



## INTERVENTIONAL RADIOLOGY - SUPPLEMENTARY QUESTIONS

1a. What number IR was this?

1b. Please state the date and time of the IR procedure

Date        Unknown      Time      Unknown  
d d m m y y h h m m

2. What was the reason for this interventional radiology procedure?

- Re-bleeding post IR
- Haemostasis not achieved endoscopically - endoscopic clips applied to help target IR  Yes  No
- Bleeding site seen on CTA  
 - bleeding site  Upper GI tract  Lower GI tract  Portosystemic  Other
- Haemodynamically unstable, no bleeding on CTA
- Haemodynamically unstable, CTA not performed  CTA not available  Clinical decision
- Transjugular Intrahepatic Portal Systemic Shunt (TIPS) for variceal bleeding
- Post surgical bleeding
- Post sphincterotomy bleeding
- Other

3a. What was the date and time when this IR procedure was considered?

Date        Unknown      Time      Unknown  
d d m m y y h h m m

3b. What was the date and time when IR was performed?

Date        Unknown      Time      Unknown  
d d m m y y h h m m

3c. In your opinion was this an acceptable time frame?  Yes  No  Unknown

3d. If No, what was the reason for the delay?

- No suitably skilled interventional radiologist available  Waiting for anaesthetic team to manage patient during IR
- Patient being resuscitated in level 1 bed  Awaiting free angiography room
- Patient transferred to level 2/3 bed for resuscitation  In hospital transfer (portering)
- Delays in mobilisation of IR team  Inter hospital transfer

Other

NCEPOD number:





**4a.** What was the grade of the Interventional radiologist?

- Consultant
  Senior trainee indirectly supervised by consultant
  Unknown  
 Senior trainee (SpR or fellow) directly supervised by consultant
  Senior trainee performed alone

**4b.** Was a trainee assisting?  Yes  No  Unknown

**5a.** Was  general  local anaesthetic or  sedation used? (please tick all that apply)

**5b.** If more than one answer is ticked please expand on this

**6.** What was the highest pulse rate, lowest systolic BP and lowest O2 saturation 2 hours pre- and during the IR procedure?

Pre - IR pulse    bpm systolic BP    mm Hg O2   %  
 During IR pulse    bpm systolic BP    mm Hg O2   %

**7a.** Who monitored the patient during the IR procedure?

- Anaesthetist
  Clinical team nurse/doctor
  IR nurse/doctor additional to procedure team  
 IR procedure team
  ITU team
  Not documented

(one scrubbed radiologist, one scrubbed nurse and radiographer)

**7b.** In your opinion was documentation of monitoring adequate?  Yes  No  Unknown

**8a.** Did the patient receive IR therapy?  Yes  No

**8b.** If No why not?

**9a.** Did the patient undergo TIPS?  Yes  No (go to question 11)

**9b.** If Yes what and how many were used?
  Stent graft   number
  Stent   number

**9c.** Pre-TIPS portosystemic gradient   mmHg

**9d.** Post-TIPS portosystemic gradient   mmHg

**10.** Did the patient receive adjunctive embolisation therapy?  Yes  No (go to question 12)

**If Yes please complete embolisation questions**





**11a.** Did the patient receive embolisation therapy?  Yes  No (go to question 12 )

**11b.** If Yes what was the reason for embolisation?

- Active bleeding  Empirical (no angiographic abnormality, clinically most likely site treated)
- Angiographic lesion suspicion for bleeding site  Site of endoscopic clips

**11c.** What was the site of embolisation?

- Left gastric artery  Pancreaticoduodenal  Middle colic
- Right gastric artery  Jejunal/ileal  Left colic
- Gastroduodenal  Right colic  Sigmoid
- Other

**11d.** What was used?

- Coils  Gelfoam/spongistan  Thrombin  Onyx
- Glue  Stent grafts  Particles (PVA or spheres)  Other

**12.** Was the IR procedure technically successful?  Yes  No

**13.** Was haemostasis achieved with IR?  Yes  No

**14a.** Was there a documented treatment plan should a re-bleed or technical failure occur?  Yes  No

**14b.** If Yes which of the following were included (please tick all that apply)?

- Redo IR (more extensive treatment)  Surgery
- End of life care/palliative  OGD
- Other

**15.** Did the patient suffer any complications of Interventional Radiology?  Yes  No

- Non target embolisation /arterial damage  Contrast allergy  Access site complications
- Intestinal necrosis /perforation  Contrast nephropathy / Acute Kidney Injury
- Other

