

## **2. Overview of data collected**

### **Introduction**

This section provides a general overview of the data received and the study population.

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### Hospital participation

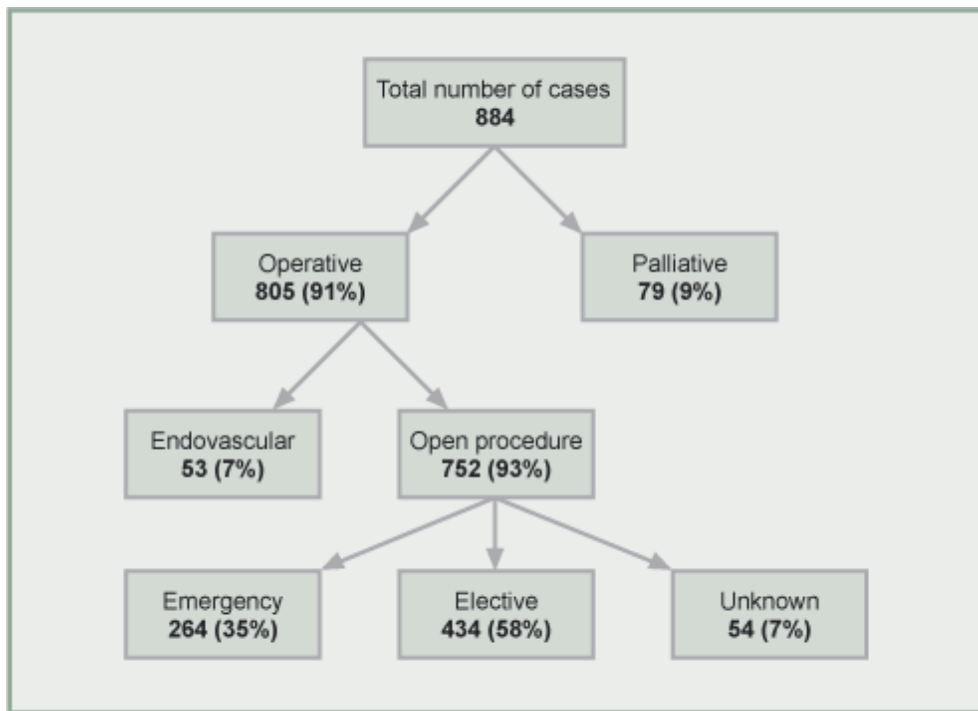
226 hospitals, identified as possibly performing surgical or endovascular repair of an abdominal aortic aneurysm (AAA), were sent an organisational questionnaire. 188 of these hospitals returned a questionnaire, whilst 38 hospitals did not and gave us no reason as to why they should not participate in the study. Four of these 38 hospitals contributed to the National Vascular Database operated by the VSGBI <sup>1</sup>. Seven of the 188 hospitals that returned organisational questionnaires were excluded, based on answers in their questionnaires, leaving 181 hospitals to take part in the study. Of these, 163 were NHS hospitals and 18 were independent hospitals.

Of the 181 hospitals identified by returned organisational questionnaires, 137 hospitals completed at least one clinical questionnaire, 21 reported no cases for either month and 23 returned no questionnaires and did not tell us that there were no cases. Of the 23 hospitals that returned no questionnaires, one hospital said they were too understaffed and did not have time to participate and two hospitals returned questionnaires after the deadline.

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### Population

Figure 1 demonstrates how the sample population was divided between procedure and admission type. It can be seen that in this study the majority of cases underwent a repair of their aneurysm; in only 9% (79/884) was a decision made not to operate or the patient died before receiving surgery. Of the repairs performed, 93% (752/805) were done by an open surgical procedure and more commonly as an elective procedure.

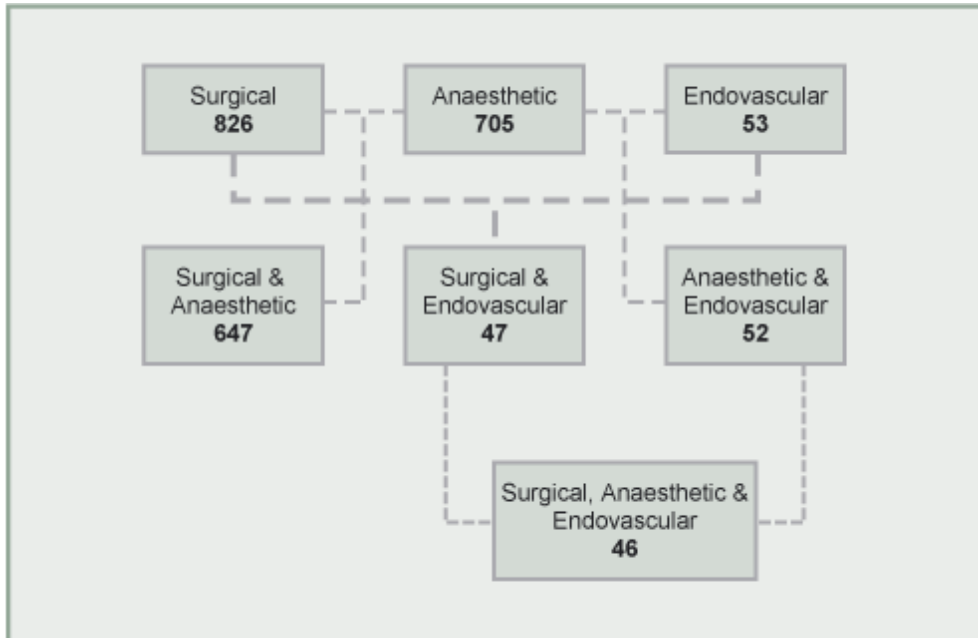


**Figure 1.** An overview of the study sample cases

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### Data received

Figure 2 provides an overview of the number of clinical questionnaires returned. More surgical questionnaires were returned as some of these would have been completed by the admitting consultant when a patient died before being seen by the surgeon and anaesthetist.



**Figure 2.** Overview of questionnaires returned

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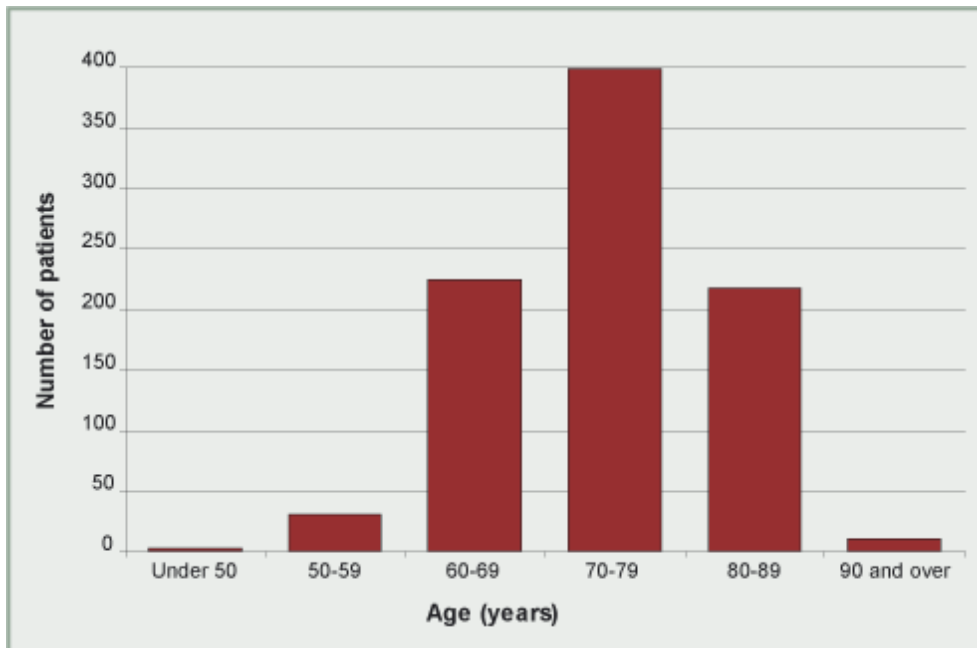
### Denominator data

Information on 805 of the expected 1,129 operated cases were received and on 79 of the expected 106 non-operated cases. This represents 71% and 75% respectively. The hospitals that did not return questionnaires could account for some of this missing data.

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### Age and Sex

Figure 3 demonstrates the distribution of age of all the patients included in this study.



**Figure 3.** Distribution of age of study population

The mean (SD) age of this group of patients was 74.0 (7.7) years and 83.5% were male. This is consistent with the fact that AAAs are more common in males over the age of 65<sup>2</sup>. The mean (SD) age of patients operated on was 73.0 (7.3) compared with a mean (SD) age of 82.6 (6.8) in those patients where surgery was not performed.

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### References

- <sup>1</sup> The Vascular Society of Great Britain and Ireland. *National Vascular Database Report*. 2004.
- <sup>2</sup> Lederle FA, Johnson GR, Wilson SE, et al. *The aneurysm detection and management study screening program: validation cohort and final results. Aneurysm Detection and Management Veterans Affairs Cooperative Study Investigators*. *Arch Intern Med* 2000; **160**: 1425-30.