SAMPLE ONLY	27 D 1
	27. Please write clearly any additional observations you wish to report about the management of this patient.
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Thank you for taking the time to complete this questionnaire	
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Definitions

QUESTION	DEFINITION
E - The anaesthetic	
20. Total cross-clamp time	Time to removal of all clamps. This will include any periods of temporary clamping and re-clamping.
21. Were any inotropes used?	Please indicate if any drugs were given for inotropic effect. e.g. epinephrine, dobutamine.
22. Were any vasoconstrictors used?	Please indicate if any drugs were given for vasoconstrictor effect e.g. metaraminol, phenylephrine, norepinephrine.
F - Recovery	
24. Immediate destination of patient after operation	Recovery: Patient spent a substantial period of time in recovery. Do not cross if the patient only received immediate post-anaesthetic care before transfer to one of the other destinations listed below. Level 3 care: Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure. Level 2 care: Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those "stepping down" from higher levels of care. This could be a separate High Dependency Unit (HDU) or a high dependency area on a ward. Level 1 care: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team. Vascular surgical and general surgical wards would provide Level 1 care. Vascular surgical ward: Ward in which 50% or more of patients are admitted under the care of a vascular surgeon or a general surgeon with a vascular interest. General surgical ward: Ward in which less than 50% of patients are admitted under the care of a vascular surgeon or a general surgeon with a vascular interest.

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