

Recommendations

Recommendations are listed by chapter.

3. Organisation of vascular services

Trusts should ensure the availability outside normal working hours of radiology services including CT scanners.

Clinicians, purchasers, Trusts and Strategic Health Authorities should review whether elective aortic aneurysm surgery should be concentrated in fewer hospitals.

Major elective surgery should not take place unless all essential elements of the care package are available.

4. Surgery

Patients with an aortic aneurysm requiring surgery must have equal priority with all other patients with serious clinical conditions for diagnosis, investigation and treatment.

Trusts should take action to improve access to Level 2 beds for patients undergoing elective aortic aneurysm repair so as to reduce the number of operations cancelled and inappropriate use of Level 3 beds.

Trusts should ensure that clinicians of the appropriate grade are available to staff preoperative assessment clinics for aortic surgery patients.

Strategic Health Authorities and Trusts should co-operate to ensure that only surgeons with vascular expertise operate on emergency aortic aneurysm patients, apart from exceptional geographical circumstances.

5. Anaesthesia

Trusts should ensure that anaesthetists can identify the major cases that they have managed in order to support audit and appraisal.

Anaesthetic departments should review the allocation of vascular cases so as to reduce the number of anaesthetists caring for very small volumes of elective and emergency aortic surgery cases.

Trusts should ensure they that they have robust systems for the postoperative care of epidural catheters with accompanying appropriate documentation.

Anaesthetic departments and critical care units should review together whether vascular surgery patients who routinely receive postoperative mechanical ventilation could be managed in a Level 2 High Dependency Unit breathing spontaneously.