Acute Sigmoid Volvulus– Info for Local Reporters

Introduction

Acute Sigmoid Volvulus (ASV) is a common emergency condition leading to bowel obstruction. Global incidence is variable but collectively it accounts for 10-15% of all large bowel obstruction (LBO) admissions. In the UK it is less frequent but still accounts for 2-3% of all cases of intestinal obstruction and 5-10% of large-bowel obstruction. Multiple risk factors have been documented, including age over 60, multi-comorbidity, frailty, institutionalisation and/or learning disabilities. ASV therefore represents a significant area of health inequality. With the growing size of the older population in the UK, it is likely that the numbers presenting with ASV will also increase.

ASV is often recurrent in nature, associated with significant morbidity and mortality, as well as affecting patients' quality of life and range of associated socio-economic impacts. There is wide variation in clinical, diagnostic and management strategies with patients often attending recurrently with no formalised long-term management plan or advanced care planning. Broadly options include surgical interventions or conservative management. However, surgery is often very high risk in the affected population and conservative management results in multiple hospital attendances for recurrence. There remains no clear preferential option and management strategies are often guided by surgeon and patient preferences. Understanding better the effective treatment and management strategies is crucial for improving clinical outcomes.

ASV poses significant clinical and diagnostic challenges, as outlined above, necessitating timely intervention to prevent complications and improve patient outcomes.

This study will explore the patient pathway including early recognition and diagnosis, clinical decision making, timeliness of care, peri-procedural care and risk reduction, and follow-up care. Organisational data will explore the provision of resources to deliver the service, the use of protocols, guidelines and pathways of care, staffing, and documentation.

Aim and objectives

Overall Aim

To identify areas of good practice and areas requiring improvement in the quality of care provided for patients admitted to hospital with acute sigmoid volvulus

Objectives

Organisational issues

- The provision / resources to deliver the service
- Protocols, pathways of care, and the use of guidelines
- Staffing
- Information, communication, and documentation
- Audit, learning, and feedback

Clinical issues

To explore and investigate areas for improvement in the following areas:

- Early recognition and diagnosis
- Clinical decision-making
- Timeliness of treatment
- Peri-procedure care and surgical considerations
- Medicines and comprehensive care

Participating hospitals

Data will be collected from all hospitals in England, Wales, Northern Ireland and Jersey, which admit and treat patients with acute sigmoid volvulus

Methods of data collection

Identifying the patient population

We will identify a sample of patients who were admitted to hospital between 01/01/2025 and 31/12/2025 with acute sigmoid volvulus.

A spreadsheet will be disseminated to our Local Reporters to populate with basic details about patients who fit the criteria to participate in the study.

National data opt out: In England, the National Data Opt-Out (NDOO) is a process that allows individuals to opt-out of their confidential patient information being used for purposes other than medical care. To ensure that NCEPOD recommendations are not affected by reported variations in who is opting-out, we will NOT be excluding the data of individuals who have opted out via the NDOO. We have been granted this exemption by the Secretary of State for Health and Social Care, on advice from the Confidentiality Advisory Group (CAG). However, individuals still have the right to contact NCEPOD and ask for their data to be removed and permanently erased. Further information can be found on our website: Further information can be found on our website:

https://www.ncepod.org.uk/pdf/current/National%20Data%20Opt%20Out%20statement.pdf

Please note, because of GDPR regulations, we are no longer able to collect clinician details without consent. When entering clinical team details please do not enter clinician names – please only use the name/specialty of the team or a clinician code (this can be a PAS code or any other that would help you identify the clinician and allow us to select cases across a range of clinicians).

We would be grateful if you could return your completed, password protected patient identifier spreadsheet to ncepod@nhs.net Please then phone the office with the password to open the spreadsheet on 0207 251 9060.

A maximum of 8 patients will then be selected at each hospital to be in the study.

For each included patient, we will aim to collect the following data:

1) **Clinician questionnaire**

Clinician Questionnaires (CQs) will be uploaded to our online system, which Local Reporters can assign to the named clinician responsible for the patients' care when they were discharged from hospital. Instructions will be provided to pass the questionnaire on to most appropriate clinician (should it not be the named person).

2) **Case notes**

Case notes will be requested for each patient selected for the study, for the whole episode of care. Notes requested will include: admission details, emergency department notes, investigations, prescription/ drug chart, details of any procedures including operation notes, clinical annotations, nursing notes, discharge summary and correspondence.

The case notes will be anonymised and reviewed at meetings of the case reviewer panel where a multidisciplinary, multispecialty group of reviewers will assess the notes and complete the Reviewer Assessment Form (RAF), which captures their views on the quality of care provided.

This group will include acute physicians, advance nurse practitioners / advanced clinical practitioners, anaesthetists, colorectal surgeons, colorectal nurses, perioperative medicine for older people (POPS), gastroenterologists, critical care physicians, emergency medicine clinicians, general nurses, general physicians, general surgeons, radiologists, and resident doctors.

For each hospital participating in the study, there will also be:

Hospital organisational questionnaire

This questionnaire will collect data on the service provided to patients undergoing pleural procedures. Local Reporters will be able to invite multiple clinicians to complete the questionnaire.

Further information about the study and the protocol, including frequently asked questions, can be found on our website: https://www.ncepod.org.uk/asv.html or please contact the office on 0207 251 9060 or by email to asv@ncepod.org.uk.