

DATA FROM 1997/98 SURGICAL QUESTIONNAIRES – CHILDREN

This data supplement should be read in conjunction with the 1999 NCEPOD Report, “Extremes of Age”.

The question numbers in the supplement correspond to those in the anaesthetic or surgical questionnaire from which the data was derived.

Where a question is omitted from the supplement it is because the data was not statistically analysed; in most instances these were free text questions which were reviewed by the Advisors but could not be analysed on our database.

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1. Age of patient at time of final operation:

Less than 1 month	24
1 month to less than 6 months	16
6 months to less than 1 year	5
1 year to less than 2 years	5
2 years to less than 4 years	6
4 years to less than 11 years	16
11 years to less than 16 years	21
Total	93

2. Day of operation:

Monday	19
Tuesday	11
Wednesday	11
Thursday	19
Friday	13
Saturday	9
Sunday	11
Total	93

5. Sex of patient:

Male	53
Female	40
Total	93

8. Day of admission:

Monday	19
Tuesday	12
Wednesday	9
Thursday	16
Friday	10
Saturday	11
Sunday	16
Total	93

Number of days from admission to operation:

Same day	35
Next day	18
2 days	6
3 days	1
4 days	6
5 days to 9 days	8
10 days to 19 days	9
20 days to 29 days	3
30 days or more	7
Total	93

9. In what type of hospital did the final operation take place?

District General (or equivalent)	7
University/Teaching	35
Surgical specialty	3
Children's	48
Total	93

a. Is this paediatric surgical service provided in:

A stand-alone unit	30
Situated within a larger hospital with paediatric medicine on-site	63
Total	93

10. Admission category:

Elective in-patient	10
Urgent	11
Emergency	69
Born in the hospital in which the final operation took place	2
Not known	1
Total	93

11. What was the pathway for this admission?

Transfer as an inpatient from another acute surgical hospital	58
Transfer from another non-surgical hospital, nursing home etc.	6
Referral from a General Medical or General Dental Practitioner	4
Admission following a previous outpatient consultation	2
Admission via A&E department	14
Other	9
Total	93

18. Was the child accompanied by a medical/nursing team during transfer?

Yes	50
No	2
Not answered	5
Not known	1
Total	58

a. If yes, did the team come from:

Transferring hospital	33
Receiving hospital	14
Not answered	2
Not known	1
Total	50

19. Did the child's condition deteriorate during transfer?

Yes	4
No	49
Not answered	3
Not known	2
Total	58

20. What was the condition of the child on admission to the receiving hospital?

Satisfactory	37
Unsatisfactory	19
Not answered	2
Total	58

21. Did you consider transferring the child to another hospital?

Yes	1
No	84
Not answered	8
Total	93

22. To what type of area was the child first admitted in the hospital in which the final operation took place?

Paediatric surgical ward	11
Specialist surgical ward	4
Paediatric medical ward	13
A&E holding area (or other emergency admission ward)	3
Paediatric ICU/HDU	23
Neonatal ICU/SCBU	27
Adult ICU/HDU	3
Direct to theatre	8
Other	1
Total	93

23. Was experienced medical paediatric cover available for this ward/area? (i.e. a resident on-call team of paediatricians, one of whom has more than 12 months experience in acute paediatrics, including neonatal care.)

Yes	85
No	6
Not answered	2
Total	93

24. Was the child originally admitted to the hospital in which the operation took place under the care of the surgeon whose team undertook the operation?

Yes	54
No	37
Not answered	2
Total	93

a. If no, what was the source of referral to the Consultant Surgeon?

A medical specialty	28
Another surgical specialty	2
Same surgical specialty	2
Other	5
Total	37

25. Was the care of the child undertaken on a formal shared basis with paediatric physicians?

Yes	69
No	23
Not answered	1
Total	93

26. Was there any delay in either the referral or the admission of this child?

Yes	8
No	83
Not answered	1
Not known	1
Total	93

27. Specialty of Consultant Surgeon in charge at the time of the final operation:

Paediatric	48
General with a subspecialty in paediatric surgery	2
Neurosurgery – paediatric	14
Neurosurgery – adult	3
Neurosurgery – mixed	8
Orthopaedic	1
Otorhinolaryngology	8
Plastic	5
Thoracic/cardiothoracic – paediatric	1
Transplantation	2
Vascular	1
Total	93

28. What type of surgery does this consultant provide for children?

General (or non-specialist) paediatric surgery <i>(i.e. relatively common disorders which do not usually require a major or complex operation or perioperative care)</i>	7
Specialist or tertiary paediatric surgery	85
Other	1
Total	93

29. Does this consultant manage neonates (i.e. children under one month old)?

Yes	89
No	3
Not answered	1
Total	93

30. Has this consultant had specialist training in surgery on children?

Yes	87
No	6
Total	93

31. What is this consultant's regular sessional commitment for surgery in children (i.e. operating sessions)?

No regular sessional commitment	10
More than one per week	75
Weekly	7
Not answered	1
Total	93

32. In the hospital in which the final surgery took place, is there an identified consultant surgeon who leads the provision of surgical services for children?

Yes	62
No	22
Not answered	9
Total	93

a. If yes, is it the consultant in charge of this case?

Yes	33
No	26
Not answered	3
Total	62

37. Patient's ASA status prior to the final operation (NB we do not use the E subclassification)

ASA 1	14
ASA 2	6
ASA 3	8
ASA 4	46
ASA 5	18
Not answered	1
Total	93

38. Were there any coexisting problems (other than the main diagnosis) at the time of the operation?

Yes	63
No	27
Not answered	3
Total	93

a. If yes, specify the disorder 63 cases, answers may be multiple

Prematurity	26
Genetic abnormality / recognised syndrome	17
Respiratory	34
Cardiac	24
Renal	18
Haematological	25
Gastrointestinal	27
Vascular	4
Sepsis	20
Neurological	16
Diabetes mellitus	1
Other endocrine	1
Musculoskeletal	1
Psychiatric	1
Other	4

43. What precautions or therapeutic manoeuvres were undertaken preoperatively (excluding anaesthetic room management) to improve the patient's preoperative condition? 93 cases, answers may be multiple

None	2
Cardiac support drugs or anti-arrhythmic agents	27
Gastric aspiration	57
Intravenous fluids	80
Correction of hypovolaemia	52
Urinary catheterisation	39
Blood transfusion	28
Diuretics	17
Anticoagulants	4
Vitamin K	19
Antibiotics	62
Bowel preparation	2
Chest physiotherapy	14
Oxygen therapy	52
Airway protection (e.g. in unconscious patients)	29
Tracheal intubation	59
Mechanical ventilation	64
Nutritional support	26
Stabilisation of fractures	4
Others	6

44. What was the grade of the most senior surgeon consulted before this operation?

Consultant	60
Associate specialist	1
Locum appointment – service (Consultant)	2
Visiting specialist registrar	2
Specialist registrar – accredited/CCST	10
Specialist registrar – year 4	11
Specialist registrar – year 3	2
Specialist registrar – year 2	2
Specialist registrar – year 1	1
Other	1
Not answered	1
Total	93

45. What was the grade of the surgeon who signed the consent form?

Consultant	28
Locum appointment – service (Consultant)	1
Locum appointment – training (grade not specified)	1
Specialist registrar	35
Senior House Officer	13
House Officer	1
Other	10
Not answered	3
Not known	1
Total	93

48. What was the anticipated risk of death related to the proposed operation?

Not expected	24
Small but significant risk	12
Definite risk	42
Expected	13
Not answered	2
Total	93

49. Was there pressure to operate (perhaps against the operating surgeon's better judgement)?

Yes	2
No	90
Not answered	1
Total	93

a. If yes, from where did the pressure come?

Consultant Paediatrician, Consultant Surgeon and Consultant Intensivist	1
Relatives	1
Total	2

50. Were there any delays (between diagnosis and surgery) due to factors other than clinical?

Yes	7
No	86
Total	93

51. Classification of operation:

Emergency	44
Urgent	34
Scheduled	11
Elective	3
Not answered	1
Total	93

53. Most senior surgeon present in operating room during the procedure?

Consultant	71
Associate specialist	1
Locum appointment – service (Consultant)	1
Visiting Specialist Registrar	1
Specialist Registrar – Accredited/CCST	6
Specialist Registrar – Year 4	8
Specialist Registrar – Year 3	1
Specialist Registrar – Year 2	2
Other	1
Not answered	1
Total	93

54. Most senior operating surgeon:

Consultant	60
Locum appointment – service (Consultant)	2
Associate specialist	1
Visiting Specialist Registrar	2
Specialist Registrar – Accredited/CCST	10
Specialist Registrar – Year 4	11
Specialist Registrar – Year 3	2
Specialist Registrar – Year 2	2
Specialist Registrar – Year 1	1
Other	1
Not answered	1
Total	93

57. Which higher diploma(s) in surgery were held by the most senior operating surgeon at the time of the operation? 93 cases, answers may be multiple

Part 1 of Fellowship	15
Fellowship (Royal College, College or Faculty)	73
MS/MD	32
Intercollegiate specialty diploma	34
Other	11

59. Does this surgeon operate on children regularly?

No regular sessional commitment	8
More than once per week	73
Weekly	6
Monthly	2
Not answered	4
Total	93

60. Do these operations take place on a designated children-only list?

Yes	77
No	11
Not answered	5
Total	93

62. Has this surgeon undertaken an Advanced Paediatric Life Support (APLS) course?

Yes	20
No	58
Not answered	13
Not known	2
Total	93

67. Were there any unanticipated intra-operative problems?

Yes	16
No	76
Not answered	1
Total	93

68. Was the procedure performed solely under local anaesthetic or sedation administered by the surgeon?

Yes	2
No	90
Not answered	1
Total	93

a. If yes, which of the following were recorded during or immediately after the procedure? 2 cases, answers may be multiple

Blood pressure	2
Pulse	2
ECG	2
Pulse oximetry	2
Total	2

69. Where did the patient go immediately after leaving the theatre suite?

Neonatal ICU/SCBU	28
Paediatric ICU/HDU	45
Adult ICU/HDU	6
Paediatric surgical ward	4
Paediatric medical ward	4
Other ward area	1
Not applicable (died in theatre)	5
Total	93

70. If the child was not admitted to an ICU/HDU immediately after leaving theatre, was the child admitted to an ICU/HDU after an initial period on a routine postoperative ward?

Yes	4
No	3
Not answered	2
Total	9

a. If yes, which?

Neonatal ICU/SCBU	1
Paediatric ICU/HDU	2
Adult ICU/HDU	1
Total	4

71. Who was clinically in charge of the child in ICU/HDU?

General intensivist	3
Paediatric intensivist	53
General anaesthetist	2
General anaesthetist with interest in paediatrics	4
Paediatric anaesthetist	6
Paediatrician	9
Other	5
Not answered	1
Total	83

72. Discharge from ICU/HDU was due to:

Death	76
Elective transfer to ward	5
Other	1
Not answered	1
Total	83

73. If the child was discharged to a ward, was the ward an appropriate destination for this child?

Yes	5
Total	5

74. Was the child subsequently readmitted to an ICU/HDU?

Yes	1
No	4
Total	5

75. If the patient's condition warranted an admission to an ICU/HDU, were you at any time unable to transfer the child into an ICU/HDU within the hospital in which the surgery took place?

No	58
Condition did not warrant admission to ICU/HDU	2
Not answered	33
Total	93

76. Please specify the postoperative complications: 93 cases, answers may be multiple

Not applicable (died in theatre)	5
Not answered / "none"	11
Complications of prematurity	15
Haemorrhage / postoperative bleeding requiring transfusion	16
Upper respiratory obstruction	2
Respiratory distress	34
Generalised sepsis	24
Wound infection / dehiscence	6
Anastomotic failure	2
Cardiac problems (including cardiac arrest)	27
Hepatic failure	10
Renal failure	21
Endocrine system failure	2
Neurological problems	30
Problems with analgesia	1
Nutritional problems	3
Problems with venous access	1
Other	13

77. Was there a shortage of personnel in this case?

No	92
Not answered	1
Total	93

79. Place of death:

Theatre	5
Ward	7
ICU/HDU	77
Home	3
Not known	1
Total	93

83. Was death reported to the Coroner?

Yes	60
No	27
Not answered	4
Not known	2
Total	93

a. If yes, was a Coroner's postmortem examination ordered and performed?

Yes	30
No	26
Not answered	3
Not known	1
Total	60

84. If a Coroner's postmortem examination was not performed, was a hospital examination undertaken?

Yes	11
No	40
Not answered	12
Total	63

85. Was the surgical team informed of the date and time of the postmortem examination?

Yes	14
No	24
Not answered	1
Not known	2
Total	41

a. If yes, which member of the surgical team attended the postmortem examination? 14 cases, answers may be multiple

None	6
Specialist Registrar	3
Consultant	5
Consultant and Specialist Registrar	1
Total	15

87. Did the surgical team receive a copy of the postmortem examination report?

Yes	23
No	12
Informal report or verbal message	4
Not answered	1
Not known	1
Total	41

89. Did the pathological information confirm the clinical impression?

Yes	26
No	1
Total	27

91. Please specify the specialty of the pathologist who performed the postmortem examination:

General histopathologist	5
Home office histopathologist	4
Neuropathologist	9
Paediatric pathologist	19
Not answered	4
Total	41

92. Has this death been considered, (or will it be considered) at a local audit / quality control meeting?

Yes	71
No	19
Not answered	3
Total	93

93. Did you have any problems obtaining the patient's notes (i.e. more than 1 week)?

Yes	24
No	67
Not answered	2
Total	93

96. Has the consultant surgeon seen and agreed this questionnaire?

Yes	87
No	3
Not answered	3
Total	93