BARIATRIC SURGERY STUDY
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

CLINICIAN QUESTIONNAIRE

Hospital number of patient: ____________

DETAILS OF THE CLINICIAN COMPLETING THIS QUESTIONNAIRE:
Grade: _____________________________ Specialty _____________________________

What is this study about?
To describe variability and identify remediable factors in the process of care (from referral to follow up) for patients undergoing a bariatric procedure for weight loss.

How to complete the form:
This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Was this patient entered into the National Bariatric Surgery Registry?
[ ] Yes [ ] No [ ] Unknown

If you make a mistake, please “black-out” the incorrect box and re-enter the correct information, e.g.

[ ] Yes [ ] No [ ] Unknown

Unless indicated, please mark only one box per question.

A list of definitions is provided on the back page of the questionnaire.

Please return the completed questionnaire to NCEPOD in the SAE provided.
A copy MUST NOT be kept in the patient's notes

Specific inclusions/exclusions:
All adult patients (>16 years old) who underwent a bariatric procedure for weight loss during the 3 month study period, (1st June 2010 to 31st August 2010 inclusive) were identified retrospectively via OPCS codes. From this patient population a sample was selected for peer review.

Patients undergoing bariatric surgery for conditions unrelated to weight loss are excluded from the study.

CPD Accreditation:
Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/ self directed Continuous Professional Development in their appraisal portfolio.

Questions or help?
Further information can be found on our website http://www.ncepod.org.uk/bs.htm

If you have any queries about the study or this questionnaire, please contact NCEPOD on: 020 7600 1893 or bariatricsurgery@ncepod.org.uk

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in late 2012.

FOR NCEPOD USE ONLY ____________
### PATIENT

1. Age at time of surgery

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2. Gender

- [ ] Male
- [ ] Female

3. Weight at time of surgery:

- [ ] **kg** 
- [ ] **st** 
- [ ] **lb** 

- [ ] not documented

Height:

- [ ] **cm** 
- [ ] **ft** 
- [ ] **in** 

- [ ] not documented

BMI at time of surgery:

- [ ] not documented

4. Patient funding

- [ ] NHS
- [ ] Private

5a. Date of admission

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5b. Date of surgery

| d | d | m | m | y | y |

### CASE SUMMARY

Please use this section to provide a brief summary of this case, adding any additional comments or information you feel relevant. You may also type on a separate sheet.

**NCEPOD attaches great importance to this summary. Please do not leave it blank.**
If yes who of the following attended?  

- [ ] Bariatric Surgeon  
- [ ] Respiratory Physician  
- [ ] Dietitian  
- [ ] Administrator  
- [ ] Bariatric Physician  
- [ ] Specialist Nurse  
- [ ] Anaesthetist  
- [ ] Psychologist/iatrist  
- [ ] Other (please specify)

Do you think this was adequate and timely for the needs of the patient?  

- [ ] Yes  
- [ ] No  
- [ ] Unknown  

Please expand on your answer

Who assessed the patient prior to surgery  

- [ ] Bariatric Surgeon  
- [ ] Respiratory Physician  
- [ ] Dietitian  
- [ ] Bariatric Physician  
- [ ] Specialist Nurse  
- [ ] Anaesthetist  
- [ ] Psychologist/iatrist  
- [ ] Other (please specify)

Do you think this was adequate and timely for the needs of the patient?  

- [ ] Yes  
- [ ] No  
- [ ] Unknown  

Please expand on your answer

What risk factors were considered prior to surgery  

How did these affect the patient’s management (e.g. type of operation, operator, post-op location)?

Was the patient discussed at an MDT meeting prior to surgery?  

- [ ] Yes  
- [ ] No  
- [ ] Unknown

Please expand on your answer

What was the grade of the primary operator?

If the primary operator was not a consultant, what supervision was available?  

- [ ] Supervised scrubbed  
- [ ] Supervised in theatre  
- [ ] Supervised in hospital  
- [ ] Not applicable, primary operator was a consultant  
- [ ] Supervised in hospital (consultant not in hospital)
12a. What type of operation was this?
- [ ] Primary
- [ ] Revision of same procedure
- [ ] Conversion of previous operation
- [ ] Planned second stage
- [ ] Complex revision not otherwise specified

12b. What operative approach was used?
- [ ] Laparoscopic
- [ ] Endoscopic
- [ ] Laparoscopic converted to open
- [ ] Open

12c. What operation did the patient have?
- [ ] Gastric band
- [ ] Duodenal switch
- [ ] Revisional gastric band
- [ ] Roux-en-Y gastric bypass
- [ ] Duodenal switch with sleeve
- [ ] Gastric balloon placement/retrieval
- [ ] Sleeve gastrectomy
- [ ] Bilio-pancreatic diversion
- [ ] Other

13a. Was there any deviation from the planned procedure?
- [ ] Yes
- [ ] No

13b. If Yes why and what?

14a. Were there any untoward events/intra-operative complications during surgery?
- [ ] Yes
- [ ] No

14b. If Yes please specify?

15. Did the patient receive an intra or post-operative blood transfusion?
- [ ] Yes
- [ ] No

POST-OPERATIVE CARE

16a. In what location was the patient recovered?

16b. To what location was the patient sent post recovery?

16c. What level ward was this?
- (see definitions on back page)

17a. Did the patient have a HDU/ITU stay of unexpected duration or an unexpected readmission to HDU/ITU?
- [ ] Yes
- [ ] No
- [ ] Unknown

17b. If Yes why?

18a. Was a track and trigger system used for this patient?
- (see definitions on back page)

18b. If Yes what?
18c. Did the patient at any time exceed the trigger threshold? □ Yes □ No □ Unknown

18d. If Yes what was done?

19a. Did the patient require an escalation in care at anytime post-operatively? □ Yes □ No □ Unknown

19b. If Yes why?

20a. Did the patient receive any unplanned interventions/imaging or a re-operation post-operatively? □ Yes □ No □ Unknown

20b. If Yes what and why?

DISCHARGE

21a. In which type of ward was the patient nursed prior to discharge?

21b. What level ward was this? □ level 0 □ level 1 □ level 2 □ level 3 *(see definitions on back page)

22a. Date of discharge

22b. Discharge location □ Home □ Hospital Transfer □ Deceased

FOLLOW UP

23a. Please list the outpatient appointments that the patient attended in the first 6 months post discharge?

Date of appointment

Type of clinic

Seen by (grade & specialty)

23b. Did you see the patient in the first 6 months post discharge? □ Yes □ No

24a. Was the patient readmitted as an inpatient during the first 6 months post discharge? □ Yes □ No □ Unknown

24b. If Yes why?
25a. Was this patient entered into the National Bariatric Surgery Registry (NBSR)? □ Yes □ No

25b. If Yes has follow up data for this patient been entered into the NBSR? □ Yes □ No

25c. If Yes which of the following? □ 6/52 □ 6/12 □ 1 year
   □ Other (please specify)

26a. Were details of this patient included in any other audit or registry? □ Yes □ No

26b. If Yes please provide details of this?

Thank you for taking the time to complete this questionnaire

Please supply photocopies of the following casenote extracts with your questionnaire

- Outpatient annotations including referral and preassessment clinics
- Referral letters and other relevant correspondance
- Notes from MDT meetings
- Inpatient annotations/medical notes for this surgical episode
  - Nursing notes
  - Nutrition/Dietitian notes
  - Consent forms
  - Operation notes
  - Anaesthetic charts
  - Observation charts
  - Haematology/biochemistry charts
  - Fluid balance charts
  - Discharge summary

- Outpatient annotations for follow-up clinics
- Inpatient annotations/medical notes for any post-surgical readmissions
  - Nursing notes
  - Nutrition/Dietitian notes
  - Consent forms
  - Operation notes
  - Anaesthetic charts
  - Observation charts
  - Haematology/biochemistry charts
  - Fluid balance charts
  - Discharge summary
LEVEL OF CARE:

Level 0: Patients whose needs can be met through normal ward care in an acute hospital.

Level 1: 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.

Level 2: (e.g. HDU) 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. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care).

Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time).

TRACK & TRIGGER:

The periodic observation of selected basic physiological signs (‘tracking’) with predetermined calling or response criteria (‘trigger’) for requesting the attendance of staff who have specific competencies in the management of acute illness and/or critical care. (National Institute for Health and Clinical Excellence, 2007)