



# COSMETIC SURGERY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

## CONFIDENTIAL QUESTIONNAIRE

Name of organisation: \_\_\_\_\_

Name of trust/parent company: \_\_\_\_\_

Who completed this questionnaire?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**What is this study about?**

NCEPOD is investigating variations in organisational structures surrounding the practice of cosmetic surgery\* with the aim of identifying areas of care that can be improved on. For the purposes of this study, we are employing the definition of cosmetic surgery used by The Department of Health, and will only include invasive surgical procedures carried out for cosmetic purposes\*.

**Sites that ONLY carry out reconstructive plastic surgery will not be included.**

Hospitals, clinics or treatment centres that perform cosmetic operations either as inpatients, outpatients, or both, or companies that organise cosmetic surgery that is carried out elsewhere should complete this organisational questionnaire.

Completion of this questionnaire is mandatory, as the GMC requires all clinicians to participate in confidential enquiries: 'Good Medical Practice' states that:

*"you must... contribute to confidential enquiries and adverse event recognition and reporting to help reduce risk to patients" (Para 14 Good Medical Practice 2006).*

**NCEPOD maintains the confidentiality of participant's answers by anonymising all questionnaires on receipt so that no individual, hospital or organisation can be recognised during the peer review process. To ensure the confidentiality of the data, please return the questionnaire directly to NCEPOD using the SAE provided.**

**Questions or help**

If you have any queries about the study or this questionnaire, please contact NCEPOD at:

**cosmeticsurgery@ncepod.org.uk**

**Telephone 0207 631 3444**

**Who should complete this questionnaire?**

Questionnaires should be completed by the chair of the medical audit committee, the medical director, the clinical lead or the clinical governance lead \* of your organisation, or someone nominated by them who would have the knowledge to complete it accurately or be able to seek help in order to do so.

For this questionnaire 'organisation' is being taken at the level of hospital, clinic, treatment centre, or referral service\*, not at the level of the parent company trust or PCT.

A separate questionnaire should be filled in for each hospital, clinic or treatment centre within a company/trust

**How to complete this questionnaire**

Information will be collected using two methods: Box cross and free text, where your clinical opinion will be requested.

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.

Do you advertise your services?

Yes       No

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

Yes       No

**Unless indicated, please mark only one box per question.**

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in late 2009/early 2010.

*\*See definitions on pages 15 -16 for more details.*

FOR NCEPOD USE ONLY

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Procedure	OPCDv4 code
Full face lift (Rhytidectomy)	S01.1 Plastic excision of skin of head or neck, Facelift and tightening of platysma S01.2 Plastic excision of skin of head or neck, Facelift nec S01.3 Plastic excision of skin of head or neck, Submental lipectomy
Minimal access facelift (e.g. MACS)	S01.2 Plastic excision of skin of head or neck, Facelift nec
Thread/suture facelift*	S01.2 Plastic excision of skin of head or neck, Facelift nec
Upper blepharoplasty	C13.2 Excision of redundant skin of eyelid, Blepharoplasty of upper eyelid
Lower blepharoplasty	C13.2 Excision of redundant skin of eyelid, Blepharoplasty of lower eyelid
Blepharoplasty	C13.1 Excision of redundant skin of eyelid, Blepharoplasty of both eyelids C13.8 Excision of redundant skin of eyelid, Other specified C13.9 Excision of redundant skin of eyelid, Unspecified
Cheek Implant	Code not found
Brow lift- Rhytidectomy	S01.4 Plastic excision of skin of head or neck, Browlift
Neck lift	S01.3 Plastic excision of skin of head or neck, Submental Lipectomy
Surgical lip augmentation	F06.8 Other specified operations on lip
Pinnaplasty- only if privately funded	D03.3 Plastic operations on external ear, Pinnaplasty
Correction of other ear deformities	D03.3 Plastic operations on external ear, Pinnaplasty
Breast Augmentation	B31.2 Other plastic operations on breast, Augmentation mammoplasty B30.1 Prosthesis for breast, Insertion of prosthesis for breast B30.2 Prosthesis for breast, Revision of prosthesis for breast B30.3 Prosthesis for breast, Removal of prosthesis for breast B30.8 Prosthesis for breast, Other specified B30.9 Prosthesis for breast, Unspecified
Correction of Breast assymetry	B31.3 Other plastic operations on breast
Breast reduction Mastopexy	B31.1 Other plastic operations on breast, Reduction Mammoplasty
Brachioplasty	S03.3 Plastic excision of skin of other site, Excision of redundant skin or fat of arm
Calf implants, Buttock implants	Codes not found
Buttock lift, Thigh lift , body lift	S03.1 Plastic excision of skin of other site, Buttock lift S03.2 Plastic excision of skin of other site, Thigh lift, Body lift
Liposuction, Smart liposuction*	S62.1 Other operations on subcutaneous tissue, Liposuction of subcutaneous tissue of head or neck S62.2 Other operations on subcutaneous tissue, Liposuction of subcutaneous tissue nec
Abdominoplasty, abdominal scar revision	S02.1 Plastic excision of skin of abdominal wall, Abdominoplasty S02.2 Plastic excision of skin of abdominal wall, Abdominolipectomy
Labiaplasty	P05.5 Excision of excess labial tissue
Vaginoplasty	P21.3 Vaginoplasty nec
Penis enlargement	N29.1 Implantation of prosthesis in penis
Foreskin restoration	N30.9 Unspecified operation on prepuce



## A. GENERAL INFORMATION

Q1. Which of the following describes this facility? (please select all that apply):-

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| a. Independent hospital that offers a range of clinical services- with overnight beds  | <input type="checkbox"/> | f. Individual cosmetic surgeon acting independently, who provides patient consultations e.g. in their office(s) | <input type="checkbox"/> |
| b. Independent hospital (that offers a range of clinical services- Out patients only)  | <input type="checkbox"/> | g. G.P. Surgery (offers a range of clinical services, may be NHS or independent)                                | <input type="checkbox"/> |
| c. NHS hospital  | <input type="checkbox"/> | h. Cosmetic surgery referral service* (for surgery carried out in the UK, Channel Islands or Isle of Man)       | <input type="checkbox"/> |
| d. Small clinic (employing less than 3 clinicians that only offers cosmetic surgery, which is carried out on-site)   | <input type="checkbox"/> | i. Cosmetic surgery referral service* (for surgery outside the UK, Channel Islands or Isle of Man)              | <input type="checkbox"/> |
| e. Clinic (employing more than 3 clinicians that only offers cosmetic surgery, which is carried out on-site)   | <input type="checkbox"/> | j. Other (please state below)   | <input type="checkbox"/> |
| f. Treatment centre providing non-surgical cosmetic services that carries out consultations on-site for cosmetic surgery (surgery itself is carried out elsewhere) | <input type="checkbox"/> |   |                          |

(\*See "Definitions" on pages 15 -16 for more details)

Q2.a. Is this facility registered with the Care Quality Commission? (Previously known as the Healthcare Commission before April 2009).  Yes  No  N/A

b. If 'Yes', please enter your certificate number in the box provided.

c. If 'Yes', please enter the date of your last inspection by the Care Quality Commission.   /   /      
D D / M M / Y Y Y Y

d. If 'Yes', please enter the date of your last inspection by the Care Quality Commission of standards of care specific to cosmetic surgery   /   /      
D D / M M / Y Y Y Y

Q3. How many initial consultations for cosmetic surgical procedures were carried out in your facility during the financial year: April 2008- April 2009?        
(Please include in this number patients that went on to have surgery and those who only had a consultation).  N/A



**Q4.a.** Do you carry out any of the procedures, listed in the table below, on site at this facility, or arrange for any of the following procedures to be carried out elsewhere? (Please mark all those that apply in column 'A').

**b.** Please enter in column 'B', in the table below, the numbers of each type of procedure that were carried out on-site in your facility during the financial year : 1st April 2008 - 30th April 2009 (please enter '0000' if no operations were carried out and leave blank if data not available).

*All procedures come under ICD10 code z41: Procedures for purposes other than remedying health state.  
A list of OPCSv4 codes can be found on page 2*

**c.** Please enter in column 'C', in the table below, the numbers of each type of procedures that were performed elsewhere during the financial year: 1st April 2008 - 30th April 2009, following an initial consultation at your facility.

	<b>A. Mark all procedures that are offered at this facility.</b>	<b>B. No.s of each procedure carried out ON-SITE from April 2008- April 2009.</b>	<b>C. No.s of each procedure carried out ELSEWHERE after consultation on-site from April 2008- April 2009.</b>
<b>i) Full face lift (Rhytidectomy)</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>ii) Minimal access facelift (e.g. MACS)*</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>iii) Thread/suture facelift*</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>iv) Upper blepharoplasty</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>v) Lower blepharoplasty</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>vi) Cheek implant</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>vii) Rhinoplasty</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>viii) Secondary rhinoplasty</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>ix) Brow lift</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>x) Neck lift</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xi) Surgical lip augmentation</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xii) Pinnaplasty (only if privately funded)*</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>



<b>xiii) Correction of other ear deformities</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xiv) Breast augmentation</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xv) Breast reduction</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xvi) Correction of breast asymmetry</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xvii) Mastopexy</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xviii) Correction of gynaecomastia</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xix) Brachioplasty</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xx) Buttock implants</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xxi) Buttock lift</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xxii) Thigh lift</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xxiii) Body lift</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xxiv) Liposuction</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xxv) Smart/Laser liposection*</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xxvi) Abdominoplasty</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xxvii) Abdominal scar revision</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xxviii) Hair transplant</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>xxix) Labiaplasty</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>



<b>xxvi) Vaginoplasty</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>xxvii) Penis enlargement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>xxviii) Foreskin restoration</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*See "Definitions" on pages 15 - 16 for details*

**Q5.** Does this facility:- (Please mark all that apply)

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| a. Act as the first point of contact for prospective cosmetic surgery patients?          | <input type="checkbox"/> | d. Oversee patients throughout the entire patient pathway? (Surgery not carried out on-site) | <input type="checkbox"/> |
| b. Carry out initial consultations for cosmetic surgery patients on-site?                | <input type="checkbox"/> | e. Only carry out surgical procedures? (not involved in other aspects of patient care)       | <input type="checkbox"/> |
| c. Oversee patients throughout the entire patient pathway? (Surgery carried out on-site) | <input type="checkbox"/> |  |                          |

**If marked boxes A-D, please proceed to part B (Q6)**

**If marked box E, please proceed to part C (Q33)**

## B. ADVERTISING, CONSENT, PATIENT INFORMATION & SUPPORT

**Q6.** Do you (or your parent company) advertise your services?  Yes  No  N/A

**Q7.** If answered 'Yes' to 'Q6', which of the following methods of advertising do you employ? (Please mark all that apply)

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| a. Newspapers/magazines   | <input type="checkbox"/> | h. Pamphlets  | <input type="checkbox"/> |
| b. Outdoor (E.g. billboards, posters etc.)  | <input type="checkbox"/> | i. Public transport   | <input type="checkbox"/> |
| c. Broadcasts (T.V., radio, cinema)   | <input type="checkbox"/> | j. Other ambient media* (e.g the back of car-park receipts) | <input type="checkbox"/> |
| d. Web listing dedicated to (and providing information on) cosmetic surgery e.g. Consulting Rooms | <input type="checkbox"/> | k. On-line social networking sites (e.g. Facebook)          | <input type="checkbox"/> |
| e. Other web listing  | <input type="checkbox"/> | l. Bulk emailing  | <input type="checkbox"/> |
| f. Business directories (e.g. Yellow Pages)   | <input type="checkbox"/> | m. Pop-up advertisements                                    | <input type="checkbox"/> |
| g. Direct mailing*  | <input type="checkbox"/> | n. Other on-line advertisements                             | <input type="checkbox"/> |

*\*See "Definitions" on pages 15 - 16 for details*



**Q8.** How are patients informed about the procedure(s) that they will undergo, including risks of surgery, possible complications etc.? (Please select all that apply):

- |    |   |                          |    |   |                          |
|----|---|--------------------------|----|---|--------------------------|
| a. | Patient information leaflet                 | <input type="checkbox"/> | e. | Non-clinical advisor led information  | <input type="checkbox"/> |
| b. | Patient information CD/DVD                  | <input type="checkbox"/> | f. | Referral to published information on cosmetic surgery by the Department of Health | <input type="checkbox"/> |
| c. | Verbal discussion at consultation by doctor | <input type="checkbox"/> | g. | Other (Please describe)   | <input type="checkbox"/> |
| d. | Verbal discussion with nurse                | <input type="checkbox"/> |    | <input type="text"/>  |                          |

**Q9.** Who does the patient pay for their cosmetic surgical procedure?

- |    |  |                          |    |                               |                          |
|----|--|--------------------------|----|-------------------------------|--------------------------|
| a. | This facility  | <input type="checkbox"/> | c. | Not applicable (NHS facility) | <input type="checkbox"/> |
| b. | The surgeon who carries out the operation (who may make payment to this facility for advertising etc.) | <input type="checkbox"/> | d. | Other (Please describe)       | <input type="checkbox"/> |
| c. | A cosmetic surgery referral service  | <input type="checkbox"/> |    | <input type="text"/>          |                          |

**Q10.** Do you provide, promote or inform patients of any 'special offers' or financial discounts for patients who agree to proceed with surgery immediately or to undergo more than one procedure?

- Yes       No       N/A

**Q11.** Do you provide, promote or inform patients of any financial schemes (e.g. deferred payment schemes) that help patients to spread the cost of their treatment?

- Yes       No       N/A

**Q12.** Does the facility have the following services for potential patients? (Please select all that apply):-

- |    |  |                          |
|----|--|--------------------------|
| a. | Dedicated telephone line for queries manned by medically qualified personnel | <input type="checkbox"/> |
| b. | Dedicated telephone line for queries manned by non-medical personnel         | <input type="checkbox"/> |
| c. | Patient education clinics led by medically qualified personnel               | <input type="checkbox"/> |
| d. | Patient education clinics led by nursing personnel                           | <input type="checkbox"/> |

**Q13.** Who in your facility conducts the initial consultation\*? (Please select all that apply):

- |    |                               |                          |    |   |                          |
|----|-------------------------------|--------------------------|----|---|--------------------------|
| a. | Consultant surgeon            | <input type="checkbox"/> | h. | Clinical psychologist   | <input type="checkbox"/> |
| b. | Trainee surgeon               | <input type="checkbox"/> | i. | Clinician practicing outside the UK, Channel Islands & Isle of Man*                             | <input type="checkbox"/> |
| c. | Non-consultant specialist     | <input type="checkbox"/> | j. | Non-clinical advisor  | <input type="checkbox"/> |
| d. | General practitioner          | <input type="checkbox"/> | k. | Other (Please state)  | <input type="checkbox"/> |
| e. | Specialist nurse practitioner | <input type="checkbox"/> |    | <input type="text"/>  |                          |
| f. | Other registered nurse        | <input type="checkbox"/> | l. | Not applicable:- No initial consultations are carried out at this site. (Please proceed to Q27) | <input type="checkbox"/> |
| g. | Other healthcare professional | <input type="checkbox"/> |    |   |                          |

(\*See "Definitions" on pages 15 - 16 for details)



Q14. Is it the policy of your organisation that as part of the initial consultation, a psychological evaluation of the patient would be routinely carried out?  Yes  No

Q15. If answered 'Yes' to Q14, by whom is the psychological assessment carried out?  
.....

Q16. According to the policy of your organisation, as part of the initial consultation, are the following assessments carried out that would identify poor outcomes of cosmetic surgery?

a. Screening for psychiatric disorders (e.g. body dysmorphic disorder)  Yes  No  
If 'Yes', method used and by whom? .....

b. Assessment of the patient's previous experience of cosmetic surgery (E.g. number of procedures, previous dissatisfaction). Please specify.  Yes  No  
.....

c. Assessment of the patient's expectations for the psychological outcomes of their surgery (i.e. are they realistic?)  Yes  No  
If 'Yes', method used and by whom .....

Q17.a. Is a pre-anaesthetic assessment undertaken before surgery, in order to assess the suitability of the patient for surgery?  Yes  No

b. If answered 'Yes' to Q17a, what clinical risk assessment tool is used to assess the suitability of a patient for surgery? E.g. ASA score  
.....

c. If answered 'Yes' to Q17a, who carries out the pre-anaesthetic assessment?  
.....

d. Are the patient's medical records available to the person carrying out the pre-anaesthetic assessment?  Yes  No

Q18. In your organisation, who obtains the consent of the patient to undergo surgery?:- (Please mark all that apply)

- |                                   |                          |  |                          |
|-----------------------------------|--------------------------|--|--------------------------|
| a. Consultant surgeon             | <input type="checkbox"/> | g. Other healthcare professional                                       | <input type="checkbox"/> |
| b. Trainee surgeon                | <input type="checkbox"/> | h. Clinical psychologist   | <input type="checkbox"/> |
| c. Non-consultant specialist      | <input type="checkbox"/> | i. Clinician practicing outside the UK, Channel Islands & Isle of Man* | <input type="checkbox"/> |
| d. General practitioner           | <input type="checkbox"/> | j. Non-clinical advisor  | <input type="checkbox"/> |
| e. Specialist nurse practitioner* | <input type="checkbox"/> | k. Other (Please state)  | <input type="checkbox"/> |
| f. Other registered nurse         | <input type="checkbox"/> |  |                          |

(\*See "Definitions" on pages 15 - 16 for details)





**Q19.** Is a two-stage /deferred consent process utilised in-line with GMC and Department of Health guidelines?  Yes  No

If answered 'Yes' to Q19, please send a copy of the consent form(s) with this questionnaire.

**Q20.** Do you routinely organise a follow-up appointment for patients after their surgery?  Yes  No

**Q21.** If answered 'Yes' to Q20, is this appointment?:-

- a. In an out-patient clinic with the surgeon (or other clinician) that performed the operation?
- b. In an out-patient clinic with another medical professional?
- c. With a non-medical member of staff? (i.e. patient is not reviewed by a medical professional following discharge)

**Q22.** Are patients routinely followed up by telephone?  Yes  No

**Q23.a.** If answered 'Yes' to Q22, then by whom is the ..... patient contacted?

b. If answered 'Yes' to Q23a, then how long after ..... surgery does this take place?

**Q24.** Are patients issued with a card or document carrying contact details and information describing what they should do if they become ill after their cosmetic surgical procedure?  Yes  No

**Q25.a.** Is there a dedicated telephone help-line for them to call?  Yes  No

b. If answered 'Yes' to Q25a, is help/advice via this service available 24 hours/day?  Yes  No

**Q26.** If answered 'Yes' to Q25a, will patients speak to:- (Please mark all that apply).

- a. A Doctor
- b. A registered nurse
- c. Other (Please state)

.....

**Q27.** Assuming that the patient has followed all advice given on aftercare, if complications arise due to the cosmetic procedure, to a degree that the patient needs to be re-admitted to hospital, who would be responsible for the additional costs incurred?

- a. The patient
- b. The NHS
- c. The facility providing the cosmetic surgery
- d. The organisation that referred the patient
- e. Other (Please state) .....
- f. Unknown

**Q28.** Do you clearly display in patient/user areas, details of the procedure that unsatisfied patients should undertake in order to make an official complaint?  Yes  No

**Q29.** Does your organisation ever refer patients to a cosmetic surgeon outside of the UK, Channel Islands or Isle of Man?  Yes  No



Q30. If answered 'Yes' to Q29, which countries do you send patients to?  
a. E.U. Countries (please state) .....

b. Non-E.U. Countries (please state) .....

Q31. If answered 'Yes' to Q29, please give details of arrangements/ provisions that are made for patients under your care undergoing surgery outside of the UK, Channel Islands or Isle of Man concerning the following aspects of their care (If no arrangements exist, please leave blank):

a. Travel arrangements and accommodation? .....

b. Translation of patient information from a foreign language? .....

c. Patient support abroad (both pre/post operation)? .....

d. Ensuring standards of healthcare equivalent to the UK, Channel Islands or Isle of Man? .....

Q32. If answered 'Yes' to Q29, what arrangements/provisions are made to deal with complications when patients return to the UK, Channel Islands or Isle of Man? .....

If cosmetic surgery is carried out on-site within your organisation, please continue to PART C, Q33.

If no surgical procedures are carried out on-site, then please proceed to PART D, Q58.

**C. HOSPITAL FACILITIES, STAFFING, POLICIES & PROTOCOLS**

Q33. Does this facility have in-patient theatres for cosmetic surgery?  Yes  No Number of theatres:

Q34. Does this facility have day-case theatres for cosmetic surgery?  Yes  No Number of theatres:

Q35.a. Does this facility have in-patient beds set aside specifically for the use of cosmetic surgery patients?  Yes  No Number of beds:

b. If answered 'No' to Q35a, are other beds available for cosmetic surgery patients?  Yes  No Number of beds

Q36.a. Does this facility have day case beds set aside for the use of cosmetic surgery patients?  Yes  No Number of beds

b. Are the day-case beds separate from the in-patient beds?  Yes  No



**Q37.** Is the following equipment immediately available in theatre where cosmetic surgery is performed? (Please mark all those that apply):

- |                                      |                          |                                   |                          |
|--------------------------------------|--------------------------|-----------------------------------|--------------------------|
| a. E.C.G                             | <input type="checkbox"/> | d. Doppler ultrasound             | <input type="checkbox"/> |
| b. Temperature measurement equipment | <input type="checkbox"/> | e. Nerve stimulator               | <input type="checkbox"/> |
| c. Capnography equipment             | <input type="checkbox"/> | f. Oxygen supply/suction facility | <input type="checkbox"/> |
|                                      |                          | g. Pulse oximetry                 | <input type="checkbox"/> |

**Q38.a.** Are any cosmetic surgical procedures listed in Q4 performed in a non-theatre environment?  Yes  No

**b.** If answered 'Yes' to Q38a, please describe which surgical procedures and where they are carried out?  
.....

**Q39.** Where are cosmetic surgery patients recovered? (E.g. General ward/ specialist recovery room)  
.....

**Q40.** Does the recovery area have pulse oximetry measurement equipment?  Yes  No

**Q41.** Does the recovery area have equipment for blood pressure measurement?  Yes  No

**Q42.a.** Does your facility have a level 3 care unit (ICU/ITU)?  Yes  No  
(See "Definitions" on pages 15-16)

**b.** If answered 'Yes', to Q42a, then what is the number of beds in the level 3 care unit?

**Q43.a.** Does your establishment have a level 2 care unit (HDU)?  Yes  No  
(See "Definitions" on pages 15-16)

**b.** If answered 'Yes', to Q43a., then what is the number of beds in the level 2 care unit?

**Q44.a.** Do cosmetic surgical procedures performed in your facility require equipment that is used more than once?  
 Yes  No

**b.** If answered 'Yes' to Q44a, are decontamination and sterilisation services available onsite?  
 Yes  No

**c.** If answered 'No' to Q44b, then where does this take place? .....

**Q45.** Is resuscitation equipment available in all areas of your establishment where surgery/ anaesthesia/ sedation takes place?  
 Yes  No



Q46. Who performs cosmetic surgery in your facility? (Please mark all those that apply:-)

- |                              |                          |                                  |                          |
|------------------------------|--------------------------|----------------------------------|--------------------------|
| a. Consultant surgeon        | <input type="checkbox"/> | e. Specialist nurse practitioner | <input type="checkbox"/> |
| b. Trainee surgeon           | <input type="checkbox"/> | f. Other registered nurse        | <input type="checkbox"/> |
| c. Non-consultant specialist | <input type="checkbox"/> | g. Other healthcare professional | <input type="checkbox"/> |
| d. General practitioner      | <input type="checkbox"/> | h. Other (please state)          | <input type="checkbox"/> |
- .....

Q47. What specialties are involved in performing cosmetic surgery in your facility? (Please mark all those that apply)

- |                     |                          |                           |                          |
|---------------------|--------------------------|---------------------------|--------------------------|
| a. Dermatology      | <input type="checkbox"/> | e. General surgery        | <input type="checkbox"/> |
| b. ENT              | <input type="checkbox"/> | f. Maxillo-facial surgery | <input type="checkbox"/> |
| c. General medicine | <input type="checkbox"/> | g. Plastic surgery        | <input type="checkbox"/> |
| d. General practice | <input type="checkbox"/> | h. Other (Please state)   | <input type="checkbox"/> |
- .....

Q48. How many clinicians carry out cosmetic surgical operations at this facility? (please include full-time staff and those employed on a sessional basis)

Q49. Is specialist training in cosmetic surgical procedures provided in your facility?  Yes  No

Q50. Who routinely delivers the anaesthesia in your facility? (Please mark all that apply:-)

- |   | General Anaesthesia      | Local Anaesthesia        | Sedation                 |
|---|--------------------------|--------------------------|--------------------------|
| a. Clinician carrying out the operation     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Consultant anaesthetist                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Non-consultant specialist in anaesthesia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Trainee anaesthetist                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Physician's assistant (anaesthesia)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other (Please specify) .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- .....

Q51. Is there a dedicated consultant rota for anaesthetic sessions covering theatres?

- Yes  No  N/A



Q52. Who recovers the patient? (Please mark all those that apply).

- a. Anaesthetist
- b. Dedicated recovery nurse
- c. Theatre staff
- d. Other (Please state)

.....

Q53. For surgical post-operative care, who normally provides cover out of hours?

.....

Q54. Do recovery staff regularly undergo resuscitation training (at least annually)?  Yes  No  N/A

Q55. Is there always a member of recovery staff on duty who holds a full provider certificate (e.g. ALS\*)?  Yes  No  N/A

(\* See "Definitions" on page 15 - 16 for details)

Q56. In event of a peri-operative event/complication is there a standard procedure for transfer from theatre to: -

- a. On-site emergency department
- b. Nearby acute hospital
- c. No standard procedure
- d. Other (Please state)

.....

.....

Q57. Is there an emergency re-admission policy for post-operative patients?  Yes  No

If answered 'Yes' to questions 56-57, we may ask you to forward printed copies of these documents to NCEPOD.

## D. PATIENT MANAGEMENT/CLINICAL AUDIT

Q58. Do you have an electronic record of patients' details and medical history?  Yes  No

Q59. Are medical records held by:

- a. The treating clinician  Yes  No
- b. The facility  Yes  No

Q60. Does the facility have a policy for the utilisation and storage of medical records in accordance with the Data Protection Act (1998)\*?  Yes  No

If answered 'Yes', to Q60, we may ask you to forward a printed copy of the policy to NCEPOD

(\* See "Definitions" on page 15 - 16 for details)



Q61. Do you record the referral route of your patients?  Yes  No

Q62. If answered 'Yes' to Q61, do you accept patients from the following? (Please mark all that apply)

- a. G.P. referral
- b. Self (e.g. patient has seen an advertisement)
- c. Cosmetic surgery referral service (Broker)
- d. Other (please state) .....

Q63. If answered B-D, is it standard practice for this facility to inform the patient's GP of their treatment (with the patients explicit consent)?  Yes  No

Q64. Do you monitor any of the following patient outcomes? (Please mark all that apply)

- a. Unplanned hospital readmission rates
- b. Infection rates
- c. Patient satisfaction questionnaires\*
- d. Psychosocial assessment (e.g. self-esteem; social anxiety and avoidance); please give details:  
.....  
.....
- e. Other (Please state) .....

**\*If answered "Yes" to question 64c, we may ask you to forward a printed copy to NCEPOD.**

Q65. Are the results of your audit made available to any external governing bodies e.g. Care Quality Commission? (Please give details)

.....

Q66. How does the clinical team monitor implementation of action/change in response to the audit report?

.....

Q67. Please write clearly any relevant additional comments you have on organisational aspects of cosmetic surgery.

**Thank you for taking the time to complete this questionnaire**



Question	Definition
<b>ALS</b>	Advanced Life Support certificate. The holder has passed an ALS course, reaching the standard defined by the Resuscitation Council (UK). The certificate is recognised Europe-wide and lasts for 4 years.
<b>ASA score</b>	A 6-stage physical status classification system for assessing a patient before surgery designed by the American Society of Anesthesiologists.
<b>Ambient Media</b>	Advertisements that have the aim of either drawing mass-attention in centralised locations or that directly interact with consumers during normal everyday activities. E.g. projecting images on sides of buildings or displaying advertisements on car-park receipts, supermarket trolleys etc.
<b>Clinical Lead</b>	Person in charge of managing Clinical Services in a hospital, clinic or GP surgery
<b>Clinical Governance Lead</b>	Person responsible for managing clinical governance/audit in an organisation.
<b>Clinician practicing outside of the UK, Channel Islands and the Isle of Man</b>	This refers to doctors or nurses whose normal practice is to perform cosmetic surgical procedures in facilities located outside of the UK, Channel Islands and the Isle of Man. The initial consultation may take place in the UK Channel Islands or the Isle of Man but the surgery is carried out abroad.
<b>Cosmetic surgery</b>	For the purposes of this study we are using the Department of Health definition of cosmetic surgery: "Operations that revise or change the appearance, colour, texture, structure or position of the bodily features to achieve what patients perceive to be more desirable" We are not including reconstructive plastic surgery (e.g. breast reconstruction after cancer) or bariatric surgery. Non-surgical procedures such as Botox, fillers, chemical peels, dermabrasion are also all excluded. Sites included in this study are limited to those that carry out procedures that are specified in Question 4 (pages 2-4).
<b>CQC</b>	Care Quality Commission: The Healthcare commission has changed its name since April 2009. From this time henceforth, the regulatory body for healthcare will be known as the Care Quality Commission. The name change will not affect the requirements of providers of cosmetic surgery to register with this regulatory body.
<b>Data Protection Act (1998)</b>	The Data Protection Act 1998 places obligations on organisations or individuals who record and use personal data. They must be open about that use by registering all systems containing personal data, and must follow sound and proper practices (defined in the data protection principles). The Act defines eight principles of good practice in relation to the storing, processing and managing of personal data, and requires all organisations to comply with these principles. These principles state that personal data must: 1) Be obtained and processed fairly and lawfully; 2) be held only for the specified and lawful purposes; 3) not be used or disclosed for any reason incompatible with its original purpose; 4) be relevant and adequate; 5) be accurate and kept up to date; 6) not be kept for longer than is necessary; 7) be made available to the individual concerned on request and provision made for collection; 8) be kept secure from unauthorised access, alteration, disclosure, loss or destruction. For more information, please see:- <a href="http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Recordsmanagement/DH_4000489">http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Recordsmanagement/DH_4000489</a>
<b>Direct Mailing</b>	Targeted advertisement messages are sent directly to consumers usually in the form of a letter in the mail.
<b>G.P. Surgery</b>	NHS-funded or independent General Practitioner's surgery that offers a range of clinical services of which cosmetic surgery is one.
<b>Independent Hospital</b>	This refers to a large facility (employing more than 3 cosmetic surgeons on a sessional basis) that is privately (or charitably) funded. These sites offer a range of clinical services of which cosmetic surgery is but one. These sites may have overnight beds for in-patients or only day-beds, but cosmetic surgery would be carried out on-site. These organisations would normally oversee the patient throughout the patient pathway from initial consultation to post surgical aftercare. However they may also receive referrals from other organisations and only be responsible for the surgery itself.



<b>Individual Cosmetic Surgeon</b>	This refers to a surgeon who acts independently from any other organisation and is registered as a limited company. He/She is paid by the patient for their surgery and is responsible for the patient's care throughout the patient pathway.
<b>Initial consultation</b>	For the purposes of this study, the 'initial consultation' refers to the appointment with a member of staff within the organisation during which the patient first agrees to undergo a surgical procedure and/or pays for, or commits to paying for this to take place.
<b>Laser liposuction (Smart Lipo)</b>	Variation on liposuction procedure that is less invasive, a small incision is made through which a fine cannula is inserted that delivers a powerful laser to heat and destroy fat cells.
<b>Level 2 care</b>	Level 2 care or a high dependency unit (HDU) is an area for patients who require more intensive observation, treatment and nursing care than can be provided on a general ward. It would not normally accept patients requiring mechanical ventilation, but could manage those receiving invasive monitoring.
<b>Level 3 care</b>	Level 3 care or an intensive care unit (ICU) is an area to which patients are admitted for treatment of actual or impending organ failure, especially when mechanical ventilation is necessary.
<b>MACS</b>	Minimal Access Cranial Suspension facelift or minilift. A successor to the traditional Rhytidectomy and superficial musculoaponeurotic system (SMAS) facelifts that lifts the lower part of the face & neck. Small incisions are made below the ears and the skin is pulled to tighten it. The 'S-lift' is a variation which is also considered a minimal access face lift, being less invasive than traditional methods.
<b>NHS Hospital</b>	A hospital that is funded by the National Health Service (even if certain aspects of care are independent).
<b>Non-surgical treatment centre</b>	This is a facility that mainly carried out non-surgical cosmetic procedures, but may provide consultations for cosmetic surgical procedures. Consultations may or may not be carried out on site.
<b>Pinnaplasty</b>	The main treatment for prominent ears is an operation called pinnaplasty or otoplasty, that reshapes the cartilage (gristly tissue) in the ear and uses plastic stitches to pin the ears back (or sometimes just by using the stitches alone). The procedure may also be known as "ear pinning". It is available on the NHS for children, but we would not include an establishment in this study if the only 'cosmetic' operations that they carry out are NHS-funded pinnaplasties.
<b>Referral Service</b>	This is an organisation that organises cosmetic surgical operations. They act as a broker, not carrying out any surgery but refer patients for surgery that is carried out elsewhere. The consultation may or may not take place on site, but a commission is usually charged. A referral service may organise cosmetic surgery in the UK or abroad.
<b>Small Clinic</b>	This refers to a small establishment (employing 1-3 cosmetic surgeons on a sessional basis) that carries out cosmetic surgery on-site (although they may additionally refer patients to other large hospitals for certain surgical procedures). Cosmetic surgery is the only service offered by small clinics, which may have overnight beds or cater only for out-patients.
<b>Specialist nurse practitioner</b>	A registered nurse (RN) who has completed an advanced training program in a medical specialty. A specialist nurse practitioner may function as a primary direct provider of health care and prescribe medications.
<b>Thread/suture Facelift</b>	Minimally-invasive facelift procedure involving the insertion of fine threads (sutures) through small incisions into deeper tissues. The threads are attached to soft tissues and are pulled upwards to tighten the deep tissues (e.g. Aptos or other barbed, bidirectional or knotted fixation sutures. Also known as the 'Aptos' or 'feather' lift).



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