

### 3. Organisation of vascular services

#### Imaging facilities >> Elective patients

Poor availability of radiology services out of hours was common.

Imaging is crucial to the successful care of patients with aortic aneurysms. Proper imaging before elective repair will establish the true size of the aneurysm and thus whether the patient should be advised to undergo operation, or whether it might be better to continue with observation only. Imaging will establish the precise anatomy of the aneurysm, information necessary to decide on the operation required. Furthermore, the operation indicated may require particular facilities that need to be planned in advance. Full knowledge of the patient's particular anatomy and the procedure required is essential before the surgeon can properly inform the patient of the risks and benefits of AAA repair when seeking consent for the operation.

Table 1. General availability of different imaging facilities according to size of vascular unit											
	Angiography		CT scanner		Interventional radiology		MRI scanner		Ultrasound		
		%		%		%		%		%	
<b>Large</b>	45	100	46	100	44	98	44	96	47	100	
<b>Intermediate</b>	100	96	104	99	98	94	95	91	106	100	
<b>Remote</b>	13	81	16	100	12	75	14	88	16	100	
<b>Total</b>	<b>158</b>	<b>96</b>	<b>166</b>	<b>99</b>	<b>154</b>	<b>93</b>	<b>153</b>	<b>92</b>	<b>169</b>	<b>100</b>	

Percentages refer to the number of hospitals with the facilities available as a proportion of the total number of hospitals that replied to that particular question.

There was little difference in provision of services between different sized units (Table 1). Provision was less good in remote units but the numbers of such units was small. One should note that respondents may have interpreted the question regarding availability of 'Interventional radiology' as including procedures such as biliary stenting, and may not have restricted an affirmative answer to vascular procedures only. Similarly, the affirmative answers as to the availability of ultrasound may refer to ultrasound in general; hospitals that answered "Yes" may not necessarily have access to **vascular** ultrasound services.

Table 1 shows that nearly all hospitals performing aortic aneurysm repair have the imaging modalities required to care for such patients. Superficially this is reassuring. However, NCEPOD's advisors were strongly of the opinion that these services are not necessarily readily accessible to vascular surgery patients. Department of Health targets specified that by 2001 there should be a maximum two month wait from GP referral to treatment for breast cancer and that this standard should be rolled out to other cancer sites so that by 2005 all cancers would be treated within two months of referral by their GP. In order to meet these targets, patients with cancer are given a high priority for radiological investigations. In contrast, the advisors reported that patients who do not have cancer, for example those with aortic aneurysms who need a CT examination before surgery, can wait several months before the appointment for their CT examination. Although not malignant, large AAAs (greater than 6 cms diameter) pose a threat to life and require urgent treatment. Is it acceptable that patients with an AAA should carry a 85% risk of dying<sup>1,2</sup> should their aneurysm rupture while they wait for their appointment, whilst other patients receive greater priority?