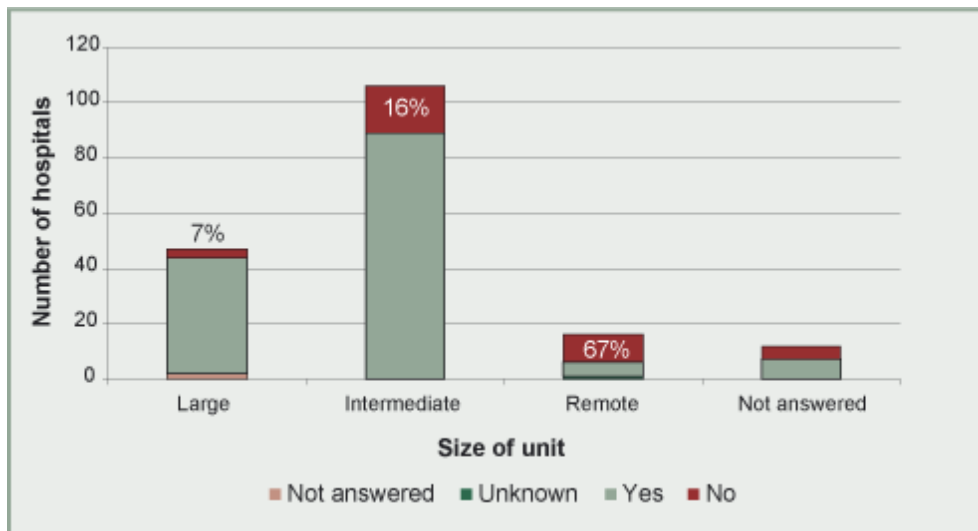


### 3. Organisation of vascular services

#### Provision of theatre sessions for vascular surgery

##### >> Daytime general emergency theatre sessions

If it was unlikely that a hospital had provision for dedicated vascular emergency theatre sessions, did hospitals at least have daytime theatre sessions allocated for surgical emergency cases of all sorts?



**Figure 10.** Dedicated emergency daytime theatre in hospitals by size of vascular unit  $n=181$ . Percentages refer to hospitals without dedicated emergency daytime theatre.

It is very disappointing that 18% of hospitals (30/166) did not have theatres immediately available (NCEPOD theatres) for emergency surgery during the daytime (Figure 10). Larger units were more likely to have NCEPOD theatres, but provision was not universal even in this group of institutions. These facilities were first recommended by NCEPOD in 1990. If a patient presents with a ruptured aortic aneurysm and the hospital does not have an emergency theatre, the patient will have to wait until an ongoing operation is finished and the theatre is cleared before surgery can commence. Any delay in operating on a ruptured aneurysm has the potential to affect adversely the patient's outcome. It is hard to understand the clinical priorities in hospitals that do not provide daytime emergency theatres when so many hospitals have managed to establish this facility. Trusts should give serious consideration to this issue in the interests of patient safety.