

Emergency and Elective Surgery in the Elderly (ESEE) study

The aim of this study is to explore remediable factors in processes of care of elderly patients who die within 30 days of emergency or elective surgery.

The main objectives of the study are to explore the following areas of care:

1. Fluid management
2. The seniority of clinicians involved in peri-operative care
3. Delays in surgery (due to scheduling, and the management of the patients physical status)
4. Anaesthetic management including preoperative assessment
5. Acute Pain Management
6. Post Operative Cognitive Dysfunction
7. Use of Critical Care facilities
8. Nutrition
9. Comorbidities
10. Medications including Thromboembolism prophylaxis
11. Consent
12. Prevention of Peri-operative Hypothermia

All NHS and independent hospitals, and Independent Treatment Sector Centres that admit patients for surgery in England, Wales and Northern Ireland; and public hospitals in the Isle of Man, Jersey and Guernsey will be included in the study.

All patients aged **80 years or older** that died at the operating unit within 30 days of a surgical procedure will be included. Data will be collected on **procedures performed** between **1st April and 30th June 2008**. Patients should be aged 80 at the time of the procedure. Patients will be included if they died within 30 days of the first procedure on that admission.

Patients who undergo procedures with the following OPCS codes will not be included if they have had the procedure performed in isolation:

- A52 – Therapeutic: epidural injection
- A55 – Diagnostic spinal puncture
- A83 – Electroconvulsive therapy
- E48 – Therapeutic fiberoptic endoscopic operations on lower respiratory tract
- E49 – Diagnostic fiberoptic endoscopic operations on lower respiratory tract
- G16 – Diagnostic fiberoptic endoscopic examination of oesophagus
- G45 – Diagnostic fiberoptic endoscopic examination of upper gastrointestinal tract
- G47 – Intubation of stomach
- H22 – Diagnostic endoscopic examination of colon
- H25 – Diagnostic endoscopic examination of lower bowel using fiberoptic endoscope
- H28 – Diagnostic endoscopic examination of sigmoid colon using rigid sigmoidoscope
- J13 – Diagnostic percutaneous operation on liver
- J43 – Diagnostic endoscopic retrograde examination of bile duct and pancreatic duct
- J44 – Diagnostic endoscopic retrograde examination of bile duct
- J45 – Diagnostic endoscopic retrograde examination of pancreatic duct
- K49 – Transluminal balloon angioplasty of coronary artery
- K51 – Diagnostic transluminal operation on coronary artery
- K58 – Diagnostic transluminal operation on heart
- K60 – Cardiac pacemaker system introduced through vein
- K63 – Contrast radiology of heart
- K65 – Catheterisation of heart
- K68 – Drainage of pericardium
- L86 – Injection into varicose vein of leg

- M47 – Urethral catheterisation of bladder
- R01 – R35 – Female genital tract associated with pregnancy, childbirth and puerperium
- S09 – Photodestruction of lesion of skin
- S13 – Punch biopsy of skin
- S15 – Other biopsy of skin
- S41& S42 – Suture of skin
- S43 & S44 – Removal of material from skin
- S50 – S53 – Introduction of material into subcutaneous tissue/skin
- T12 – Puncture of pleura
- T90 – Contrast radiology of lymphatic tissue
- U – Diagnostic imaging, testing and rehabilitation
- W29 – Skeletal traction of bone
- W90 – Puncture of joint
- X29 – X53 – Injection/transfusion/dialysis/organ donation/resuscitation
- X59 – Anaesthetic without surgery
- Y70 – Y90
- Z – Subsidiary classification of sites of operation
- E85.2
- L91.2 when performed in conjunction with an excluded procedure
- L95.1
- M49.2
- S40
- S57.1
- Y53
- Y97-98

We would be grateful if you could complete the attached spreadsheet and return it to NCEPOD in a password protected spreadsheet by **Friday 19th December 2008**. Questionnaires are currently under development and will be disseminated in early 2009.

For your information, the casenotes extracts we will be requesting are as follows:

- Pre-assessment clinic notes
- Inpatient and outpatient annotations from pre-admission to death
- Integrated care pathways
- Nursing notes (including Waterlow, Mental State Examination records, Pain Assessment records, Nutrition Assessment records)
- Drug charts
- Imaging reports
- Fluid balance charts
- Operation notes
- Notes from MDT meetings
- Consent forms
- Pathology results
- End of Life Pathway documentation
- Incident report form and details of outcome
- Post mortem report
- Discharge summary
- Anaesthetic charts
- Pre-anaesthetic or pre-admission protocols/checklists
- Recovery room records
- DNAR Report

We will be asking for these to be returned alongside the completed questionnaires.

If you have any questions regarding this study please contact Heather Cooper, Clinical Researcher, on email: hcooper@ncepod.org.uk; or by calling the office on 020 76313444.

Please send all completed spreadsheets to our nhs.net account; ncepod@nhs.net;