

1. Age on admission (Patients <16 years are excluded)

2. Gender Male Female

B - DRUGS

3. Was the patient taking beta-blockers prior to this hospital admission? Yes No Unknown

4. Was the patient started on beta-blockers perioperatively? Yes No Unknown

5. Was the patient taking statins at the time of the operation? Yes No Unknown

C - PREOPERATIVE INVESTIGATIONS

6. Did the patient undergo any of the following investigations within 6 months prior to surgery?

Please cross **ALL** that apply

YES

NO

UNKNOWN

a Transthoracic echocardiography

If **yes**, did the result affect the management?

b Radionuclide ventriculography (MUGA)

If **yes**, did the result affect the management?

c Stress myocardial perfusion scan

If **yes**, did the result affect the management?

d Exercise ECG

If **yes**, did the result affect the management?

e Ambulatory 24-hour ECG

If **yes**, did the result affect the management?

f Dobutamine stress echocardiography

If **yes**, did the result affect the management?

g Coronary angiography

If **yes**, did the result affect the management?

7. Was the patient assessed by a cardiologist preoperatively? Yes No Unknown

8. Did the patient have coronary angioplasty as part of their preoperative work up? Yes No Unknown
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9. Did the patient have coronary artery bypass as part of their preoperative work up? Yes No Unknown

D - THE ANAESTHETIST

10. Grade of most senior anaesthetist present at start of anaesthesia
- 1 Consultant
- 2 Associate Specialist
- 3 Staff Grade
- 4 SpR year 3+
- 5 SpR year 1/2
- 6 SHO
- 7 Other
- 8 Unknown
-
11. Did a more senior anaesthetist take responsibility at any time during the operation? Yes No Unknown
- a If **YES**, grade of more senior anaesthetist taking responsibility during the operation
- 1 Consultant
- 2 Associate Specialist
- 3 Staff Grade
- 4 SpR year 3+
- 5 SpR year 1/2
- 6 SHO
- 7 Other
- 8 Unknown

12. Information about the most senior anaesthetist involved in the operation

- a Is the most senior anaesthetist a member of the Vascular Anaesthetic Society of Great Britain & Ireland? Yes No Unknown

- b How many AAA repairs did the most senior anaesthetist give an anaesthetic for in the year April 2002 - March 2003?
- Elective Unknown
- Emergency Unknown

- i Where was this information obtained?
- 1 Log book/information system
- 2 Memory

E - THE ANAESTHETIC

13. Date of anaesthetic

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

14. a Was an epidural catheter inserted preoperatively?

Yes No Unknown

b If YES,

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?

Yes No Unknown

iv What date was the epidural catheter removed?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown
<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	

15. Intraoperative blood loss

- 1 <500ml
- 2 500ml – 1L
- 3 1L – 5L
- 4 >5L
- 5 Unknown

Please cross ALL that apply

16. Transfusion and related drugs given intraoperatively

- 1 None
- 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 - RECOVERY

24. What was the immediate destination of the patient after the operation?
(See definitions at end of questionnaire)
Please do not cross **recovery area** if the patient only received immediate post-anaesthetic care before transfer to one of the other destinations listed
- 1 Recovery area
 - 2 Level 3 care (e.g. ICU)
 - 3 Level 2 care (e.g. HDU)
 - 4 Level 1 care - vascular surgical ward
 - 5 Level 1 care - general surgical ward
 - 6 Another hospital
 - 7 Other
 - 8 Unknown

27. Please write clearly any additional observations you wish to report about the management of this patient.

SAMPLE ONLY

Thank you for taking the time to complete this questionnaire

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	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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