

## Abdominal Aortic Aneurysm: A service in need of surgery? (2005)

### Organisational Data

Organisational data provided by all hospitals that took part in the study has been analysed, and is available using two methods of categorisation: vascular unit size (as indicated by each hospital in the Organisational questionnaire) and our own categorisation using bed numbers.

Further information regarding these two methods can be found in the footnotes of the documents.

Each hospital that took part in the study has been assigned a unique site identification number to ensure data anonymity, and data has been presented using these numbers alone. The Medical Director of each Trust will have received these numbers for each participating site with the January 2006 quarterly update.

To determine how your site was categorised (i.e. by bed number and vascular unit size), please look up your site identification number in the following documents:

- ▶ Sites assigned by bed numbers
- ▶ Sites assigned by vascular unit size

Once you have determined a site's category, you can compare it to others in the following documents:

Questionnaire data categorised by bed numbers:

- ▶ Large
- ▶ Medium
- ▶ Small

Questionnaire data categorised by vascular unit size:

- ▶ Large
- ▶ Intermediate
- ▶ Remote
- ▶ Unknown size

## Abdominal Aortic Aneurysm Study – Organisational data

### Hospital sites assigned by bed numbers

Unique site identification numbers for hospitals are listed in numerical order below

Size of hospital		
Large (700+ beds)	Medium (400 - 699 beds)	Small (1 - 399 beds)
3	1	6
8	2	7
12	4	10
16	5	11
17	9	18
21	13	23
24	14	26
25	15	41
30	19	42
38	20	48
39	22	55
43	27	56
45	28	59
47	29	72
49	31	74
50	32	75
51	33	76
53	34	80
54	35	81
62	36	87
66	37	89
67	40	92
68	44	98
77	46	100
90	52	103
94	57	106
97	58	107
102	60	109
104	61	116
115	63	117
121	64	118
124	65	125
128	69	127
131	70	133
132	71	137
134	73	148

## Abdominal Aortic Aneurysm Study – Organisational data

### Hospital sites assigned by bed numbers

Size of hospital		
Large (700+ beds)	Medium (400 - 699 beds)	Small (1 - 399 beds)
135	78	151
138	79	154
140	82	162
141	83	166
142	84	168
147	85	173
152	86	179
153	88	
160	91	
175	93	
178	95	
	96	
	99	
	101	
	105	
	108	
	110	
	111	
	112	
	113	
	114	
	119	
	120	
	122	
	123	
	126	
	129	
	130	
	136	
	139	
	143	
	144	
	145	
	146	
	149	
	150	
	155	
	156	
	157	

## Abdominal Aortic Aneurysm Study – Organisational data

### Hospital sites assigned by bed numbers

Size of hospital		
Large (700+ beds)	Medium (400 - 699 beds)	Small (1 - 399 beds)
	158	
	159	
	161	
	163	
	164	
	165	
	167	
	169	
	170	
	171	
	172	
	174	
	176	
	177	
	180	
	181	

Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

**Large sized hospital:** 700 beds and over.

**Medium sized hospital:** between 400 - 699 beds.

**Small sized hospital:** under 400 beds.

## Abdominal Aortic Aneurysm Study – Organisational data

### Hospital sites assigned by vascular unit size

Unique site identification numbers for hospitals are listed in numerical order below

Size of vascular unit			
Large	Intermediate	Remote	Not Specified
1	4	6	7
2	8	10	81
3	9	48	91
5	11	55	92
12	14	59	95
13	15	86	108
19	16	98	109
24	17	100	133
30	18	106	143
34	20	107	147
39	21	125	165
41	22	144	169
42	23	148	
44	25	168	
45	26	173	
47	27	179	
49	28		
51	29		
53	31		
54	32		
56	33		
62	35		
63	36		
65	37		
66	38		
67	40		
70	43		
97	46		
104	50		
110	52		
112	57		
115	58		
123	60		
124	61		
126	64		

## Abdominal Aortic Aneurysm Study – Organisational data

### Hospital sites assigned by vascular unit size

Size of vascular unit			
Large	Intermediate	Remote	Not Specified
128	68		
131	69		
132	71		
136	72		
140	73		
141	74		
142	75		
145	76		
154	77		
156	78		
160	79		
161	80		
	82		
	83		
	84		
	85		
	87		
	88		
	89		
	90		
	93		
	94		
	96		
	99		
	101		
	102		
	103		
	105		
	111		
	113		
	114		
	116		
	117		
	118		
	119		
	120		
	121		
	122		

## Abdominal Aortic Aneurysm Study – Organisational data

### Hospital sites assigned by vascular unit size

Size of vascular unit			
Large	Intermediate	Remote	Not Specified
	127		
	129		
	130		
	134		
	135		
	137		
	138		
	139		
	146		
	149		
	150		
	151		
	152		
	153		
	155		
	157		
	158		
	159		
	162		
	163		
	164		
	166		
	167		
	170		
	171		
	172		
	174		
	175		
	176		
	177		
	178		
	180		
	181		

Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001.

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

**Large sized hospitals<sup>1</sup>**

**Facilities on same geographical site**

Hospitals were asked to indicate whether the following facilities were available to vascular patients on the same geographical site. Hospitals were also asked to indicate whether these facilities were available 24 hours a day, if available on the same geographical site.

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
135	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
94	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
47	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
140	✓	✓	✓	✓	✓	✓	✓	✓	✓	—
53	✓	✓	✓	✓	✓	✓	✓	—	✓	—
160	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
77	✓	—	✓	—	✓	—	✓	—	✓	—
68	✓	—	✓	—	✓	—	✓	—	✓	—
128	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
152	✓	✓	✓	✓	✓	—	✓	—	✓	✓
49	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
43	✓	—	✓	✓	✓	—	✓	—	✓	✓
66	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
17	✓	—	✓	✓	✓	—	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	—	—	—	✓	✓
90	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
178	✓	—	✓	✓	✓	—	✓	—	✓	✓
21	✓	—	✓	—	✓	—	✓	—	✓	—
124	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
8	✓	—	✓	—	✓	—	✓	—	✓	—
138	✓	—	✓	✓	✓	—	✓	—	✓	—
12	✓	—	✓	✓	✓	—	✓	—	✓	—
16	✓	—	✓	✓	✓	—	✓	—	✓	✓
25	✓	✓	✓	✓	✓	—	✓	✓	✓	✓
121	✓	—	✓	✓	✓	—	✓	—	✓	—
175	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
39	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
62	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
134	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
147	—	—	✓	✓	—	—	✓	—	—	—
45	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
38	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
51	✓	✓	✓	✓	✓	✓	✓	—	✓	—
104	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
67	✓	—	✓	—	✓	—	✓	—	✓	—
153	✓	—	✓	✓	✓	—	✓	—	✓	—
97	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
50	✓	—	✓	—	✓	—	✓	—	✓	—
115	✓	—	✓	—	✓	—	✓	—	✓	—
30	✓	✓	✓	✓	✓	✓	✓	✓	✓	—
141	✓	—	✓	—	✓	—	✓	—	✓	—
142	✓	✓	✓	✓	✓	—	✓	—	✓	—
54	✓	—	✓	✓	✓	—	✓	✓	✓	✓
24	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
102	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
131	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
132	✓	—	✓	✓	✓	—	✓	—	✓	✓

Key	
Yes	✓
No	✘
Unknown	○
Not answered <sup>2</sup>	—
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

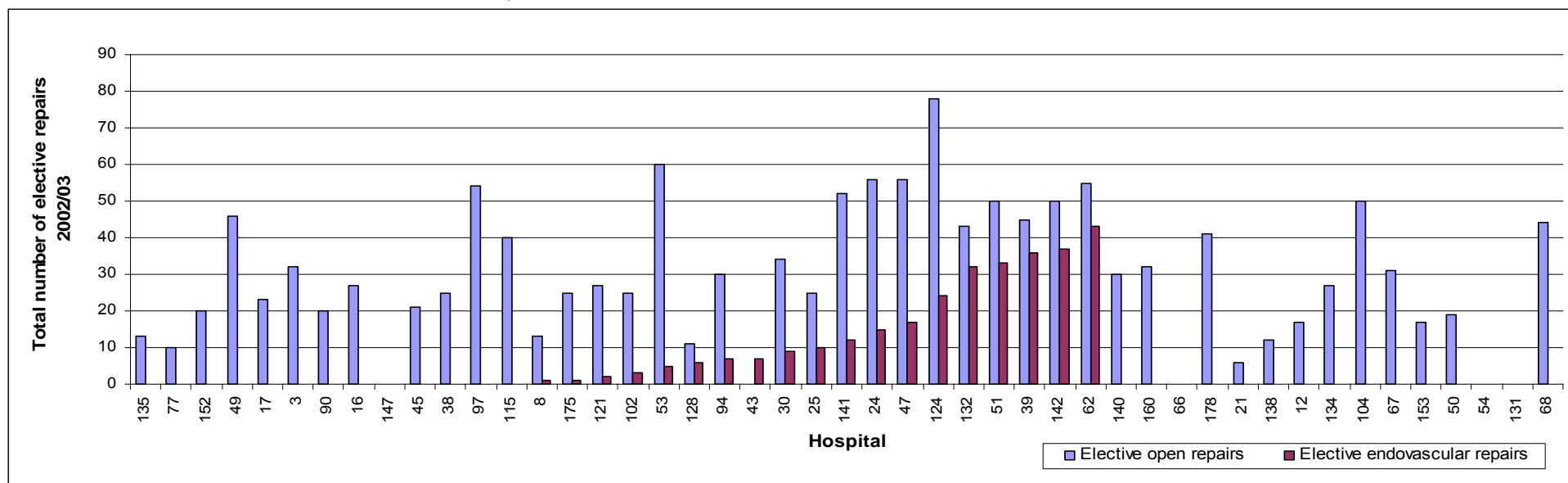
Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

<sup>2</sup> Where the 'not answered' symbol is shown for facilities available 24 hours, this indicates that the question was not answered or the facilities were not available 24 hours. If you would like further information please contact the NCEPOD office.

## Large sized hospitals<sup>1</sup>

### Elective AAA repairs

Hospitals were asked to indicate the total number of elective (open and endovascular) AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L19.3, L19.4, L19.5, L19.6, L19.8 and L.19.9).



### Data table – Elective AAA repairs

Hospital	135	77	152	49	17	3	90	16	147	45	38	97	115	8	175	121	102	53	128	94	43	30	25	141
Open repair	13	10	20	46	23	32	20	27	0	21	25	54	40	13	25	27	25	60	11	30	–	34	25	52
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3	5	6	7	7	9	10	12

Hospital	24	47	124	132	51	39	142	62	140	160	66	178	21	138	12	134	104	67	153	50	54	131	68
Open repair	56	56	78	43	50	45	50	55	30	32	–	41	6	12	17	27	50	31	17	19	–	–	44
Endovascular repair	15	17	24	32	33	36	37	43	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Key	
Not answered	–

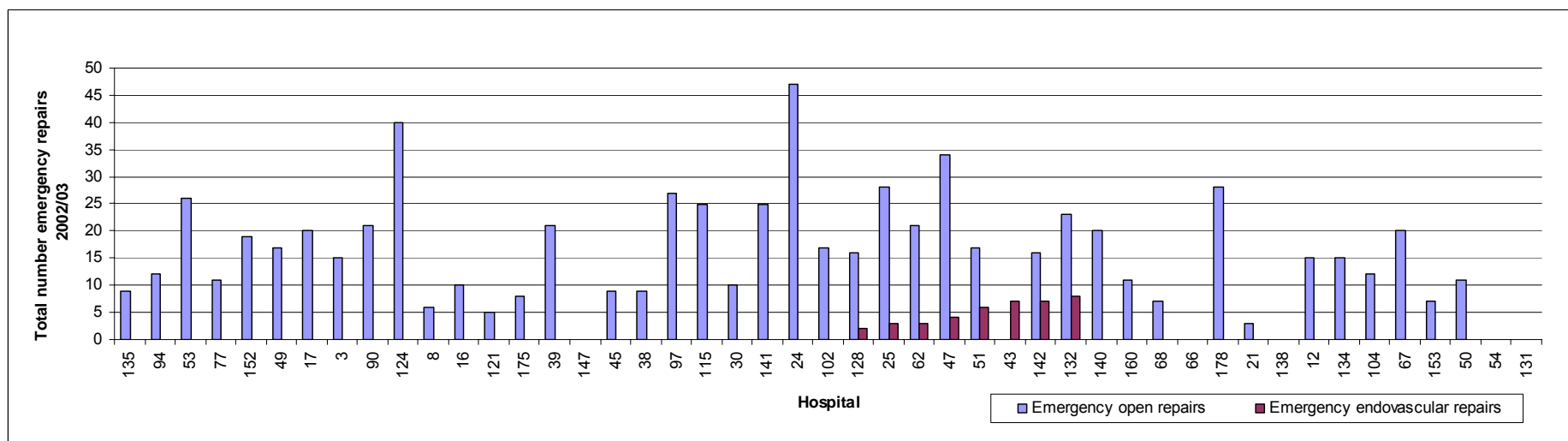
<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.  
Hospitals were grouped as follows:  
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## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Large sized hospitals<sup>1</sup>

#### Emergency AAA repairs

Hospitals were asked to indicate the total number of emergency AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L18.3, L18.4, L18.5, L18.6, L18.8 and L18.9).



#### Data table – Emergency AAA repairs

Hospital	135	94	53	77	152	49	17	3	90	124	8	16	121	175	39	147	45	38	97	115	30	141	24	102	128	25
Open repair	9	12	26	11	19	17	20	15	21	40	6	10	5	8	21	0	9	9	27	25	10	25	47	17	16	28
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	3

Hospital	62	47	51	43	142	132	140	160	68	66	178	21	138	12	134	104	67	153	50	54	131
Open repair	21	34	17	—	16	23	20	11	7	—	28	3	—	15	15	12	20	7	11	—	—
Endovascular repair	3	4	6	7	7	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Key	
Not answered	—

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

## Large sized hospitals<sup>1</sup>

### Separate on-call rotas

Hospitals were asked to indicate whether there was a separate surgical on-call rota for vascular surgery, a separate anaesthetic on-call rota for vascular surgery and whether there was a separate on-call rota for interventional radiology.

Hospital	Separate on-call rotas		
	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
67	✓	✓	✓
47	✓	x	✓
53	✓	x	✓
128	✓	x	✓
66	✓	x	✓
138	✓	x	✓
39	✓	x	✓
62	✓	x	✓
51	✓	x	✓
104	✓	x	✓
141	✓	x	✓
142	✓	x	✓
24	✓	x	✓
131	✓	x	✓
94	✓	x	x
140	✓	x	x
49	✓	x	x
43	✓	x	x
17	✓	x	x
3	✓	x	x
124	✓	x	x
8	✓	x	x
12	✓	x	x
16	✓	x	x
134	✓	x	x
38	✓	x	x
97	✓	x	x
50	✓	x	x
102	✓	x	x
132	✓	x	x
152	✓	x	○
54	✓	○	○
30	✓	—	✓
135	x	x	x
160	x	x	x
77	x	x	x
68	x	x	x
90	x	x	x
178	x	x	x
25	x	x	x
121	x	x	x
175	x	x	x
147	x	x	x
45	✓	x	x
153	x	x	x
115	x	x	x
21	x	x	—

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

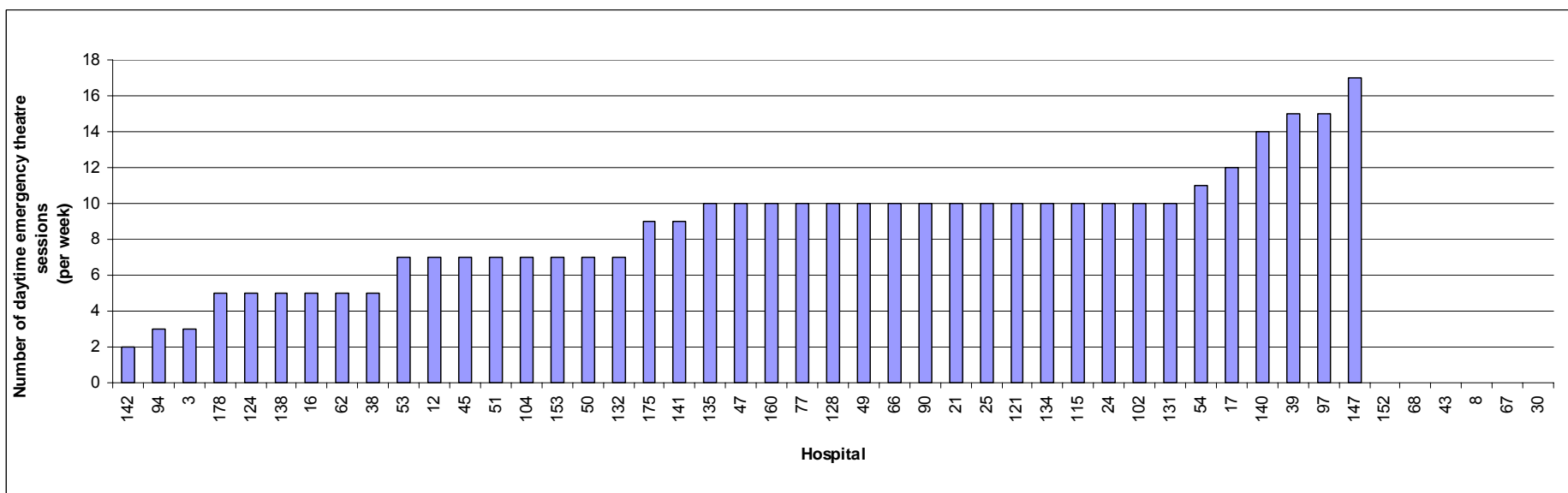
<b>Key</b>	
Yes	✓
No	✘
Unknown	○
Not answered	—
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.  
Hospitals were grouped as follows:  
Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

## Large sized hospitals<sup>1</sup>

### Dedicated daytime emergency theatre sessions

Hospitals that had dedicated daytime (8am – 6pm) emergency theatre sessions (theatre is staffed and set aside exclusively for emergency or urgent operations) were asked to indicate how many sessions there were per week.



**Data table – Dedicated daytime emergency theatre sessions**

<b>Hospital</b>	142	94	3	178	124	138	16	62	38	53	12	45	51	104	153	50	132	175	141	135	47	160	77	128
<b>Daytime emergency theatre sessions per week</b>	2	3	3	5	5	5	5	5	5	7	7	7	7	7	7	7	7	9	9	10	10	10	10	10
<b>Hospital</b>	49	66	90	21	25	121	134	115	24	102	131	54	17	140	39	97	147	152	68	43	8	67	30	
<b>Daytime emergency theatre sessions per week</b>	10	10	10	10	10	10	10	10	10	10	10	11	12	14	15	15	17	n/a	–	–	–	–	–	

<b>Key</b>	
Not answered	–
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

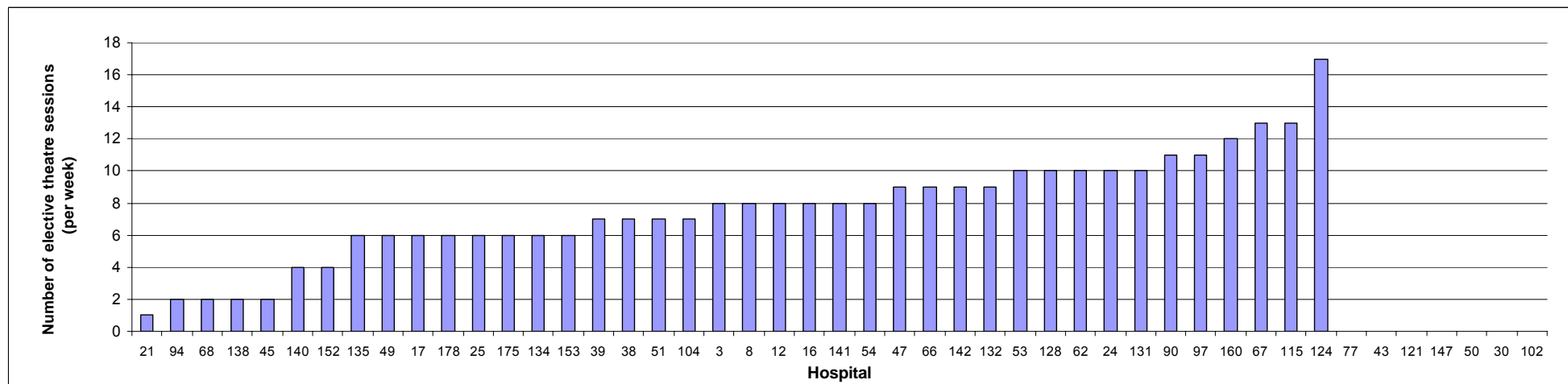
Hospitals were grouped as follows:

Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

## Large sized hospitals<sup>1</sup>

### Dedicated elective theatre sessions

Hospitals that had dedicated elective theatre sessions for vascular surgery were asked to indicate how many sessions there were per week.



### Data table – Dedicated elective theatre sessions

Hospital	21	94	68	138	45	140	152	135	49	17	178	25	175	134	153	39	38	51	104	3	8	12	16
Elective theatre sessions per week	1	2	2	2	2	4	4	6	6	6	6	6	6	6	6	7	7	7	7	8	8	8	8

Hospital	141	54	47	66	142	132	53	128	62	24	131	90	97	160	67	115	124	77	43	121	147	50	30	102
Elective theatre sessions per week	8	8	9	9	9	9	10	10	10	10	10	11	11	12	13	13	17	n/a	n/a	n/a	n/a	n/a	–	–

Key	
Not answered	–
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition), 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

**Large sized hospitals<sup>1</sup>**

**Recommended immediate destination after elective AAA repair**

Hospitals were asked to indicate the recommended immediate destination for a patient after an elective AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after elective AAA repair						
	Recovery area	ICU (Level 3)	HDU (Level 2)	Combined ICU/HDU	Vascular ward	General ward	Unknown
135		✓					
94				✓			
47				✓			
140		✓					
53			✓				
160		✓					
77		✓					
68			✓	✓			
128			✓				
152				✓			
49			✓				
43			✓				
66					✓		
17		✓					
3			✓				
90				✓			
178		✓					
21	–	–	–	–	–	–	–
124		✓					
8		✓					
138			✓				
12				✓			
16		✓					
25				✓			
121			✓				
175			✓				
39		✓					
62			✓				
134			✓				
147	–	–	–	–	–	–	–
45			✓				
38				✓			
51		✓					
104			✓				
67	✓						
153			✓				
97			✓				
50			✓				
115			✓				
30		✓					
141		✓					
142		✓					
54			✓				
24			✓				
102			✓				
131		✓					
132			✓				



## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Key	
Yes	✓
No	✘
Unknown	○
Not answered	—
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.  
Hospitals were grouped as follows:  
Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

**Large sized hospitals<sup>1</sup>**

**Recommended immediate destination after emergency AAA repair**

Hospitals were asked to indicate the recommended immediate destination for a patient after an emergency AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after emergency AAA repair						
	ICU (Level 3)	Combined ICU/HDU	HDU (Level 2)	Vascular ward	General ward	Another hospital	Unknown
135	✓						
94	✓						
47		✓					
140	✓						
53	✓		✓				
160	✓						
77	✓						
68	✓						
128	✓						
152		✓					
49	✓						
43	✓						
66	✓						
17	✓						
3	✓						
90		✓					
178	✓						
21	✓						
124	✓						
8	✓						
138	✓						
12		✓					
16	✓						
25	✓						
121	✓						
175	✓						
39	✓						
62	✓						
134	✓						
147	–	–	–	–	–	–	–
45	✓						
38		✓					
51	✓						
104			✓				
67	✓						
153	✓						
97	✓						
50	✓						
115	✓		✓				
30			✓				
141	✓						
142	✓						
54	✓		✓				
24	✓						
102	✓						
131	✓						
132	✓						

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

<b>Key</b>	
Yes	✓
No	✘
Unknown	○
Not answered	—
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.  
Hospitals were grouped as follows:  
Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

**Medium sized hospitals<sup>1</sup>**

**Facilities on same geographical site**

Hospitals were asked to indicate whether the following facilities were available to vascular patients on the same geographical site. Hospitals were also asked to indicate whether these facilities were available 24 hours a day, if available on the same geographical site.

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
15	✓	—	✓	✓	✓	—	✓	—	✓	—
114	✓	—	✓	✓	✓	—	x	n/a	✓	—
64	✓	—	✓	✓	✓	—	✓	—	✓	✓
171	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
58	✓	—	✓	✓	✓	—	✓	—	✓	—
46	✓	—	✓	—	✓	—	x	n/a	✓	—
86	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
126	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
164	✓	—	✓	—	✓	—	✓	—	✓	—
169	✓	—	✓	✓	✓	—	x	n/a	✓	✓
1	—	—	—	—	—	—	✓	—	✓	—
99	✓	—	✓	✓	✓	—	✓	—	✓	✓
110	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
20	✓	—	✓	—	✓	—	x	n/a	✓	—
157	✓	—	✓	✓	x	n/a	✓	—	✓	—
79	✓	✓	✓	—	✓	✓	✓	—	✓	✓
29	✓	—	✓	✓	✓	—	x	n/a	✓	✓
71	✓	—	✓	✓	✓	—	✓	—	✓	✓
144	✓	—	✓	✓	✓	—	✓	✓	✓	✓
113	✓	—	✓	—	✓	✓	✓	—	✓	—
130	—	—	✓	—	—	—	✓	—	✓	—
181	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
34	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
27	✓	—	✓	✓	✓	—	✓	✓	✓	✓
149	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
120	✓	✓	✓	✓	✓	✓	✓	—	✓	✓

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
52	✓	—	✓	✓	✓	—	✓	✓	✓	✓
176	✓	✓	✓	✓	✓	✓	✓	—	✓	—
22	✓	—	✓	✓	✓	—	✓	—	✓	—
83	✓	—	✓	—	✓	—	✓	—	✓	—
158	✓	—	✓	—	✓	—	—	—	✓	✓
69	✓	—	✓	✓	✓	—	✓	—	✓	—
96	x	n/a	✓	✓	x	n/a	✓	—	✓	✓
31	✓	—	✓	✓	✓	—	✓	—	✓	✓
37	✓	—	✓	✓	✓	—	✓	—	✓	✓
159	✓	—	✓	✓	✓	—	✓	—	✓	✓
84	✓	✓	✓	✓	✓	✓	x	n/a	✓	✓
156	✓	—	✓	—	—	—	✓	—	✓	—
88	✓	—	✓	✓	✓	—	—	—	✓	✓
9	✓	—	✓	✓	—	—	✓	—	✓	✓
167	✓	—	✓	✓	✓	—	✓	—	✓	—
111	✓	—	✓	✓	✓	—	✓	—	✓	✓
123	✓	—	✓	✓	✓	—	x	n/a	✓	—
119	✓	✓	✓	✓	x	n/a	✓	—	✓	✓
85	✓	—	✓	—	✓	—	✓	—	✓	—
172	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
73	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
28	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
143	✓	—	✓	—	✓	—	✓	—	✓	—
146	✓	—	✓	✓	✓	—	✓	✓	✓	✓
108	✓	—	✓	✓	x	n/a	x	n/a	✓	✓
161	✓	—	✓	✓	✓	—	✓	—	✓	✓
35	✓	—	✓	✓	✓	—	✓	—	✓	—
177	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
174	✓	—	✓	✓	✓	—	✓	—	✓	—
32	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
33	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
61	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
122	✓	—	✓	✓	✓	—	✓	—	✓	✓

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
60	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
170	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
93	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
95	x	n/a	○	—	x	n/a	x	n/a	✓	—
112	✓	—	✓	✓	✓	—	✓	—	✓	✓
40		—	✓	✓	✓	—	✓	—	✓	✓
150	✓	—	✓	✓	✓	—	✓	—	✓	✓
139	✓	✓	✓	✓	✓	✓	✓	—	✓	—
2	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
145	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
105	✓	—	✓	✓	✓	—	✓	—	✓	✓
36	✓	—	✓	✓	✓	—	✓	—	✓	✓
165	✓	✓	✓	✓	✓	✓	✓	—	✓	—
14	✓	—	✓	✓	✓	—	✓	—	✓	✓
65	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
57	✓	—	✓	✓	✓	—	✓	—	✓	✓
5	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
91	✓	—	✓	✓	✓	—	✓	—	✓	✓
63	✓	—	✓	✓	✓	—	✓	—	✓	✓
19	✓	—	✓	—	✓	—	✓	—	✓	—
4	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
180	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
101	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
129	✓	—	✓	✓	✓	—	✓	—	✓	✓
70	✓	—	✓	—	✓	—	✓	—	✓	—
163	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
13	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
44	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
155	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
136	✓	—	✓	—	✓	—	✓	—	✓	—
82	✓	✓	✓	✓	✓	—	✓	—	✓	—
78	✓	—	✓	✓	✓	—	✓	—	✓	✓

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

<b>Key</b>	
Yes	✓
No	✘
Unknown	○
Not answered <sup>2</sup>	—
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

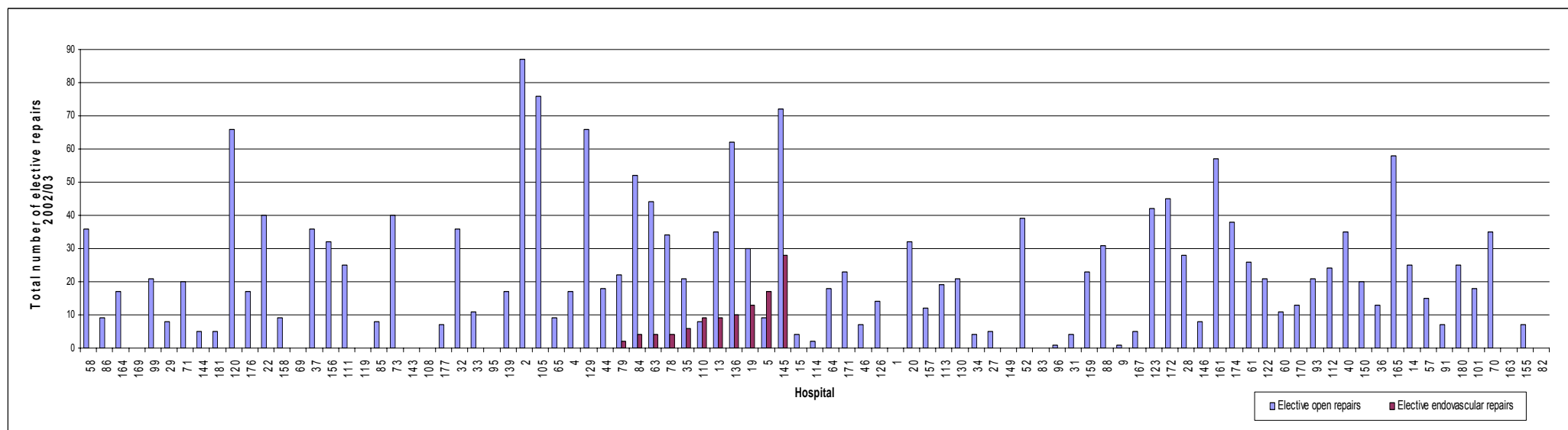
Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

<sup>2</sup> Where the 'not answered' symbol is shown for facilities available 24 hours, this indicates that the question was not answered or the facilities were not available 24 hours. If you would like further information please contact the NCEPOD office.

### Medium sized hospitals<sup>1</sup>

#### Elective AAA repairs

Hospitals were asked to indicate the total number of elective (open and endovascular) AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L19.3, L19.4, L19.5, L19.6, L19.8 and L19.9).



Data table – Elective AAA repairs

Hospital	58	86	164	169	99	29	71	144	181	120	176	22	158	69	37	156	111	119	85	73	143	108	177	32	33	95	139	2
Open repair	36	9	17	0	21	8	20	5	5	66	17	40	9	—	36	32	25	0	8	40	0	0	7	36	11	0	17	87
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Hospital	105	65	4	129	44	79	84	63	78	35	110	13	136	19	5	145	15	114	64	171	46	126	1	20	157	113
Open repair	76	9	17	66	18	22	52	44	34	21	8	35	62	30	9	72	4	2	18	23	7	14	—	32	12	19
Endovascular repair	0	0	0	0	0	2	4	4	4	6	9	9	10	13	17	28	—	—	—	—	—	—	—	—	—	—



## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Elective AAA repairs

#### Data table continued

<b>Hospital</b>	130	34	27	149	52	83	96	31	159	88	9	167	123	172	28	146	161	174	61	122	60	170	93	112	40	150
<b>Open repair</b>	21	4	5	—	39	—	1	4	23	31	1	5	42	45	28	8	57	38	26	21	11	13	21	24	35	20
<b>Endovascular repair</b>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

<b>Hospital</b>	36	165	14	57	91	180	101	70	163	155	82
<b>Open repair</b>	13	58	25	15	7	25	18	35	—	7	—
<b>Endovascular repair</b>	—	—	—	—	—	—	—	—	—	—	—

<b>Key</b>	
Not answered	—

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

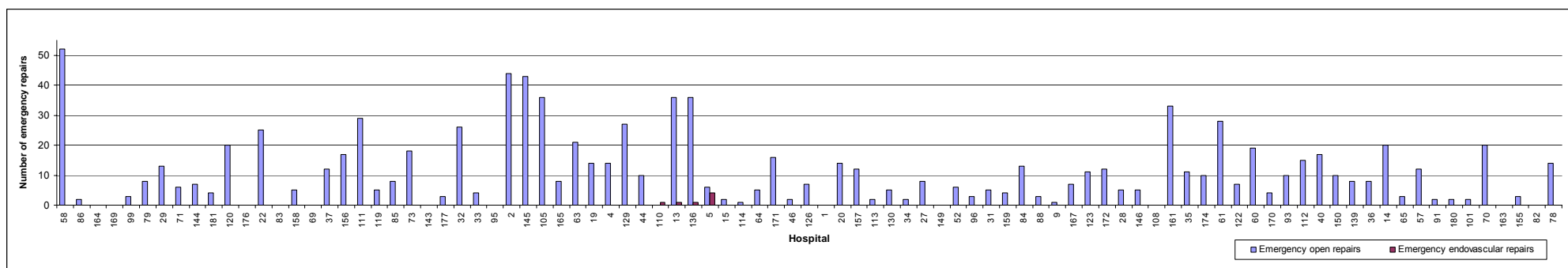
Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Medium sized hospitals<sup>1</sup>

#### Emergency AAA repairs

Hospitals were asked to indicate the total number of emergency AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L18.3, L18.4, L18.5, L18.6, L18.8 and L18.9).



#### Data Table – Emergency AAA repairs

Hospital	58	86	164	169	99	79	29	71	144	181	120	176	22	83	158	69	37	156	111	119	85	73	143	177	32	33	
Open repair	52	2	0	0	3	8	13	6	7	4	20	0	25	—	5	—	12	17	29	5	8	18	0	3	26	4	
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Hospital	95	2	145	105	165	63	19	4	129	44	110	13	136	5	15	114	64	171	46	126	1	20	157	113	130	34
Open repair	0	44	43	36	8	21	14	14	27	10	0	36	36	6	2	1	5	16	2	7	—	14	12	2	5	2
Endovascular repair	0	0	0	0	0	0	0	0	0	0	1	1	1	4	—	—	—	—	—	—	—	—	—	—	—	—

Hospital	27	149	52	96	31	159	84	88	9	167	123	172	28	146	108	161	35	174	61	122	60	170	93	112	40	150
Open repair	8	—	6	3	5	4	13	3	1	7	11	12	5	5	—	33	11	10	28	7	19	4	10	15	17	10
Endovascular repair	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Hospital	139	36	14	65	57	91	180	101	70	163	155	82	78
Open repair	8	8	20	3	12	2	2	2	20	—	3	—	14
Endovascular repair	—	—	—	—	—	—	—	—	—	—	—	—	—

Key	
Not answered	—

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

**Medium sized hospitals<sup>1</sup>**

**Separate on-call rotas**

Hospitals were asked to indicate whether there was a separate surgical on-call rota for vascular surgery, a separate anaesthetic on-call rota for vascular surgery and whether there was a separate on-call rota for interventional radiology.

Hospital	Separate on-call rotas		
	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
34	✓	✓	✓
99	✓	x	✓
110	✓	x	✓
181	✓	x	✓
73	✓	x	✓
61	✓	x	✓
2	✓	x	✓
145	✓	x	✓
65	✓	x	✓
5	✓	x	✓
44	✓	x	✓
136	✓	x	✓
15	✓	x	x
114	✓	x	x
171	✓	x	x
58	✓	x	x
126	✓	x	x
164	✓	x	x
20	✓	x	x
79	✓	x	x
144	✓	x	x
27	✓	x	x
149	✓	x	x
120	✓	x	x
83	✓	x	x
69	✓	x	x
96	✓	x	x
84	✓	x	x
9	✓	x	x
123	✓	x	x
85	✓	x	x
172	✓	x	x
28	✓	x	x
161	✓	x	x
177	✓	x	x
174	✓	x	x
33	✓	x	x
60	✓	x	x
170	✓	x	x
93	✓	x	x
112	✓	x	x
150	✓	x	x
139	✓	x	x
14	✓	x	x
57	✓	x	x
91	✓	x	x

**Medium sized hospitals<sup>1</sup>**

**Separate on-call rotas continued**

Hospital	Separate on-call rotas		
	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
63	✓	x	x
19	✓	x	x
180	✓	x	x
101	✓	x	x
129	✓	x	x
70	✓	x	x
13	✓	x	x
78	✓	x	x
1	✓	x	○
156	✓	x	—
113	x	x	✓
35	x	x	✓
32	x	x	✓
64	x	x	x
46	x	x	x
86	x	x	x
169	x	x	x
157	x	x	x
29	x	x	x
71	x	x	x
130	x	x	x
52	x	x	x
176	x	x	x
22	x	x	x
158	x	x	x
31	x	x	x
37	x	x	x
159	x	x	x
88	x	x	x
167	x	x	x
111	x	x	x
119	x	x	x
143	x	x	x
146	x	x	x
108	x	x	x
40	x	x	x
105	x	x	x
36	x	x	x
165	x	x	x
4	x	x	x
163	x	x	x
155	x	x	x
82	x	x	x
122	x	x	○
95	x	x	—

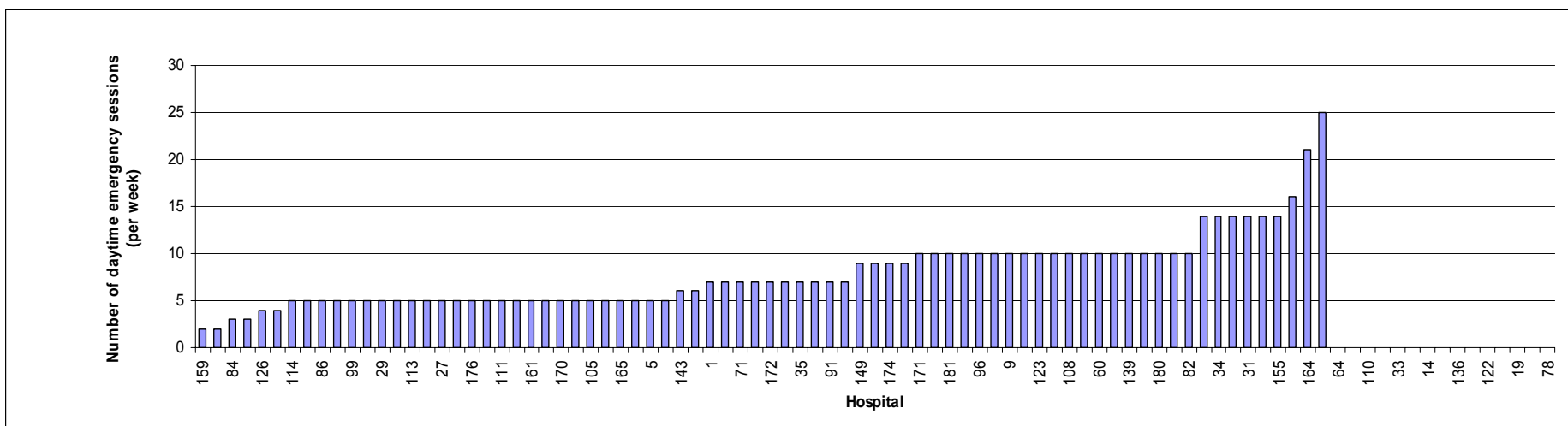
Key	
Yes	✓
No	x
Unknown	○
Not answered	—
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing. Hospitals were grouped as follows:  
 Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

### Medium sized hospitals<sup>1</sup>

#### Dedicated daytime emergency theatre sessions

Hospitals that had dedicated daytime (8am – 6pm) emergency theatre sessions (theatre is staffed and set aside exclusively for emergency or urgent operations) were asked to indicate how many sessions there were per week.



Data table – Dedicated daytime emergency theatre sessions

<b>Hospital</b>	159	177	84	88	126	83	114	58	86	169	99	79	29	144	113	130	27	120	176	69	111	85	161	
<b>Daytime emergency theatre sessions per week</b>	2	2	3	3	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
<b>Hospital</b>	32	170	93	105	36	165	65	5	101	143	40	1	20	71	119	172	73	35	112	91	163	149	37	174
<b>Daytime emergency theatre sessions per week</b>	5	5	5	5	5	5	5	5	5	6	6	7	7	7	7	7	7	7	7	7	7	9	9	9
<b>Hospital</b>	70	171	157	181	22	96	156	9	167	123	28	108	61	60	150	139	2	180	44	82	15	34	52	
<b>Daytime emergency theatre sessions per week</b>	9	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	14	14	14	

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Dedicated daytime emergency theatre sessions

#### Data table continued

<b>Hospital</b>	31	57	155	63	164	13	64	46	110	158	33	95	14	129	136	146	122	145	19	4	78
<b>Daytime emergency theatre sessions per week</b>	14	14	14	16	21	25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	–	–	–	–	–	–

<b>Key</b>	
Not answered	–
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

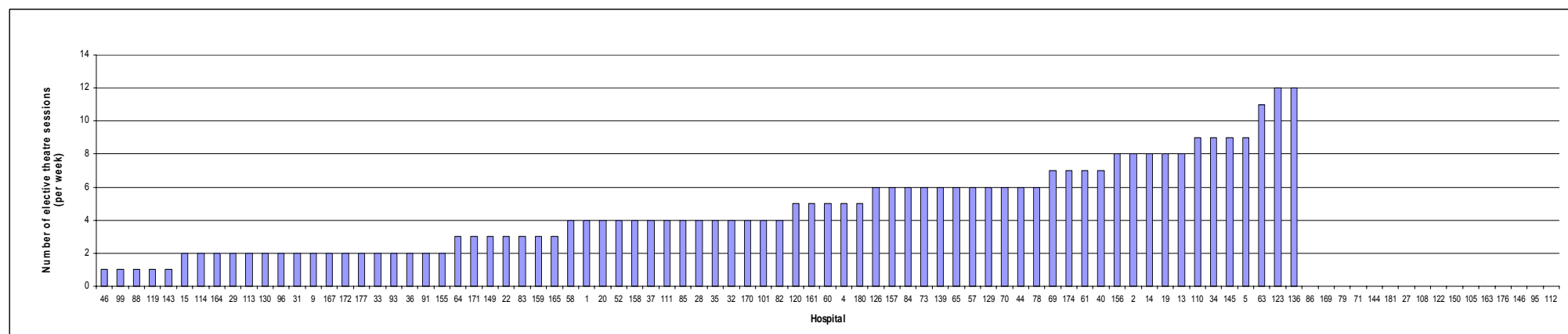
Hospitals were grouped as follows:

Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

## Medium sized hospitals<sup>1</sup>

### Dedicated elective theatre sessions

Hospitals that had dedicated elective theatre sessions for vascular surgery were asked to indicate how many sessions there were per week.



### Data table – Dedicated elective theatre sessions

Hospital	46	99	88	119	143	15	114	164	29	113	130	96	31	9	167	172	177	33	93	36	91	155	64
Elective theatre sessions per week	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3

Hospital	171	149	22	83	159	165	58	1	20	52	158	37	111	85	28	35	32	170	101	82	120	161
Elective theatre sessions per week	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5

Hospital	60	4	180	126	157	84	73	139	65	57	129	70	44	78	69	174	61	40	156	2	14	19	13	110
Elective theatre sessions per week	5	5	5	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	8	8	8	8	8	9

Hospital	34	145	5	63	123	136	86	169	79	71	144	181	27	108	122	150	105	163	176	146	95	112
Elective theatre sessions per week	9	9	9	11	12	12	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-	-	-	-

Key	
Not answered	-
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition), 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

**Medium sized hospitals<sup>1</sup>**

**Recommended immediate destination after elective AAA repair**

Hospitals were asked to indicate the recommended immediate destination for a patient after an elective AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after elective AAA repair						
	Recovery area	ICU (Level 3)	HDU (Level 2)	Combined ICU/HDU	Vascular ward	General ward	Unknown
15		✓					
114		✓					
64		✓					
171	✓						
58				✓			
46				✓			
86				✓			
126				✓			
164			✓				
169	–	–	–	–	–	–	–
1				✓			
99		✓					
110		✓					
20		✓					
157				✓			
79		✓					
29		✓					
71				✓			
144		✓					
113		✓					
130				✓			
181				✓			
34		✓					
27		✓					
149		✓					
120		✓					
52		✓					
176			✓				
22			✓				
83				✓			
158			✓				
69				✓			
96				✓			
31		✓	✓				
37	–	–	–	–	–	–	–
159		✓	✓				
84		✓					
156			✓				
88		✓					
9		✓					
167		✓					
111			✓				
123		✓					
119	–	–	–	–	–	–	–
85		✓					
172		✓					
73			✓				
28		✓					



NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Recommended immediate destination after elective AAA repair						
	Recovery area	ICU (Level 3)	HDU (Level 2)	Combined ICU/HDU	Vascular ward	General ward	Unknown
143	–	–	–	–	–	–	–
146		✓					
108	–	–	–	–	–	–	–
161			✓				
35		✓					
177				✓			
174				✓			
32		✓					
33		✓					
61		✓					
122		✓					
60		✓					
170			✓				
93				✓			
95	–	–	–	–	–	–	–
112		✓					
40			✓				
150			✓				
139			✓				
2		✓					
145			✓				
105				✓			
36				✓			
165			✓				
14				✓			
65				✓			
57		✓					
5			✓				
91		✓					
63				✓			
19			✓				
4			✓				
180		✓					
101				✓			
129		✓					
70				✓			
163			✓				
13			✓				
44			✓	✓			
155		✓					
136				✓			
82		✓					
78				✓			

Key	
Yes	✓
No	✘
Unknown	○
Not answered	–
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing. Hospitals were grouped as follows:  
 Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

**Medium sized hospitals<sup>1</sup>**

**Recommended immediate destination after emergency AAA repair**

Hospitals were asked to indicate the recommended immediate destination for a patient after an emergency AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after emergency AAA repair						
	ICU (Level 3)	Combined ICU/HDU	HDU (Level 2)	Vascular ward	General ward	Another hospital	Unknown
15	✓						
114	✓						
64	✓						
171	✓						
58	✓						
46	✓						
86	✓						
126	✓						
164	✓						
169	✓						
1		✓					
99	✓						
110	✓						
20	✓						
157		✓					
79	✓						
29	✓						
71	✓						
144	✓						
113	✓						
130	✓						
181		✓					
34	✓						
27	✓						
149	✓						
120	✓						
52	✓						
176	✓						
22	✓						
83		✓					
158		✓					
69		✓					
96		✓					
31	✓						
37	—	—	—	—	—	—	—
159	✓						
84	✓						
156	✓						
88	✓						
9	✓						
167	✓						
111	✓						
123	✓						
119	✓						
85	✓						
172	✓						
73	✓						
28	✓						
143	✓						

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Recommended immediate destination after emergency AAA repair						
	ICU (Level 3)	Combined ICU/HDU	HDU (Level 2)	Vascular ward	General ward	Another hospital	Unknown
146	✓						
108	✓						
161	✓						
35	✓						
177		✓					
174		✓					
32	✓						
33	✓						
61	✓						
122	✓						
60	✓						
170		✓					
93		✓					
95	–	–	–	–	–	–	–
112	✓						
40	✓						
150		✓					
139	✓						
2	✓						
145	✓						
105		✓					
36	✓						
165	✓						
14		✓					
65	✓						
57	✓						
5	✓						
91	✓						
63		✓					
19	✓						
4	✓						
180	✓						
101	✓						
129	✓						
70		✓					
163	✓						
13	✓						
44	✓	✓					
155	✓						
136	✓						
82	✓						
78		✓					

Key	
Yes	✓
No	✗
Unknown	○
Not answered	–
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing. Hospitals were grouped as follows: Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

**Small sized hospitals<sup>1</sup>**

**Facilities on same geographical site**

Hospitals were asked to indicate whether the following facilities were available to vascular patients on the same geographical site. Hospitals were also asked to indicate whether these facilities were available 24 hours a day, if available on the same geographical site.

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
109	x	n/a	✓	—	✓	—	✓	—	✓	—
74	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
107	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
55	✓	—	✓	—	✓	✓	✓	—	✓	✓
162	✓	✓	—	—	✓	—	✓	—	✓	—
133	✓	—	✓	—	✓	—	✓	—	✓	—
117	✓	—	✓	—	✓	—	✓	—	✓	—
127	x	n/a	✓	✓	x	n/a	✓	✓	✓	✓
23	✓	✓	x	n/a	✓	✓	✓	✓	✓	✓
92	—	—	✓	✓	✓	✓	✓	✓	✓	✓
98	✓	—	✓	—	✓	—	✓	—	✓	—
168	✓	—	✓	—	✓	—	✓	—	✓	—
72	✓	✓	✓	—	✓	—	✓	—	✓	—
103	✓	—	✓	—	✓	—	x	n/a	✓	—
154	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
148	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
118	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	—	—	✓	✓	—	—	—	—	✓	✓
100	x	n/a	✓	✓	x	n/a	x	n/a	✓	✓
42	—	—	✓	—	x	n/a	x	n/a	✓	—
106	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
75	✓	✓	✓	—	✓	✓	✓	—	✓	✓
6	x	n/a	✓	—	x	n/a	✓	—	✓	—
179	✓	—	✓	✓	✓	—	x	n/a	✓	✓
11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
76	x	n/a	✓	✓	x	n/a	x	n/a	✓	✓

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
59	✓	—	✓	✓	✓	—	✓	✓	✓	✓
173	✓	—	✓	✓	x	n/a	✓	—	✓	—
125	x	n/a	✓	✓	x	n/a	✓	—	✓	—
116	x	n/a	✓	✓	x	n/a	x	n/a	✓	✓
26	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
137	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18	✓	—	✓	—	✓	—	✓	—	✓	—
48	✓	—	✓	—	✓	—	✓	—	✓	✓
87	✓	✓	✓	✓	✓	✓	x	n/a	✓	✓
81	x	n/a	✓	✓	x	n/a	x	n/a	✓	✓
80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
41	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
89	✓	—	✓	✓	✓	—	✓	—	✓	✓
166	✓	—	✓	✓	✓	—	✓	—	✓	✓
56	✓	—	✓	—	✓	—	✓	—	✓	—
151	✓	✓	✓	✓	✓	✓	✓	—	✓	✓

Key	
Yes	✓
No	x
Unknown	○
Not answered <sup>2</sup>	—
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

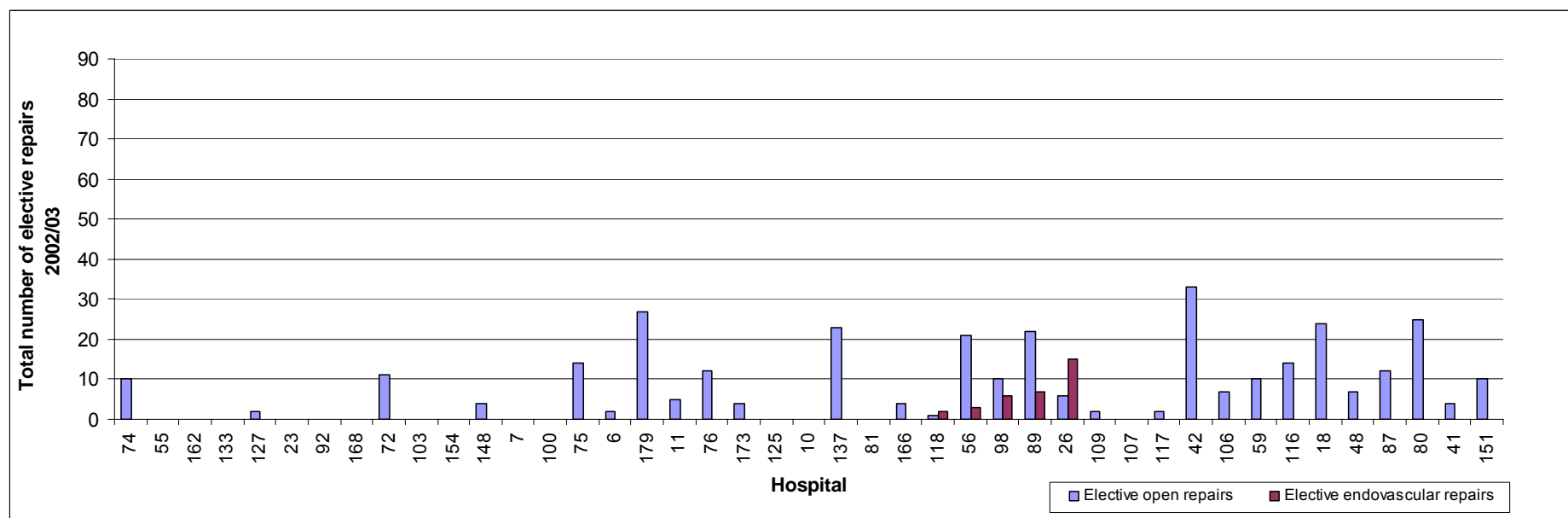
Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

<sup>2</sup> Where the 'not answered' symbol is shown for facilities available 24 hours, this indicates that the question was not answered or the facilities were not available 24 hours. If you would like further information please contact the NCEPOD office.

## Small sized hospitals<sup>1</sup>

### Elective AAA repairs

Hospitals were asked to indicate the total number of elective (open and endovascular) AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L19.3, L19.4, L19.5, L19.6, L19.8 and L19.9).



### Data table - Elective AAA repairs

Hospital	74	55	162	133	127	23	92	168	72	103	154	148	7	100	75	6	179	11	76	173
Open repair	10	0	0	0	2	0	0	0	11	0	0	4	0	0	14	2	27	5	12	4
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Hospital	125	10	137	81	166	118	56	98	89	26	109	107	117	42	106	59	116	18	48	87	80	41	151
Open repair	0	0	23	0	4	1	21	10	22	6	2	–	2	33	7	10	14	24	7	12	25	4	10
Endovascular repair	0	0	0	0	0	2	3	6	7	15	–	–	–	–	–	–	–	–	–	–	–	–	–

Key	
Not answered	–

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

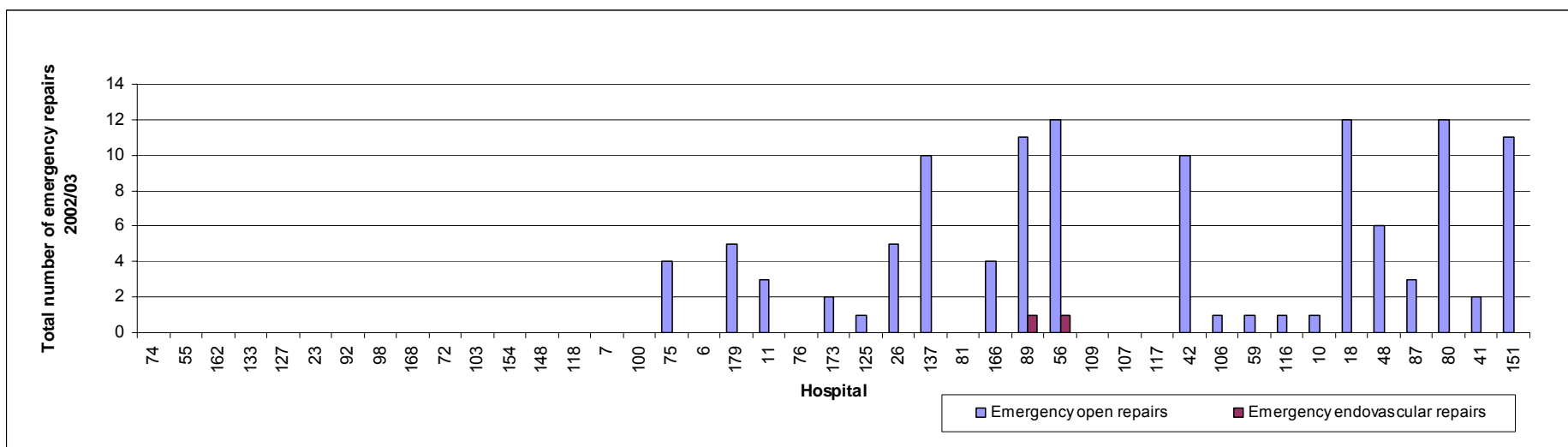
Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Small sized hospitals<sup>1</sup>

#### Emergency AAA repairs

Hospitals were asked to indicate the total number of emergency AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L18.3, L18.4, L18.5, L18.6, L18.8 and L18.9).



#### Data table – Emergency AAA repairs

Hospital	74	55	162	133	127	23	92	98	168	72	103	154	148	118	7	100	75	6	179	11	76	173	125	26	137	
Open repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	5	3	0	2	1	5	10	
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Hospital	81	166	89	56	109	107	117	42	106	59	116	10	18	48	87	80	41	151
Open repair	0	4	11	12	–	–	–	10	1	1	1	1	12	6	3	12	2	11
Endovascular repair	0	0	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Key	
Not answered	–

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

## Small sized hospitals<sup>1</sup>

### Separate on-call rotas

Hospitals were asked to indicate whether there was a separate surgical on-call rota for vascular surgery, a separate anaesthetic on-call rota for vascular surgery and whether there was a separate on-call rota for interventional radiology.

Hospital	Separate on-call rotas		
	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
154	✓	✓	✓
41	✓	✓	✓
89	✓	✓	✓
118	✓	x	✓
74	✓	x	x
6	✓	x	x
179	✓	x	x
125	✓	x	x
116	✓	x	x
26	✓	x	x
10	✓	x	x
137	✓	x	x
87	✓	x	x
168	✓	○	✓
109	x	x	✓
72	x	x	✓
103	x	x	✓
148	x	x	✓
11	x	x	✓
166	x	x	✓
107	x	x	x
162	x	x	x
133	x	x	x
117	x	x	x
127	x	x	x
23	x	x	x
92	x	x	x
98	x	x	x
7	x	x	x
100	x	x	x
42	x	x	x
106	x	x	x
75	x	x	x
76	x	x	x
59	x	x	x
173	x	x	x
18	x	x	x
48	x	x	x
81	x	x	x
80	x	x	x
56	x	x	x
151	x	x	x
55	x	x	—

Key	
Yes	✓
No	x
Unknown	○
Not answered	—
Not applicable	n/a

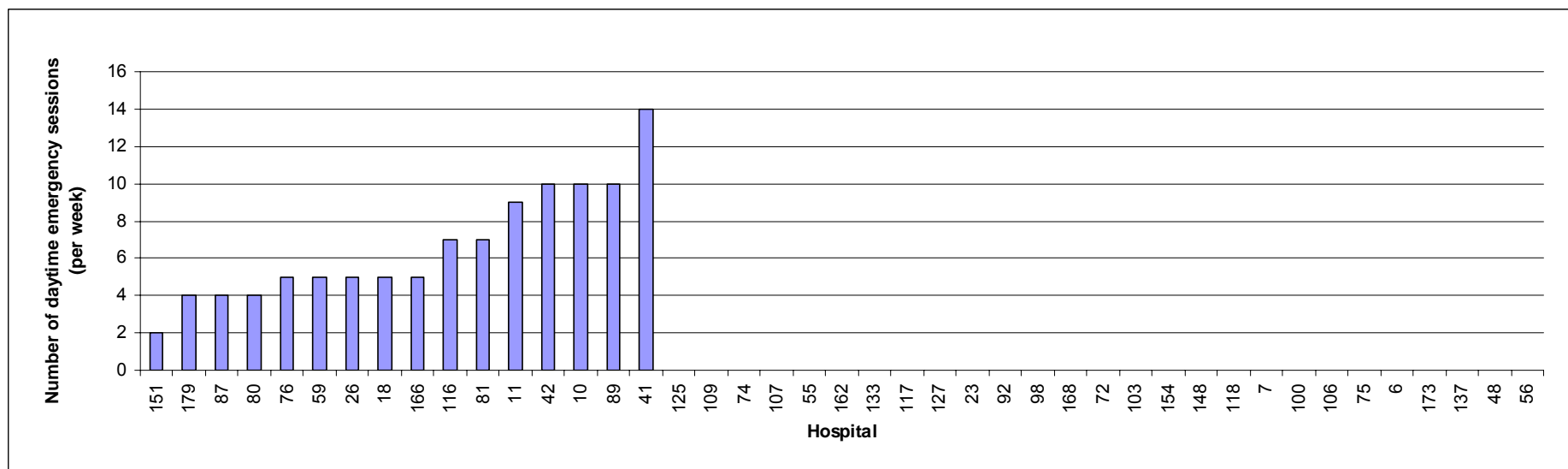
<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing. Hospitals were grouped as follows: Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.



## Small sized hospitals<sup>1</sup>

### Dedicated daytime emergency theatre sessions

Hospitals that had dedicated daytime (8am – 6pm) emergency theatre sessions (theatre is staffed and set aside exclusively for emergency or urgent operations) were asked to indicate how many sessions there were per week.



Data table - Dedicated daytime emergency theatre sessions

Hospital	151	179	87	80	76	59	26	18	166	116	81	11	42	10	89	41	125	109	74	107	55	162	133	
Daytime emergency theatre sessions per week	2	4	4	4	5	5	5	5	5	7	7	9	10	10	10	14	○	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Hospital	117	127	23	92	98	168	72	103	154	148	118	7	100	106	75	6	173	137	48	56	
Daytime emergency theatre sessions per week	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	–

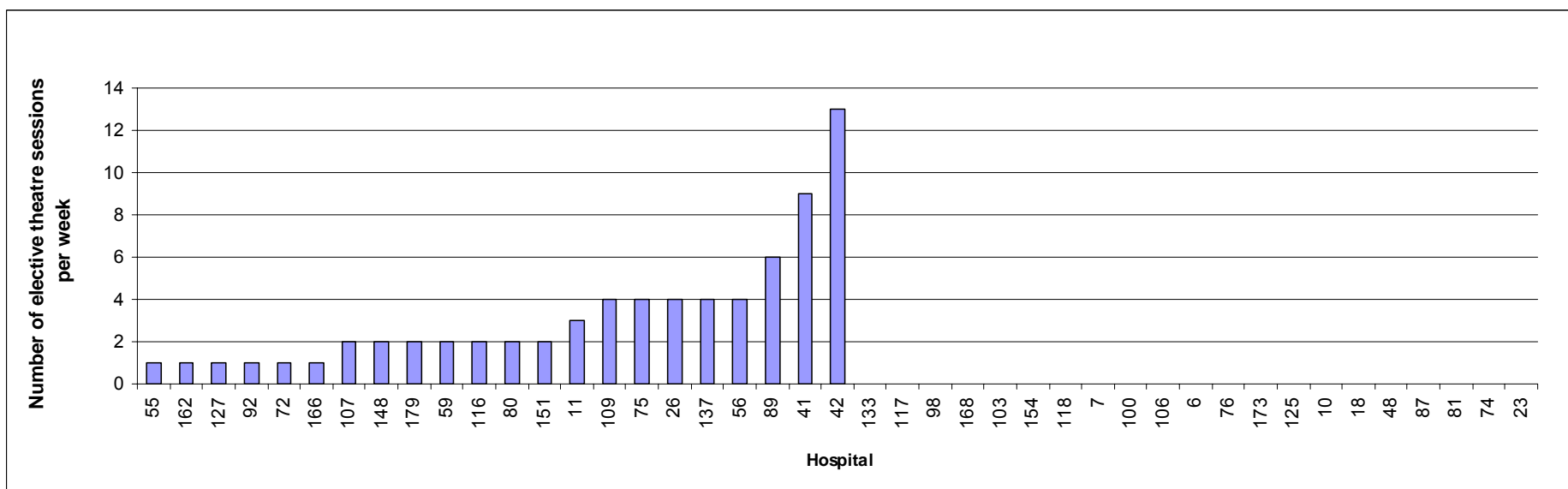
Key	
Unknown	○
Not answered	–
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing.  
Hospitals were grouped as follows:  
Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

## Small sized hospitals<sup>1</sup>

### Dedicated elective theatre sessions

Hospitals that had dedicated elective theatre sessions for vascular surgery were asked to indicate how many sessions there were per week.



### Data table – Dedicated elective theatre sessions

Hospital	55	162	127	92	72	166	107	148	179	59	116	80	151	11	109	75	26	137	56	89	41	42	133	117
Elective theatre sessions per week	1	1	1	1	1	1	2	2	2	2	2	2	2	3	4	4	4	4	4	6	9	13	n/a	n/a

Hospital	98	168	103	154	118	7	100	106	6	76	173	125	10	18	48	87	81	74	23
Elective theatre sessions per week	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	–	–

Key	
Not answered	–
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition), 2006. Beechwood House Publishing.

Hospitals were grouped as follows:

Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds.

### Small sized hospitals<sup>1</sup>

#### Recommended immediate destination after elective AAA repair

Hospitals were asked to indicate the recommended immediate destination for a patient after an elective AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after elective AAA repair						
	Recovery area	ICU (Level 3)	HDU (Level 2)	Combined ICU/HDU	Vascular ward	General ward	Unknown
109			✓				
74			✓				
107			✓				
55	✓						
162				✓			
133		✓					
117		✓					
127			✓				
23			✓				
92	–	–	–	–	–	–	–
98		✓					
168	–	–	–	–	–	–	–
72		✓					
103			✓				
154				✓			
148			✓				
118		✓					
7				✓			
100				✓			
42			✓				
106		✓					
75		✓					
6		✓					
179		✓					
11		✓					
76				✓			
59		✓					
173		✓					
125	–	–	–	–	–	–	–
116		✓					
26			✓				
10						✓	
137				✓			
18		✓					
48				✓			
87		✓					
81	–	–	–	–	–	–	–
80			✓				
41		✓					
89		✓	✓				
166			✓				
56	✓						
151		✓					

Key	
Yes	✓
No	x
Unknown	○
Not answered	–
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing. Hospitals were grouped as follows: Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds

### Small sized hospitals<sup>1</sup>

#### Recommended immediate destination after emergency AAA repair

Hospitals were asked to indicate the recommended immediate destination for a patient after an emergency AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after emergency AAA repair						
	ICU (Level 3)	Combined ICU/HDU	HDU (Level 2)	Vascular ward	General ward	Another hospital	Unknown
109	—	—	—	—	—	—	—
74			✓				
107	—	—	—	—	—	—	—
55	—	—	—	—	—	—	—
162							✓
133	✓						
117	✓						
127							✓
23							✓
92	—	—	—	—	—	—	—
98	—	—	—	—	—	—	—
168	—	—	—	—	—	—	—
72	✓						
103	✓						
154							✓
148			✓				
118	✓						
7		✓					
100		✓					
42	✓						
106	✓						
75	✓						
6	✓						
179	✓						
11	✓						
76	✓						
59	✓						
173	✓						
125	—	—	—	—	—	—	—
116	✓						
26	✓						
10	✓						
137	✓						
18	✓						
48		✓					
87	✓						
81	—	—	—	—	—	—	—
80	✓						
41	✓						
89	✓						
166	✓						
56		✓					
151	✓						

Key	
Yes	✓
No	x
Unknown	○
Not answered	—
Not applicable	n/a

<sup>1</sup> Grouping of hospitals carried out by NCEPOD were based on bed numbers published in *Binley's Directory of NHS Management* (Autumn – Winter 2005 -2006 Edition). 2006. Beechwood House Publishing. Hospitals were grouped as follows: Large sized hospital: 700 beds and over, Medium sized hospital: between 400 - 699 beds, Small sized hospital: under 400 beds

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

**Large vascular units<sup>1</sup>**

**Facilities on same geographical site**

Hospitals were asked to indicate whether the following facilities were available to vascular patients on the same geographical site. Hospitals were also asked to indicate whether these facilities were available 24 hours a day, if available on the same geographical site.

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
67	✓	—	✓	—	✓	—	✓	—	✓	—
97	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
154	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
39	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
34	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
41	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
104	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
30	✓	✓	✓	✓	✓	✓	✓	✓	✓	—
128	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	✓	—	✓	—	✓	—	✓	—	✓	—
51	✓	✓	✓	✓	✓	✓	✓	—	✓	—
110	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
66	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
65	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
3	✓	✓	✓	✓	✓	—	—	—	✓	✓
140	✓	✓	✓	✓	✓	✓	✓	✓	✓	—
145	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
62	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
47	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
45	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
63	✓	—	✓	✓	✓	—	✓	—	✓	✓
12	✓	—	✓	✓	✓	—	✓	—	✓	—
1	—	—	—	—	—	—	✓	—	✓	—
124	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
53	✓	✓	✓	✓	✓	✓	✓	—	✓	—
13	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
131	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
56	✓	—	✓	—	✓	—	✓	—	✓	—
2	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
112	✓	—	✓	✓	✓	—	✓	—	✓	✓
141	✓	—	✓	—	✓	—	✓	—	✓	—
136	✓	—	✓	—	✓	—	✓	—	✓	—
24	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
70	✓	—	✓	—	✓	—	✓	—	✓	—
49	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
44	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
142	✓	✓	✓	✓	✓	—	✓	—	✓	—
132	✓	—	✓	✓	✓	—	✓	—	✓	✓
160	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
126	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
156	✓	—	✓	—	—	—	✓	—	✓	—
42	—	—	✓	—	x	—	x	—	✓	—
115	✓	—	✓	—	✓	—	✓	—	✓	—
123	✓	—	✓	✓	✓	—	x	—	✓	—
54	✓	—	✓	✓	✓	—	✓	✓	✓	✓
161	✓	—	✓	✓	✓	—	✓	—	✓	✓

Key	
Yes	✓
No	x
Not answered <sup>2</sup>	—
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

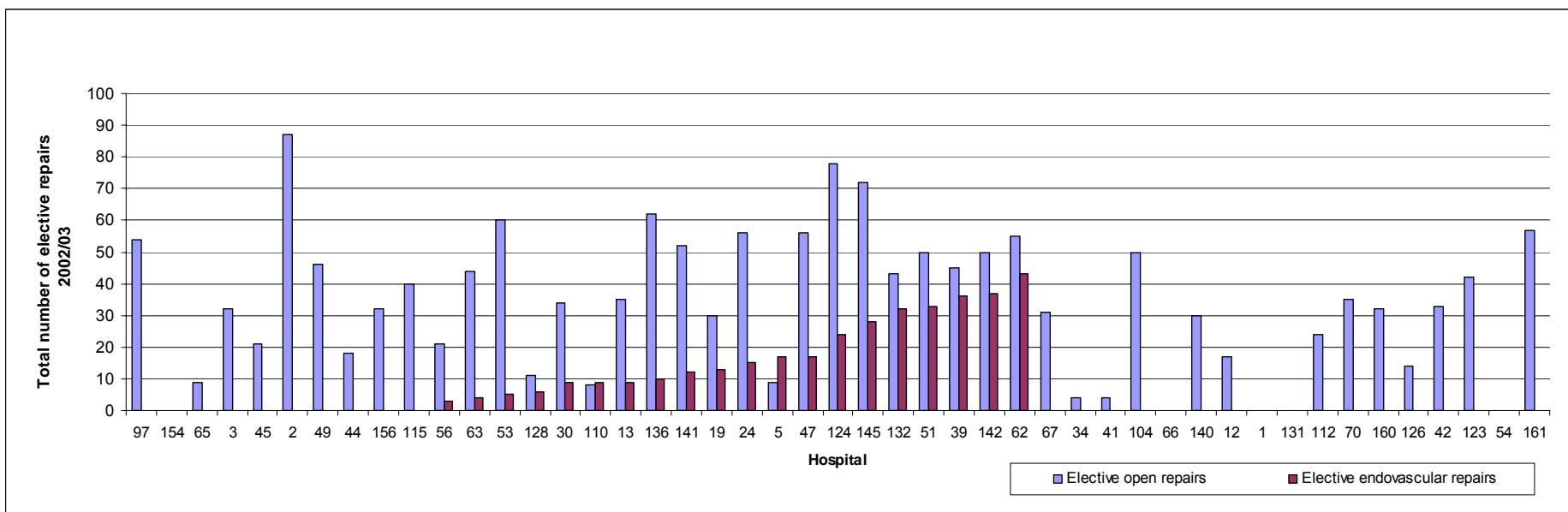
**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

<sup>2</sup> Where the 'not answered' symbol is shown for facilities available 24 hours, this indicates that the question was not answered or the facilities were not available 24 hours. If you would like further information please contact the NCEPOD office.

## Large vascular units<sup>1</sup>

### Elective AAA repairs

Hospitals were asked to indicate the total number of elective (open and endovascular) AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L19.3, L19.4, L19.5, L19.6, L19.8 and L.19.9).



### Data table – Elective AAA repairs

Hospital	97	154	65	3	45	2	49	44	156	115	56	63	53	128	30	110	13	136	141	19	24	5	47
Open repair	54	0	9	32	21	87	46	18	32	40	21	44	60	11	34	8	35	62	52	30	56	9	56
Endovascular repair	0	0	0	0	0	0	0	0	0	0	3	4	5	6	9	9	9	10	12	13	15	17	17

Hospital	124	145	132	51	39	142	62	67	34	41	104	66	140	12	1	131	112	70	160	126	42	123	54	161
Open repair	78	72	43	50	45	50	55	31	4	4	50	—	30	17	—	—	24	35	32	14	33	42	—	57
Endovascular repair	24	28	32	33	36	37	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Key	
Not answered	—

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

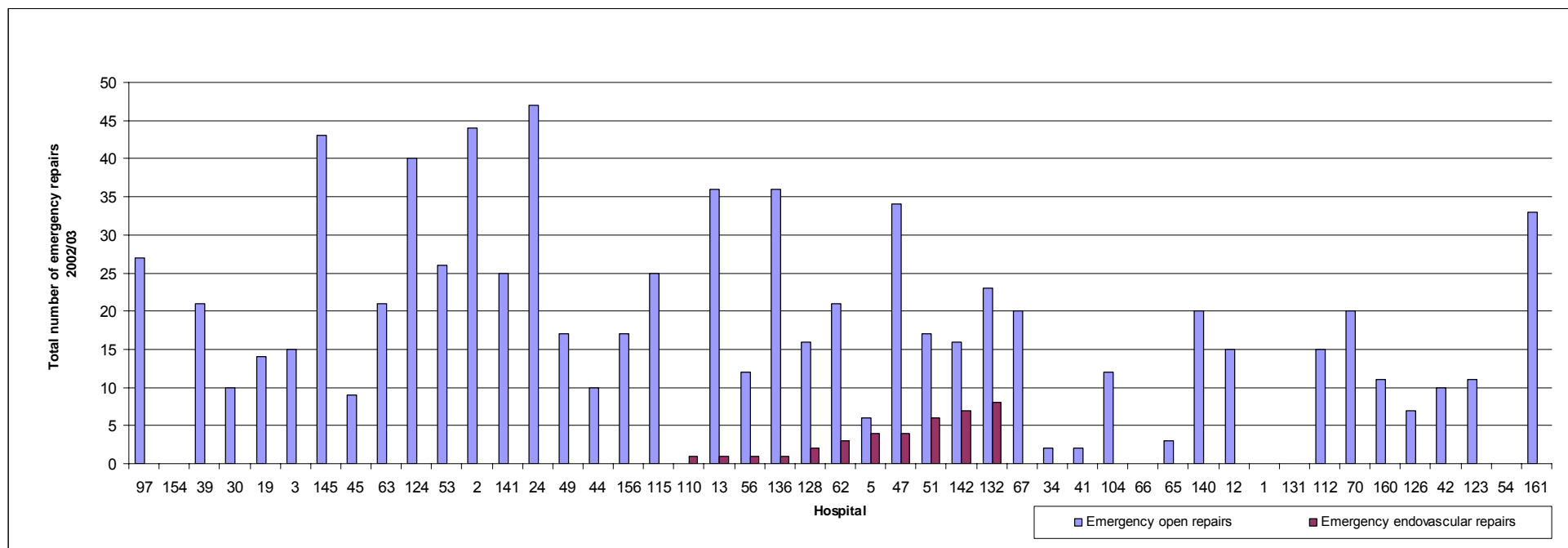
**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Large vascular units<sup>1</sup>

#### Emergency AAA repairs

Hospitals were asked to indicate the total number of emergency AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L18.3, L18.4, L18.5, L18.6, L18.8 and L18.9).



**Data table – Emergency AAA repairs**

Hospital	97	154	39	30	19	3	145	45	63	124	53	2	141	24	49	44	156	115	110	13	56	136	128	62	5
Open repair	27	0	21	10	14	15	43	9	21	40	26	44	25	47	17	10	17	25	0	36	12	36	16	21	6
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	2	3	4



## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Large vascular units<sup>1</sup>

#### Emergency AAA repairs

**Data table – Emergency AAA repairs continued**

<b>Hospital</b>	47	51	142	132	67	34	41	104	66	65	140	12	1	131	112	70	160	126	42	123	54	161
<b>Open repair</b>	34	17	16	23	20	2	2	12	–	3	20	15	–	–	15	20	11	7	10	11	–	33
<b>Endovascular repair</b>	4	6	7	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

<b>Key</b>	
Not answered	–

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

**Large vascular units<sup>1</sup>**

**Separate on-call rotas**

Hospitals were asked to indicate whether there was a separate surgical on-call rota for vascular surgery, a separate anaesthetic on-call rota for vascular surgery and whether there was a separate on-call rota for interventional radiology.

Hospital	Separate on-call rotas		
	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
67	✓	✓	✓
154	✓	✓	✓
34	✓	✓	✓
41	✓	✓	✓
39	✓	x	✓
104	✓	x	✓
128	✓	x	✓
51	✓	x	✓
110	✓	x	✓
5	✓	x	✓
66	✓	x	✓
65	✓	x	✓
145	✓	x	✓
62	✓	x	✓
47	✓	x	✓
53	✓	x	✓
131	✓	x	✓
2	✓	x	✓
141	✓	x	✓
136	✓	x	✓
24	✓	x	✓
44	✓	x	✓
142	✓	x	✓
97	✓	x	x
19	✓	x	x
3	✓	x	x
140	✓	x	x
63	✓	x	x
12	✓	x	x
124	✓	x	x
13	✓	x	x
112	✓	x	x
70	✓	x	x
49	✓	x	x
132	✓	x	x
126	✓	x	x
123	✓	x	x
161	✓	x	x
1	✓	x	○
156	✓	x	—
54	✓	○	○
30	✓	—	✓
45	✓	x	x
56	x	x	x
160	x	x	x
42	x	x	x
115	x	x	x

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

<b>Key</b>	
Yes	✓
No	✘
Unknown	○
Not answered	—

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

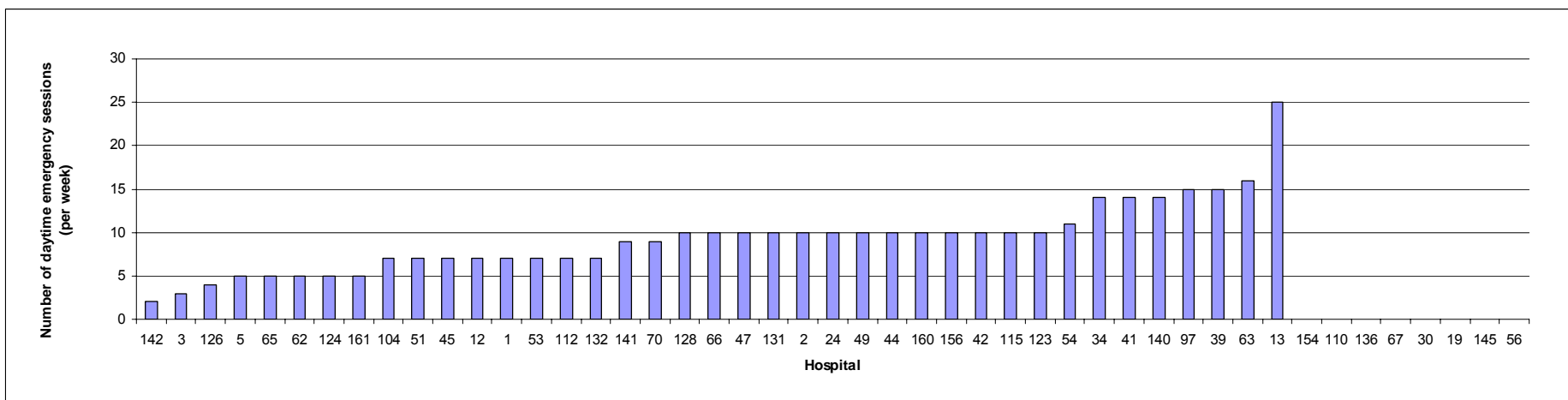
**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## Large vascular units<sup>1</sup>

### Dedicated daytime emergency theatre sessions

Hospitals that had dedicated daytime (8am – 6pm) emergency theatre sessions (theatre is staffed and set aside exclusively for emergency or urgent operations) were asked to indicate how many sessions there were per week.



### Data table – Dedicated daytime emergency theatre sessions

Hospital	142	3	126	5	65	62	124	161	104	51	45	12	1	53	112	132	141	70	128	66	47	131	2	24	
Daytime emergency theatre sessions per week	2	3	4	5	5	5	5	5	7	7	7	7	7	7	7	7	9	9	10	10	10	10	10	10	10

Hospital	49	44	160	156	42	115	123	54	34	41	140	97	39	63	13	154	110	136	67	30	19	145	56
Daytime emergency theatre sessions per week	10	10	10	10	10	10	10	11	14	14	14	15	15	16	25	n/a	n/a	n/a	–	–	–	–	–

Key	
Not answered	–
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

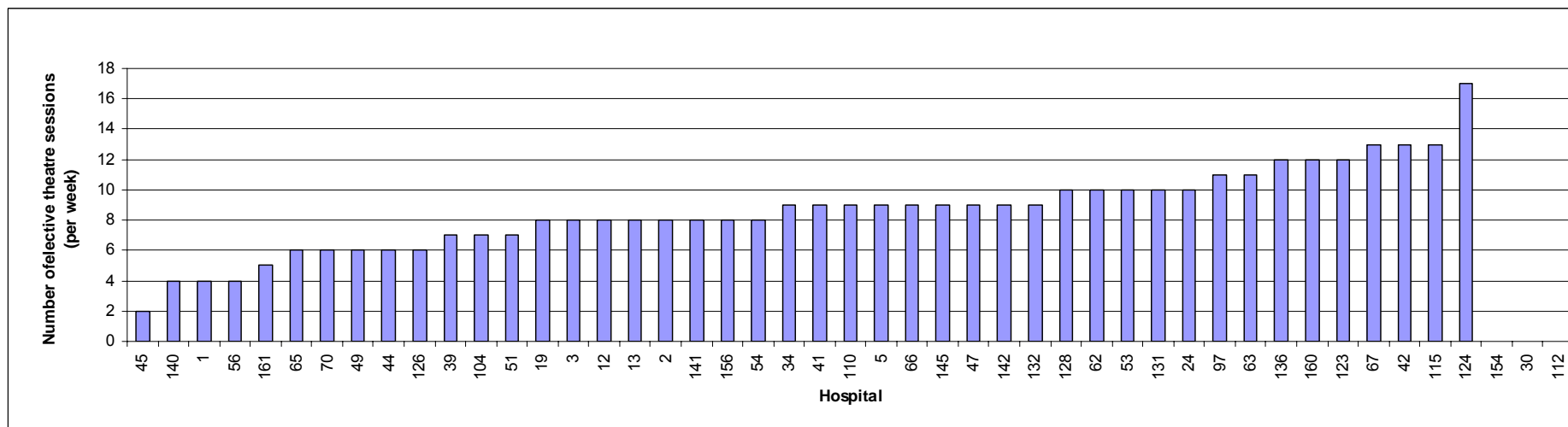
**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## Large vascular units<sup>1</sup>

### Dedicated elective theatre sessions

Hospitals that had dedicated elective theatre sessions for vascular surgery were asked to indicate how many sessions there were per week.



Data table – Dedicated elective theatre sessions

Hospital	45	140	1	56	161	65	70	49	44	126	39	104	51	19	3	12	13	2	141	156	54	34	41	110
Elective theatre sessions per week	2	4	4	4	5	6	6	6	6	6	7	7	7	8	8	8	8	8	8	8	8	9	9	9

Hospital	5	66	145	47	142	132	128	62	53	131	24	97	63	136	160	123	67	42	115	124	154	30	112
Elective theatre sessions per week	9	9	9	9	9	9	10	10	10	10	10	11	11	12	12	12	13	13	13	17	n/a	-	-

Key	
Not answered	-
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

**Large vascular units<sup>1</sup>**

**Recommended immediate destination after elective AAA repair**

Hospitals were asked to indicate the recommended immediate destination for a patient after an elective AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after elective AAA repair						
	Recovery area	ICU (Level 3)	HDU (Level 2)	Combined ICU/HDU	Vascular ward	General ward	Unknown
67	✓						
97			✓				
154				✓			
39		✓					
34		✓					
41		✓					
104			✓				
30		✓					
128			✓				
19			✓				
51		✓					
110		✓					
5			✓				
66					✓		
65				✓			
3			✓				
140		✓					
145			✓				
62			✓				
47				✓			
45			✓				
63				✓			
12				✓			
1				✓			
124		✓					
53			✓				
13			✓				
131		✓					
56	✓						
2		✓					
112		✓					
141		✓					
136				✓			
24			✓				
70				✓			
49			✓				
44			✓	✓			
142		✓					
132			✓				
160		✓					
126				✓			
156			✓				
42			✓				
115			✓				
123		✓					
54			✓				
161			✓				

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

<b>Key</b>	
Yes	✓
Not answered	—

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## Large vascular units

### Recommended immediate destination after emergency AAA repair

Hospitals were asked to indicate the recommended immediate destination for a patient after an emergency AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after emergency AAA repair						
	ICU (Level 3)	Combined ICU/HDU	HDU (Level 2)	Vascular ward	General ward	Another hospital	Unknown
67	✓						
97	✓						
154							✓
39	✓						
34	✓						
41	✓						
104			✓				
30			✓				
128	✓						
19	✓						
51	✓						
110	✓						
5	✓						
66	✓						
65	✓						
3	✓						
140	✓						
145	✓						
62	✓						
47		✓					
45	✓						
63		✓					
12		✓					
1		✓					
124	✓						
53	✓		✓				
13	✓						
131	✓						
56		✓					
2	✓						
112	✓						
141	✓						
136	✓						
24	✓						
70		✓					
49	✓						
44	✓	✓					
142	✓						
132	✓						
160	✓						
126	✓						
156	✓						
42	✓						
115	✓		✓				
123	✓						
54	✓		✓				
161	✓						



## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

<b>Key</b>	
Yes	✓
Not answered	—

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

**Intermediate vascular units<sup>1</sup>**

**Facilities on same geographical site**

Hospitals were asked to indicate whether the following facilities were available to vascular patients on the same geographical site. Hospitals were also asked to indicate whether these facilities were available 24 hours a day, if available on the same geographical site.

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
64	✓	—	✓	✓	✓	—	✓	—	✓	✓
68	✓	—	✓	—	✓	—	✓	—	✓	—
69	✓	—	✓	✓	✓	—	✓	—	✓	—
22	✓	—	✓	✓	✓	—	✓	—	✓	—
99	✓	—	✓	✓	✓	—	✓	—	✓	✓
90	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
105	✓	—	✓	✓	✓	—	✓	—	✓	✓
119	✓	✓	✓	✓	x	n/a	✓	—	✓	✓
171	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
58	✓	—	✓	✓	✓	—	✓	—	✓	—
40	—	—	✓	✓	✓	—	✓	—	✓	✓
117	✓	—	✓	—	✓	—	✓	—	✓	—
23	✓	✓	x	n/a	✓	✓	✓	✓	✓	✓
162	✓	✓	—	—	✓	—	✓	—	✓	—
11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
103	✓	—	✓	—	✓	—	x	n/a	✓	—
72	✓	✓	✓	—	✓	—	✓	—	✓	—
118	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
127	x	n/a	✓	✓	x	n/a	✓	✓	✓	✓
74	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
181	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
178	✓	—	✓	✓	✓	—	✓	—	✓	✓
114	✓	—	✓	✓	✓	—	x	n/a	✓	—
79	✓	✓	✓	—	✓	✓	✓	—	✓	✓
77	✓	—	✓	—	✓	—	✓	—	✓	—
32	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
35	✓	—	✓	✓	✓	—	✓	—	✓	—
101	✓	✓	✓	✓	✓	✓	✓	—	✓	✓

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
177	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
27	✓	—	✓	✓	✓	—	✓	✓	✓	✓
166	✓	—	✓	✓	✓	—	✓	—	✓	✓
71	✓	—	✓	✓	✓	—	✓	—	✓	✓
29	✓	—	✓	✓	✓	—	✓	—	✓	✓
96	x	n/a	✓	✓	x	n/a	✓	—	✓	✓
38	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
26	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
153	✓	—	✓	✓	✓	—	✓	—	✓	—
50	✓	—	✓	—	✓	—	✓	—	✓	—
76	x	n/a	✓	✓	x	n/a	x	n/a	✓	✓
139	✓	✓	✓	✓	✓	✓	✓	—	✓	—
83	✓	—	✓	—	✓	—	✓	—	✓	—
135	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
134	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
137	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
138	✓	—	✓	✓	✓	—	✓	—	✓	—
4	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
158	✓	—	✓	—	✓	—	—	—	✓	✓
167	✓	—	✓	✓	✓	—	✓	—	✓	—
78	✓	—	✓	✓	✓	—	✓	—	✓	✓
14	✓	—	✓	✓	✓	—	✓	—	✓	✓
149	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
111	✓	—	✓	✓	✓	—	✓	—	✓	✓
9	✓	—	✓	✓	—	—	✓	—	✓	✓
151	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
157	✓	—	✓	✓	x	n/a	✓	—	✓	—
16	✓	—	✓	✓	✓	—	✓	—	✓	✓
89	✓	—	✓	✓	✓	—	✓	—	✓	✓
52	✓	—	✓	✓	✓	—	✓	✓	✓	✓
113	✓	—	✓	—	✓	✓	✓	—	✓	—
36	✓	—	✓	✓	✓	—	✓	—	✓	✓
31	✓	—	✓	✓	✓	—	✓	—	✓	✓
94	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
122	✓	—	✓	✓	✓	—	✓	—	✓	✓

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
174	✓	—	✓	✓	✓	—	✓	—	✓	—
146	✓	—	✓	✓	✓	—	✓	✓	✓	✓
18	✓	—	✓	—	✓	—	✓	—	✓	—
120	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
15	✓	—	✓	✓	✓	—	✓	—	✓	—
116	x	—	✓	✓	x	n/a	x	n/a	✓	✓
130	—	—	✓	—	—	—	✓	—	✓	—
85	✓	—	✓	—	✓	—	✓	—	✓	—
172	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
121	✓	—	✓	✓	✓	—	✓	—	✓	—
176	✓	✓	✓	✓	✓	✓	✓	—	✓	—
73	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
129	✓	—	✓	✓	✓	—	✓	—	✓	✓
87	✓	✓	✓	✓	✓	✓	x	n/a	✓	✓
102	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
163	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
25	✓	✓	✓	✓	✓	—	✓	✓	✓	✓
152	✓	✓	✓	✓	✓	—	✓	—	✓	✓
93	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
37	✓	—	✓	✓	✓	—	✓	—	✓	✓
155	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17	✓	—	✓	✓	✓	—	✓	✓	✓	✓
61	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
159	✓	—	✓	✓	✓	—	✓	—	✓	✓
60	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
43	✓	—	✓	✓	✓	—	✓	—	✓	✓
57	✓	—	✓	✓	✓	—	✓	—	✓	✓
88	✓	—	✓	✓	✓	—	—	—	✓	✓
82	✓	✓	✓	✓	✓	—	✓	—	✓	—
21	✓	—	✓	—	✓	—	✓	—	✓	—
170	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
75	✓	✓	✓	—	✓	✓	✓	—	✓	✓
28	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
150	✓	—	✓	✓	✓	—	✓	—	✓	✓
164	✓	—	✓	—	✓	—	✓	—	✓	—

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
20	✓	—	✓	—	✓	—	x	n/a	✓	—
80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
84	✓	✓	✓	✓	✓	✓	x	n/a	✓	✓
175	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
33	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
8	✓	—	✓	—	✓	—	✓	—	✓	—
46	✓	—	✓	—	✓	—	x	n/a	✓	—
180	✓	✓	✓	✓	✓	✓	✓	—	✓	✓

Key	
Yes	✓
No	x
Not answered <sup>2</sup>	—
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

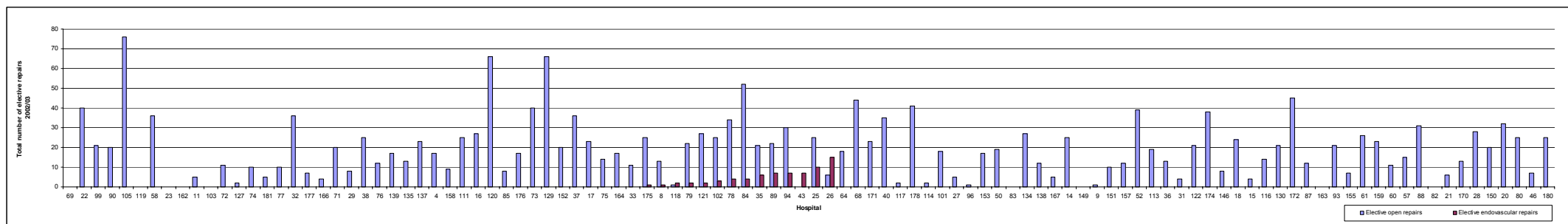
<sup>2</sup> Where the 'not answered' symbol is shown for facilities available 24 hours, this indicates that the question was not answered or the facilities were not available 24 hours. If you would like further information please contact the NCEPOD office.

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Intermediate vascular units<sup>1</sup>

#### Elective AAA repairs

Hospitals were asked to indicate the total number of elective (open and endovascular) AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L19.3, L19.4, L19.5, L19.6, L19.8 and L.19.9).



**Data table – Elective AAA repairs**

Hospital	69	22	99	90	105	119	58	23	162	11	103	72	127	74	181	77	32	177	166	71	29	38	76	139
Open repair	—	40	21	20	76	0	36	0	0	5	0	11	2	10	5	10	36	7	4	20	8	25	12	17
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Hospital	135	137	4	158	111	16	120	85	176	73	129	152	37	17	75	164	33	175	8	118	79	121	102	78
Open repair	13	23	17	9	25	27	66	8	17	40	66	20	36	23	14	17	11	25	13	1	22	27	25	34
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	2	2	3	4

Hospital	84	35	89	94	43	25	26	64	68	171	40	117	178	114	101	27	96	153	50	83	134	138	167	14	149
Open repair	52	21	22	30	—	25	6	18	44	23	35	2	41	2	18	5	1	17	19	—	27	12	5	25	—
Endovascular repair	4	6	7	7	7	10	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Hospital	9	151	157	52	113	36	31	122	174	146	18	15	116	130	172	87	163	93	155	61	159	60	57	88
Open repair	1	10	12	39	19	13	4	21	38	8	24	4	14	21	45	12	—	21	7	26	23	11	15	31
Endovascular repair	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Intermediate vascular units<sup>1</sup>

#### Elective AAA repairs

**Data table - Elective AAA repairs continued**

<b>Hospital</b>	82	21	170	28	150	20	80	46	180
<b>Open repair</b>	–	6	13	28	20	32	25	7	25
<b>Endovascular repair</b>	–	–	–	–	–	–	–	–	–

<b>Key</b>	
Not answered	–

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

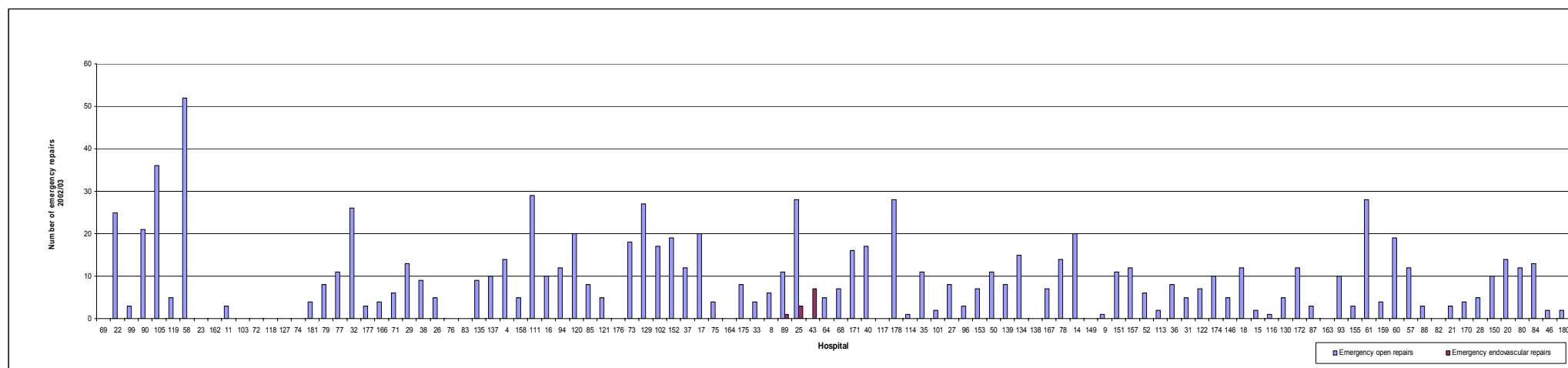
**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Intermediate vascular units<sup>1</sup>

#### Emergency AAA repairs

Hospitals were asked to indicate the total number of emergency AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L18.3, L18.4, L18.5, L18.6, L18.8 and L18.9).



#### Data table – Emergency AAA repairs

Hospital	69	22	99	90	105	119	58	23	162	11	103	72	118	127	74	181	79	77	32	177	166	71	29	38
Open repair	—	25	3	21	36	5	52	0	0	3	0	0	0	0	0	4	8	11	26	3	4	6	13	9
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Hospital	26	76	83	135	137	4	158	111	16	94	120	85	121	176	73	129	102	152	37	17	75	164
Open repair	5	0	—	9	10	14	5	29	10	12	20	8	5	0	18	27	17	19	12	20	4	0
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Hospital	175	33	8	89	25	43	64	68	171	40	117	178	114	35	101	27	96	153	50	139	134	138
Open repair	8	4	6	11	28	—	5	7	16	17	—	28	1	11	2	8	3	7	11	8	15	—
Endovascular repair	0	0	0	1	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Hospital	167	78	14	149	9	151	157	52	113	36	31	122	174	146	18	15	116	130	172
Open repair	7	14	20	—	1	11	12	6	2	8	5	7	10	5	12	2	1	5	12
Endovascular repair	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—



## Intermediate vascular units<sup>1</sup>

### Emergency AAA repairs

Data table – Emergency AAA repairs continued

<b>Hospital</b>	87	163	93	155	61	159	60	57	88	82	21	170	28	150	20	80	84	46	180
<b>Open repair</b>	3	—	10	3	28	4	19	12	3	—	3	4	5	10	14	12	13	2	2
<b>Endovascular repair</b>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

#### Key

Not answered	—
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<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

**Intermediate vascular units<sup>1</sup>**

**Separate on-call rotas**

Hospitals were asked to indicate whether there was a separate surgical on-call rota for vascular surgery, a separate anaesthetic on-call rota for vascular surgery and whether there was a separate on-call rota for interventional radiology.

Hospital	Separate on-call rotas		
	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
89	✓	✓	✓
99	✓	x	✓
118	✓	x	✓
181	✓	x	✓
138	✓	x	✓
73	✓	x	✓
61	✓	x	✓
69	✓	x	x
171	✓	x	x
58	✓	x	x
74	✓	x	x
114	✓	x	x
79	✓	x	x
101	✓	x	x
177	✓	x	x
27	✓	x	x
96	✓	x	x
38	✓	x	x
26	✓	x	x
50	✓	x	x
139	✓	x	x
83	✓	x	x
134	✓	x	x
137	✓	x	x
78	✓	x	x
14	✓	x	x
149	✓	x	x
9	✓	x	x
16	✓	x	x
94	✓	x	x
174	✓	x	x
120	✓	x	x
15	✓	x	x
116	✓	x	x
85	✓	x	x
172	✓	x	x
129	✓	x	x
87	✓	x	x
102	✓	x	x
93	✓	x	x
17	✓	x	x
60	✓	x	x
43	✓	x	x
57	✓	x	x
170	✓	x	x
28	✓	x	x
150	✓	x	x
<b>Hospital</b>	<b>Separate on-call rotas</b>		

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
164	✓	x	x
20	✓	x	x
84	✓	x	x
33	✓	x	x
8	✓	x	x
180	✓	x	x
152	✓	x	○
11	x	x	✓
103	x	x	✓
72	x	x	✓
32	x	x	✓
35	x	x	✓
166	x	x	✓
113	x	x	✓
64	x	x	x
68	x	x	x
22	x	x	x
90	x	x	x
105	x	x	x
119	x	x	x
40	x	x	x
117	x	x	x
23	x	x	x
162	x	x	x
127	x	x	x
178	x	x	x
77	x	x	x
71	x	x	x
29	x	x	x
153	x	x	x
76	x	x	x
135	x	x	x
4	x	x	x
158	x	x	x
167	x	x	x
111	x	x	x
151	x	x	x
157	x	x	x
52	x	x	x
36	x	x	x
31	x	x	x
146	x	x	x
18	x	x	x
130	x	x	x
121	x	x	x
176	x	x	x
163	x	x	x
25	x	x	x
37	x	x	x
155	x	x	x
159	x	x	x
88	x	x	x
82	x	x	x
75	x	x	x
80	x	x	x
<b>Hospital</b>	<b>Separate on-call rotas</b>		

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
175	x	x	x
46	x	x	x
122	x	x	○
21	x	x	—
89	✓	✓	✓
99	✓	x	✓
118	✓	x	✓
181	✓	x	✓
138	✓	x	✓
73	✓	x	✓
61	✓	x	✓
69	✓	x	x
171	✓	x	x
58	✓	x	x
74	✓	x	x
114	✓	x	x
79	✓	x	x
101	✓	x	x
177	✓	x	x
27	✓	x	x
96	✓	x	x
38	✓	x	x
26	✓	x	x
50	✓	x	x
139	✓	x	x
83	✓	x	x
134	✓	x	x
137	✓	x	x
78	✓	x	x
14	✓	x	x
149	✓	x	x
9	✓	x	x
16	✓	x	x
94	✓	x	x
174	✓	x	x
120	✓	x	x
15	✓	x	x
116	✓	x	x
85	✓	x	x
172	✓	x	x
129	✓	x	x
87	✓	x	x
102	✓	x	x
93	✓	x	x
17	✓	x	x
60	✓	x	x
43	✓	x	x
57	✓	x	x
170	✓	x	x
28	✓	x	x
150	✓	x	x
164	✓	x	x
20	✓	x	x
84	✓	x	x
33	✓	x	x
<b>Hospital</b>	<b>Separate on-call rotas</b>		

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
8	✓	x	x
180	✓	x	x
152	✓	x	○
11	x	x	✓
103	x	x	✓
72	x	x	✓
32	x	x	✓
35	x	x	✓
166	x	x	✓
113	x	x	✓
64	x	x	x
68	x	x	x
22	x	x	x
90	x	x	x
105	x	x	x
119	x	x	x
40	x	x	x
117	x	x	x
23	x	x	x
162	x	x	x
127	x	x	x
178	x	x	x
77	x	x	x
71	x	x	x
29	x	x	x
153	x	x	x
76	x	x	x
135	x	x	x
4	x	x	x
158	x	x	x
167	x	x	x
111	x	x	x
151	x	x	x
157	x	x	x
52	x	x	x
36	x	x	x
31	x	x	x
146	x	x	x
18	x	x	x
130	x	x	x
121	x	x	x
176	x	x	x
163	x	x	x
25	x	x	x
37	x	x	x
155	x	x	x
159	x	x	x
88	x	x	x
82	x	x	x
75	x	x	x
80	x	x	x
175	x	x	x
46	x	x	x
122	x	x	○
21	x	x	—
<b>Hospital</b>	<b>Separate on-call rotas</b>		

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
89	✓	✓	✓
99	✓	x	✓
118	✓	x	✓
181	✓	x	✓
138	✓	x	✓
73	✓	x	✓
61	✓	x	✓
69	✓	x	x
171	✓	x	x
58	✓	x	x
74	✓	x	x
114	✓	x	x
79	✓	x	x
101	✓	x	x
177	✓	x	x
27	✓	x	x
96	✓	x	x
38	✓	x	x
26	✓	x	x
50	✓	x	x
139	✓	x	x
83	✓	x	x
134	✓	x	x
137	✓	x	x
78	✓	x	x
14	✓	x	x
149	✓	x	x
9	✓	x	x
16	✓	x	x
94	✓	x	x
174	✓	x	x
120	✓	x	x
15	✓	x	x
116	✓	x	x
85	✓	x	x
172	✓	x	x
129	✓	x	x
87	✓	x	x
102	✓	x	x
93	✓	x	x
17	✓	x	x
60	✓	x	x
43	✓	x	x
57	✓	x	x
170	✓	x	x
28	✓	x	x
150	✓	x	x
164	✓	x	x
20	✓	x	x
84	✓	x	x
33	✓	x	x
8	✓	x	x
180	✓	x	x
152	✓	x	○
11	x	x	✓
<b>Hospital</b>	<b>Separate on-call rotas</b>		

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

	<b>Surgical rota for vascular surgery</b>	<b>Anaesthetic rota for vascular surgery</b>	<b>Rota for interventional radiology</b>
103	x	x	✓
72	x	x	✓
32	x	x	✓
35	x	x	✓
166	x	x	✓
113	x	x	✓
64	x	x	x
68	x	x	x
22	x	x	x
90	x	x	x
105	x	x	x
119	x	x	x
40	x	x	x
117	x	x	x
23	x	x	x
162	x	x	x
127	x	x	x
178	x	x	x
77	x	x	x
71	x	x	x
29	x	x	x
153	x	x	x
76	x	x	x
135	x	x	x
4	x	x	x
158	x	x	x
167	x	x	x
111	x	x	x
151	x	x	x
157	x	x	x
52	x	x	x
36	x	x	x
31	x	x	x
146	x	x	x
18	x	x	x
130	x	x	x
121	x	x	x
176	x	x	x
163	x	x	x
25	x	x	x
37	x	x	x
155	x	x	x
159	x	x	x
88	x	x	x
82	x	x	x
75	x	x	x
80	x	x	x
175	x	x	x
46	x	x	x
122	x	x	○
21	x	x	—

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

<b>Key</b>	
Yes	✓
No	✗
Unknown	○
Not answered	—

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

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**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

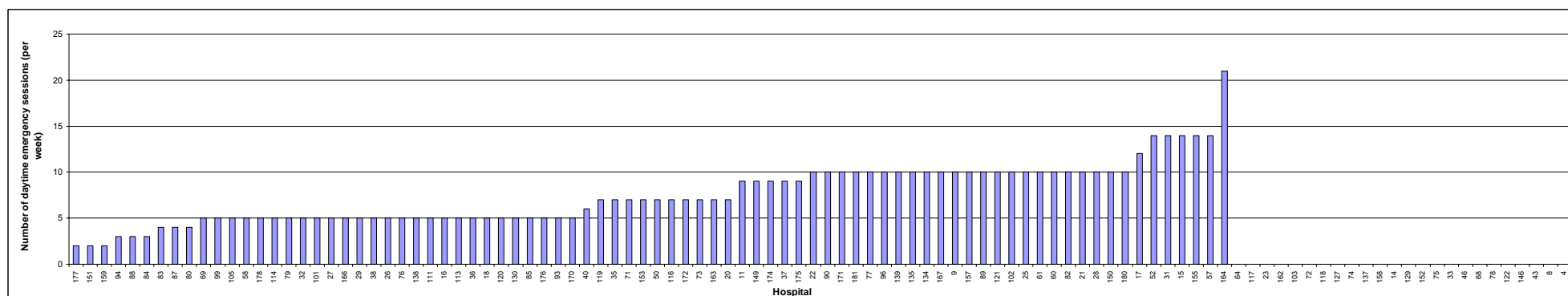


## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Intermediate vascular units<sup>1</sup>

#### Dedicated daytime emergency theatre sessions

Hospitals that had dedicated daytime (8am – 6pm) emergency theatre sessions (theatre is staffed and set aside exclusively for emergency or urgent operations) were asked to indicate how many sessions there were per week.



**Data table – Dedicated daytime emergency theatre sessions**

<b>Hospital</b>	177	151	159	94	88	84	83	87	80	69	99	105	58	178	114	79	32	101	27	166	29	38	26	76	138
<b>Daytime emergency theatre sessions per week</b>	2	2	2	3	3	3	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

<b>Hospital</b>	111	16	113	36	18	120	130	85	176	93	170	40	119	35	71	153	50	116	172	73	163	20	11	149
<b>Daytime emergency theatre sessions per week</b>	5	5	5	5	5	5	5	5	5	5	5	6	7	7	7	7	7	7	7	7	7	7	9	9

<b>Hospital</b>	174	37	175	22	90	171	181	77	96	139	135	134	167	9	157	89	121	102	25	61	60	82	21	28	150
<b>Daytime emergency theatre sessions per week</b>	9	9	9	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10

<b>Hospital</b>	180	17	52	31	15	155	57	164	64	117	23	162	103	72	118	127	74	137	158	14	129	152	75	33
<b>Daytime emergency theatre sessions per week</b>	10	12	14	14	14	14	14	21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

## Intermediate vascular units<sup>1</sup>

### Dedicated daytime emergency theatre sessions

Data table Dedicated daytime emergency theatre sessions continued

Hospital	46	68	78	122	146	43	8	4
Daytime emergency theatre sessions per week	n/a	–	–	–	–	–	–	–

<b>Key</b>	
Not answered	–
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

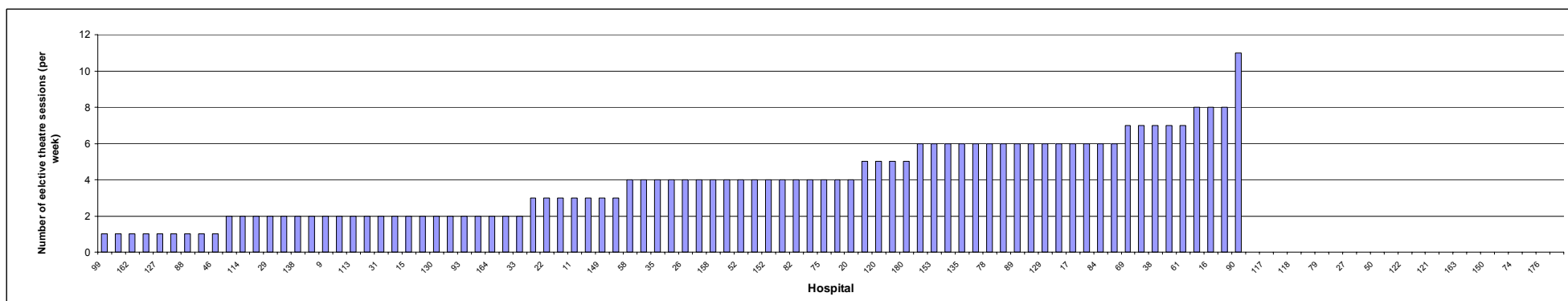
**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

### Intermediate vascular units<sup>1</sup>

#### Dedicated elective theatre sessions

Hospitals that had dedicated elective theatre sessions for vascular surgery were asked to indicate how many sessions there were per week.



#### Data table – Dedicated elective theatre sessions

Hospital	99	119	162	72	127	166	88	21	46	68	114	177	29	96	138	167	9	151	113	36	31	94
Elective theatre sessions per week	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2

Hospital	15	116	130	172	93	155	164	80	33	64	22	171	11	83	149	159	58	32	35	101	26	
Elective theatre sessions per week	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	4	4	4	4	4	4

Hospital	137	158	111	52	85	152	37	82	170	75	28	20	4	120	60	180	178	153	139	135	134
Elective theatre sessions per week	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	6	6	6	6	6

Hospital	78	157	89	73	129	25	17	57	84	175	69	40	38	174	61	14	16	8	90	105	117
Elective theatre sessions per week	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	8	8	8	11	n/a	n/a

## Intermediate vascular units<sup>1</sup>

### Dedicated elective theatre sessions

Data table – Dedicated elective theatre sessions continued

<b>Hospital</b>	103	118	181	79	77	27	71	50	76	122	18	121	87	163	43	150	23	74	146	176	102
<b>Elective theatre sessions per week</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	–	–	–	–	–

<b>Key</b>	
Not answered	–
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

**Intermediate vascular units<sup>1</sup>**

**Recommended immediate destination after elective AAA repair**

Hospitals were asked to indicate the recommended immediate destination for a patient after an elective AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after elective AAA repair						
	Recovery area	ICU (Level 3)	HDU (Level 2)	Combined ICU/HDU	Vascular ward	General ward	Unknown
64		✓					
68			✓	✓			
69				✓			
22			✓				
99		✓					
90				✓			
105				✓			
119	–	–	–	–	–	–	–
171	✓						
58				✓			
40			✓				
117		✓					
23			✓				
162				✓			
11		✓					
103			✓				
72		✓					
118		✓					
127			✓				
74			✓				
181				✓			
178		✓					
114		✓					
79		✓					
77		✓					
32		✓					
35		✓					
101				✓			
177				✓			
27		✓					
166			✓				
71				✓			
29		✓					
96				✓			
38				✓			
26			✓				
153			✓				
50			✓				
76				✓			
139			✓				
83				✓			
135		✓					
134			✓				
137				✓			
138			✓				
4			✓				
158			✓				
167		✓					

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Recommended immediate destination after elective AAA repair						
	Recovery area	ICU (Level 3)	HDU (Level 2)	Combined ICU/HDU	Vascular ward	General ward	Unknown
78				✓			
14				✓			
149		✓					
111			✓				
9		✓					
151		✓					
157				✓			
16		✓					
89		✓	✓				
52		✓					
113		✓					
36				✓			
31		✓	✓				
94				✓			
122		✓					
174				✓			
146		✓					
18		✓					
120		✓					
15		✓					
116		✓					
130				✓			
85		✓					
172		✓					
121			✓				
176			✓				
73			✓				
129		✓					
87		✓					
102			✓				
163			✓				
25				✓			
152				✓			
93				✓			
37	–	–	–	–	–	–	–
155		✓					
17		✓					
61		✓					
159		✓	✓				
60		✓					
43			✓				
57		✓					
88		✓					
82		✓					
21	–	–	–	–	–	–	–
170			✓				
75		✓					
28		✓					
150			✓				
164			✓				
20		✓					
80			✓				
84		✓					
175			✓				
33		✓					
8		✓					

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Recommended immediate destination after elective AAA repair						
	Recovery area	ICU (Level 3)	HDU (Level 2)	Combined ICU/HDU	Vascular ward	General ward	Unknown
46				✓			
180		✓					

Key	
Yes	✓
Not answered	—

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

**Intermediate vascular units**

**Recommended immediate destination after emergency AAA repair**

Hospitals were asked to indicate the recommended immediate destination for a patient after an emergency AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after emergency AAA repair						
	ICU (Level 3)	Combined ICU/HDU	HDU (Level 2)	Vascular ward	General ward	Another hospital	Unknown
64	✓						
68	✓						
69		✓					
22	✓						
99	✓						
90		✓					
105		✓					
119	✓						
171	✓						
58	✓						
40	✓						
117	✓						
23							✓
162							✓
11	✓						
103	✓						
72	✓						
118	✓						
127							✓
74			✓				
181		✓					
178	✓						
114	✓						
79	✓						
77	✓						
32	✓						
35	✓						
101	✓						
177		✓					
27	✓						
166	✓						
71	✓						
29	✓						
96		✓					
38		✓					
26	✓						
153	✓						
50	✓						
76	✓						
139	✓						
83		✓					
135	✓						
134	✓						
137	✓						
138	✓						
4	✓						
158		✓					
167	✓						



NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Recommended immediate destination after emergency AAA repair						
	ICU (Level 3)	Combined ICU/HDU	HDU (Level 2)	Vascular ward	General ward	Another hospital	Unknown
78		✓					
14		✓					
149	✓						
111	✓						
9	✓						
151	✓						
157		✓					
16	✓						
89	✓						
52	✓						
113	✓						
36	✓						
31	✓						
94	✓						
122	✓						
174		✓					
146	✓						
18	✓						
120	✓						
15	✓						
116	✓						
130	✓						
85	✓						
172	✓						
121	✓						
176	✓						
73	✓						
129	✓						
87	✓						
102	✓						
163	✓						
25	✓						
152		✓					
93		✓					
37	–	–	–	–	–	–	–
155	✓						
17	✓						
61	✓						
159	✓						
60	✓						
43	✓						
57	✓						
88	✓						
82	✓						
21	✓						
170		✓					
75	✓						
28	✓						
150		✓					
164	✓						
20	✓						
80	✓						
84	✓						
175	✓						
33	✓						
8	✓						

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospital	Recommended immediate destination after emergency AAA repair						
	ICU (Level 3)	Combined ICU/HDU	HDU (Level 2)	Vascular ward	General ward	Another hospital	Unknown
46	✓						
180	✓						

Key	
Yes	✓
Not answered	—

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

**Remote vascular units<sup>1</sup>**

**Facilities on same geographical site**

Hospitals were asked to indicate whether the following facilities were available to vascular patients on the same geographical site. Hospitals were also asked to indicate whether these facilities were available 24 hours a day, if available on the same geographical site.

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
106	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
148	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
55	✓	—	✓	—	✓	✓	✓	—	✓	✓
168	✓	—	✓	—	✓	—	✓	—	✓	—
107	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
98	✓	—	✓	—	✓	—	✓	—	✓	—
173	✓	—	✓	✓	x	n/a	✓	—	✓	—
125	x	n/a	✓	✓	x	n/a	✓	—	✓	—
100	x	n/a	✓	✓	x	n/a	x	n/a	✓	✓
86	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
10	✓	✓	✓	✓	✓	✓	✓	—	✓	✓
6	x	n/a	✓	—	x	n/a	✓	—	✓	—
144	✓	—	✓	✓	✓	—	✓	✓	✓	✓
48	✓	—	✓	—	✓	—	✓	—	✓	✓
179	✓	—	✓	✓	✓	—	x	n/a	✓	✓
59	✓	—	✓	✓	✓	—	✓	✓	✓	✓

Key	
Yes	✓
No	x
Not answered <sup>2</sup>	—
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

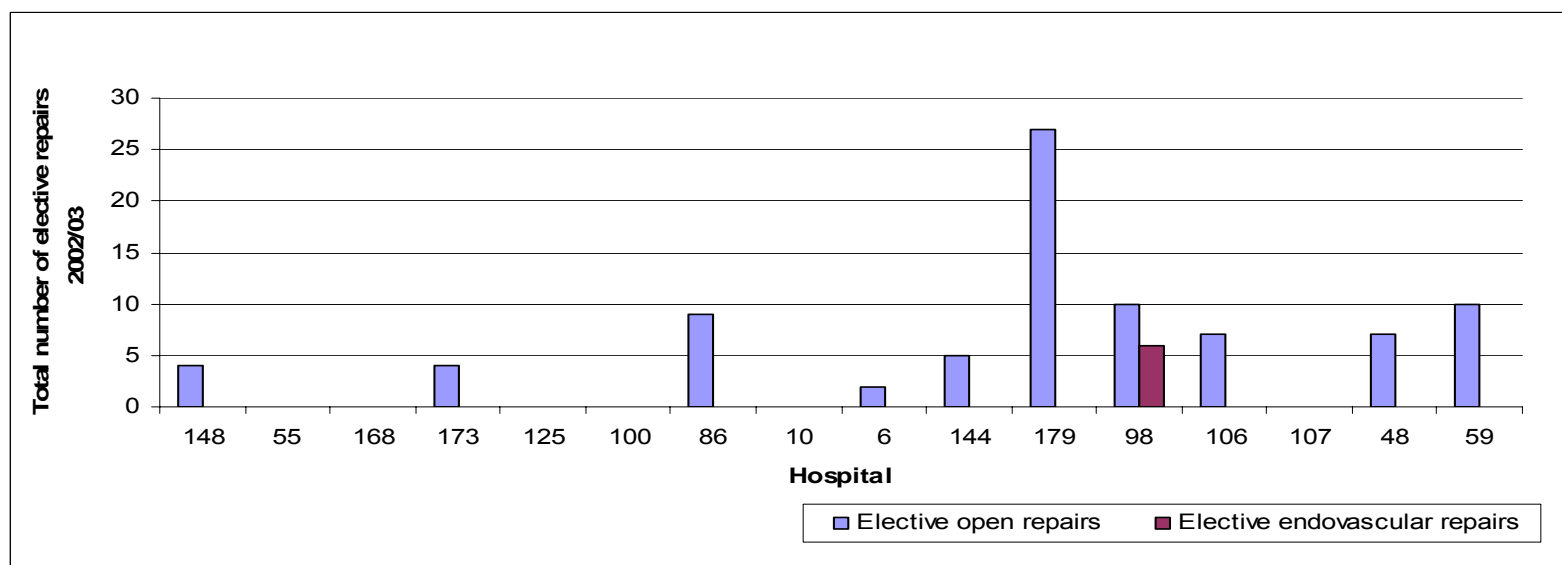
**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

<sup>2</sup> Where the 'not answered' symbol is shown for facilities available 24 hours, this indicates that the question was not answered or the facilities were not available 24 hours. If you would like further information please contact the NCEPOD office.

## Remote vascular units<sup>1</sup>

### Elective AAA repairs

Hospitals were asked to indicate the total number of elective (open and endovascular) AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L19.3, L19.4, L19.5, L19.6, L19.8 and L.19.9).



Data table – Elective AAA repairs

Hospital	148	55	168	173	125	100	86	10	6	144	179	98	106	107	48
Open repair	4	0	0	4	0	0	9	0	2	5	27	10	7	–	7
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	6	–	–	–

Key	
Not answered	–

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

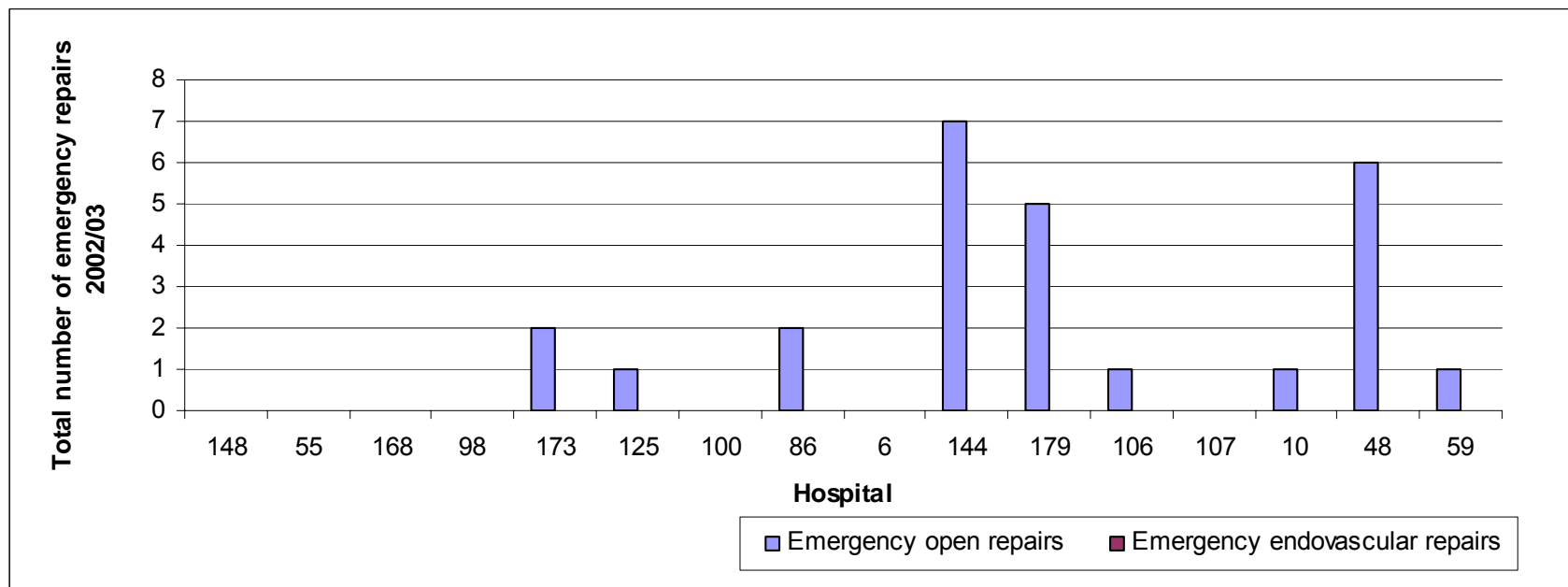
**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## Remote vascular units<sup>1</sup>

### Emergency AAA repairs

Hospitals were asked to indicate the total number of emergency AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L18.3, L18.4, L18.5, L18.6, L18.8 and L18.9).



### Data table – Emergency AAA repairs

Hospital	148	55	168	98	173	125	100	86	6	144	179	106	107	10	48	59
Open repair	0	0	0	0	2	1	0	2	0	7	5	1	–	1	6	1
Endovascular repair	0	0	0	0	0	0	0	0	0	0	0	–	–	–	–	–

Key	
Not answered	–

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## Remote vascular units<sup>1</sup>

### Separate on-call rotas

Hospitals were asked to indicate whether there was a separate surgical on-call rota for vascular surgery, a separate anaesthetic on-call rota for vascular surgery and whether there was a separate on-call rota for interventional radiology.

Hospital	Separate on-call rotas		
	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
125	✓	x	x
10	✓	x	x
6	✓	x	x
144	✓	x	x
179	✓	x	x
168	✓	○	✓
148	x	x	✓
106	x	x	x
107	x	x	x
98	x	x	x
173	x	x	x
100	x	x	x
86	x	x	x
48	x	x	x
59	x	x	x
55	x	x	—

Key	
Yes	✓
No	x
Unknown	○
Not answered	—

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

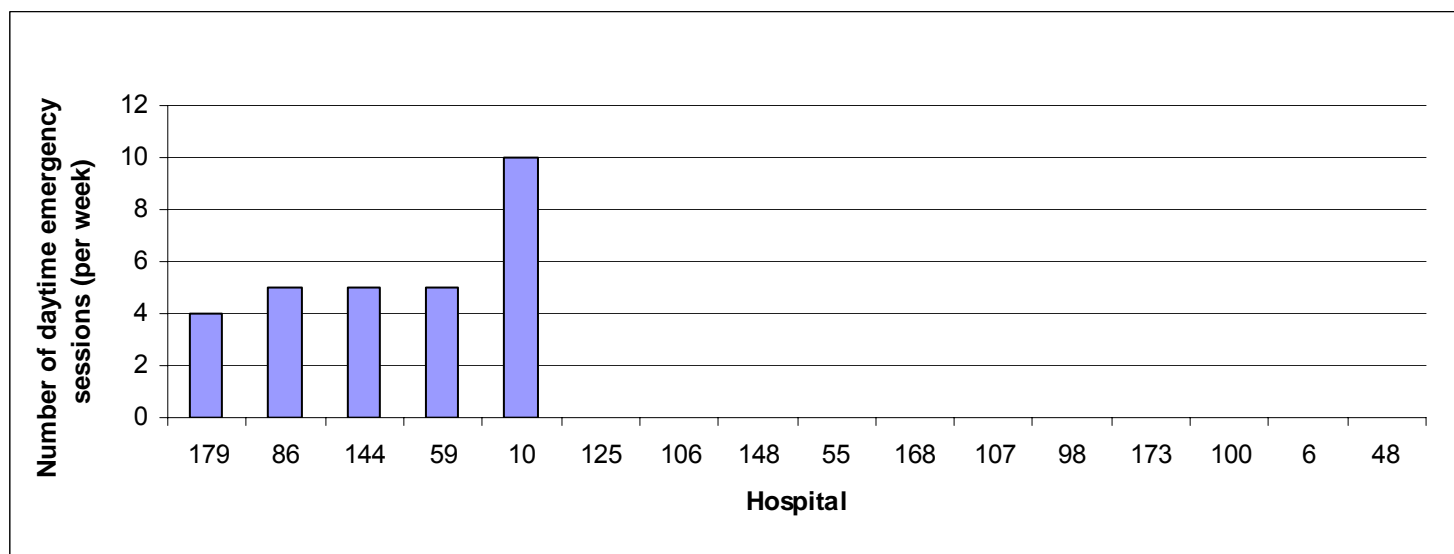
**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## Remote vascular units<sup>1</sup>

### Dedicated daytime emergency theatre sessions

Hospitals that had dedicated daytime (8am – 6pm) emergency theatre sessions (theatre is staffed and set aside exclusively for emergency or urgent operations) were asked to indicate how many sessions there were per week.



Data table – Dedicated daytime emergency theatre sessions

Hospital	179	86	144	59	10	125	106	148	55	168	107	98	173	100	6	48
Daytime emergency theatre sessions per week	4	5	5	5	10	○	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Key	
Unknown	○
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

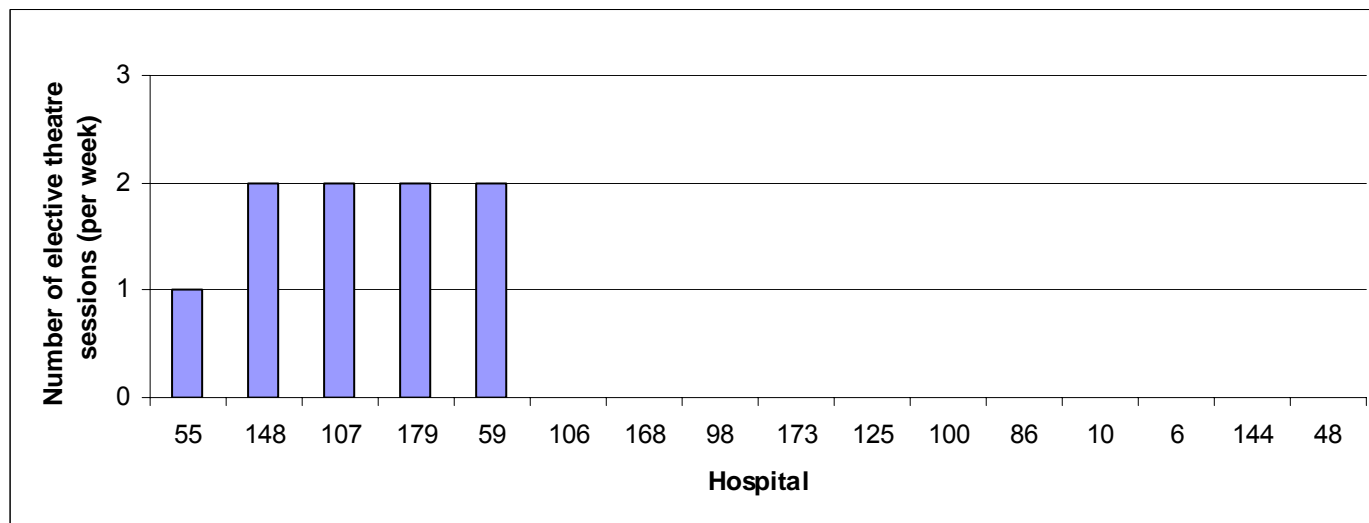
**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## Remote vascular units<sup>1</sup>

### Dedicated elective theatre sessions

Hospitals that had dedicated elective theatre sessions for vascular surgery were asked to indicate how many sessions there were per week.



**Data table – Dedicated elective theatre sessions**

Hospital	55	148	107	179	59	106	168	98	173	125	100	86	10	6	144	48
Elective theatre sessions per week	1	2	2	2	2	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Key	
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

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**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.



## Remote vascular units<sup>1</sup>

### Recommended immediate destination after elective AAA repair

Hospitals were asked to indicate the recommended immediate destination for a patient after an elective AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after elective AAA repair						
	Recovery area	ICU (Level 3)	HDU (Level 2)	Combined ICU/HDU	Vascular ward	General ward	Unknown
106		✓					
148			✓				
55	✓						
168	–	–	–	–	–	–	–
107			✓				
98		✓					
173		✓					
125	–	–	–	–	–	–	–
100				✓			
86				✓			
10						✓	
6		✓					
144		✓					
48				✓			
179		✓					
59		✓					

Key	
Yes	✓
Not answered	–

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

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## Remote vascular units<sup>1</sup>

### Recommended immediate destination after emergency AAA repair

Hospitals were asked to indicate the recommended immediate destination for a patient after an emergency AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after emergency AAA repair						
	ICU (Level 3)	Combined ICU/HDU	HDU (Level 2)	Vascular ward	General ward	Another hospital	Unknown
106	✓						
148			✓				
55	–	–	–	–	–	–	–
168	–	–	–	–	–	–	–
107	–	–	–	–	–	–	–
98	–	–	–	–	–	–	–
173	✓						
125	–	–	–	–	–	–	–
100		✓					
86	✓						
10	✓						
6	✓						
144	✓						
48		✓					
179	✓						
59	✓						

Key	
Yes	✓
Not answered	–

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

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**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

NCEPOD Abdominal Aortic Aneurysm Study – Organisational data

Hospitals with unknown size of vascular unit<sup>1</sup>

Facilities on same geographical site

Hospitals were asked to indicate whether the following facilities were available to vascular patients on the same geographical site. Hospitals were also asked to indicate whether these facilities were available 24 hours a day, if available on the same geographical site.

Hospital	Facilities available to vascular patients on same geographical site									
	Angiography facility	Angiography 24 hours	CT scanner	CT scanner 24 hours	Interventional radiology	Interventional radiology 24 hours	MRI scanner	MRI scanner 24 hours	Ultrasound	Ultrasound 24 hours
143	✓	—	✓	—	✓	—	✓	—	✓	—
133	✓	—	✓	—	✓	—	✓	—	✓	—
92	—	—	✓	✓	✓	✓	✓	✓	✓	✓
109	x	n/a	✓	—	✓	—	✓	—	✓	—
91	✓	—	✓	✓	✓	—	✓	—	✓	✓
95	x	n/a	○	—	x	n/a	x	n/a	✓	—
147	—	—	✓	✓	—	—	✓	—	—	—
81	x	n/a	✓	✓	x	n/a	x	n/a	✓	✓
7	—	—	✓	✓	—	—	—	—	✓	✓
165	✓	✓	✓	✓	✓	✓	✓	—	✓	—
169	✓	—	✓	✓	✓	—	x	n/a	✓	✓
108	✓	—	✓	✓	x	n/a	x	n/a	✓	✓

Key	
Yes	✓
No	x
Unknown	○
Not answered <sup>2</sup>	—
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

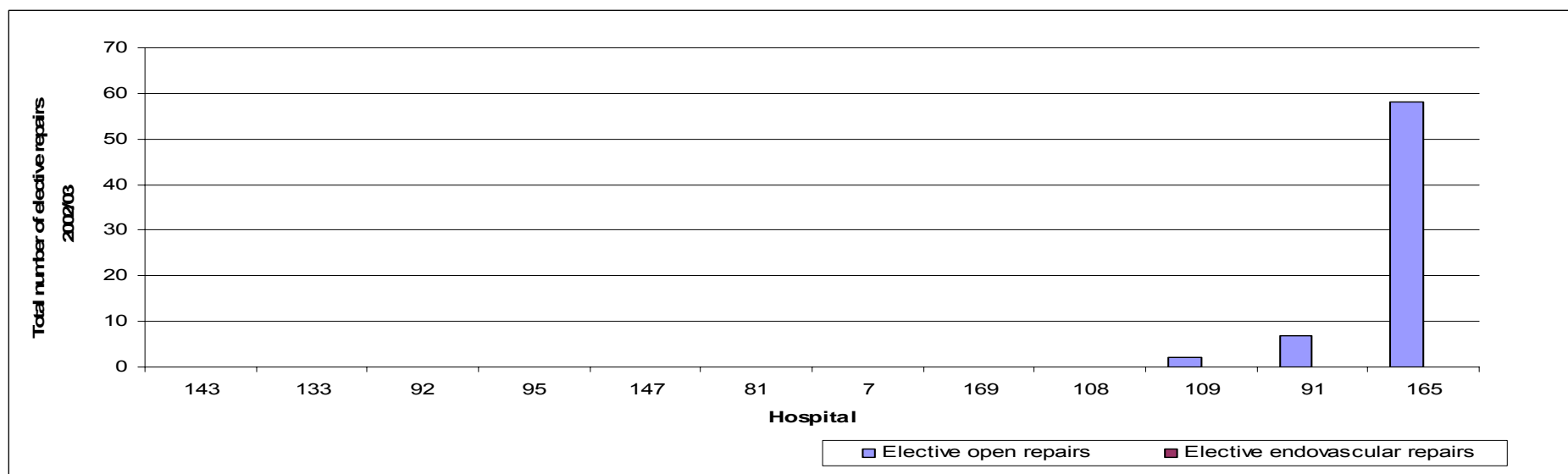
**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

<sup>2</sup> Where the 'not answered' symbol is shown for facilities available 24 hours, this indicates that the question was not answered or the facilities were not available 24 hours. If you would like further information please contact the NCEPOD office.

## Hospitals with unknown size of vascular unit<sup>1</sup>

### Elective AAA repairs

Hospitals were asked to indicate the total number of elective (open and endovascular) AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L19.3, L19.4, L19.5, L19.6, L19.8 and L.19.9).



### Data table – Elective AAA repairs

Hospital	143	133	92	95	147	81	7	169	108	109	91	165
Open repair	0	0	0	0	0	0	0	0	0	2	7	58
Endovascular repair	0	0	0	0	0	0	0	0	0	–	–	–

Key	
Not answered	–

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

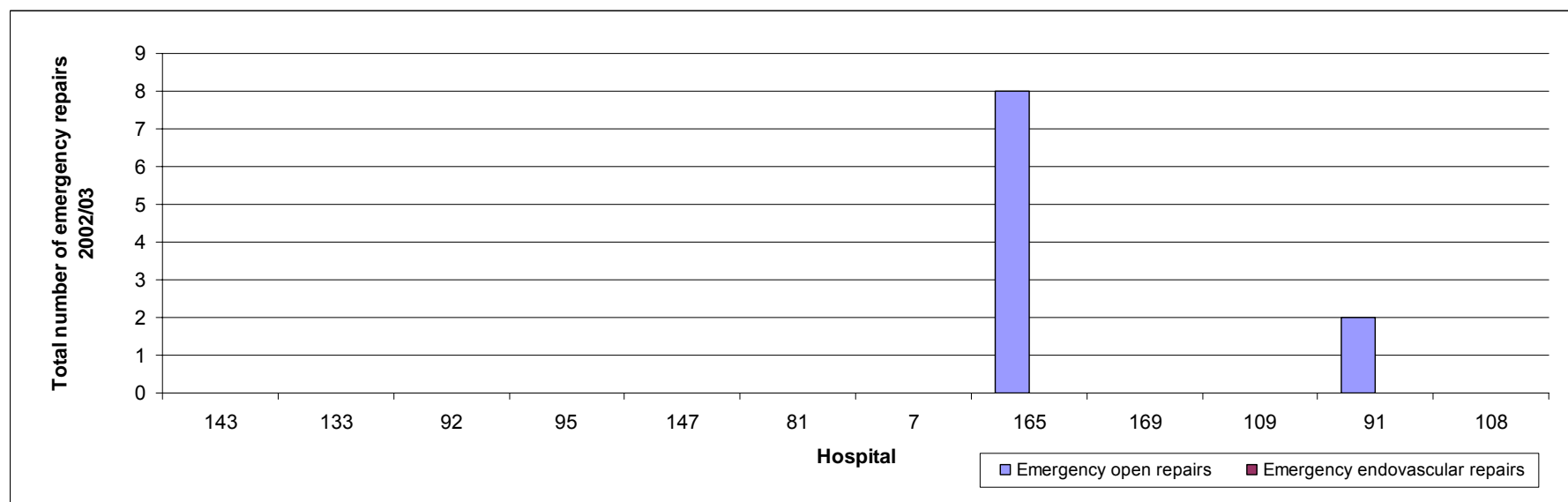
**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

### Hospitals with unknown size of vascular unit<sup>1</sup>

#### Emergency AAA repairs

Hospitals were asked to indicate the total number of emergency AAA repairs performed at the hospital between April 2002 – March 2003. (OPCS codes: L18.3, L18.4, L18.5, L18.6, L18.8 and L18.9).



#### Data table – Emergency AAA repairs

Hospital	143	133	92	95	147	81	7	165	169	109	91	108
Open repair	0	0	0	0	0	0	0	8	0	–	2	–
Endovascular repair	0	0	0	0	0	0	0	0	0	–	–	–

Key	
Not answered	–

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

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**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## Hospitals with unknown size of vascular unit<sup>1</sup>

### Separate on-call rotas

Hospitals were asked to indicate whether there was a separate surgical on-call rota for vascular surgery, a separate anaesthetic on-call rota for vascular surgery and whether there was a separate on-call rota for interventional radiology.

Hospital	Separate on-call rotas		
	Surgical rota for vascular surgery	Anaesthetic rota for vascular surgery	Rota for interventional radiology
91	✓	x	x
109	x	x	✓
143	x	x	x
133	x	x	x
92	x	x	x
147	x	x	x
81	x	x	x
7	x	x	x
165	x	x	x
169	x	x	x
108	x	x	x
95	x	x	—

Key	
Yes	✓
No	x
Not answered	—

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

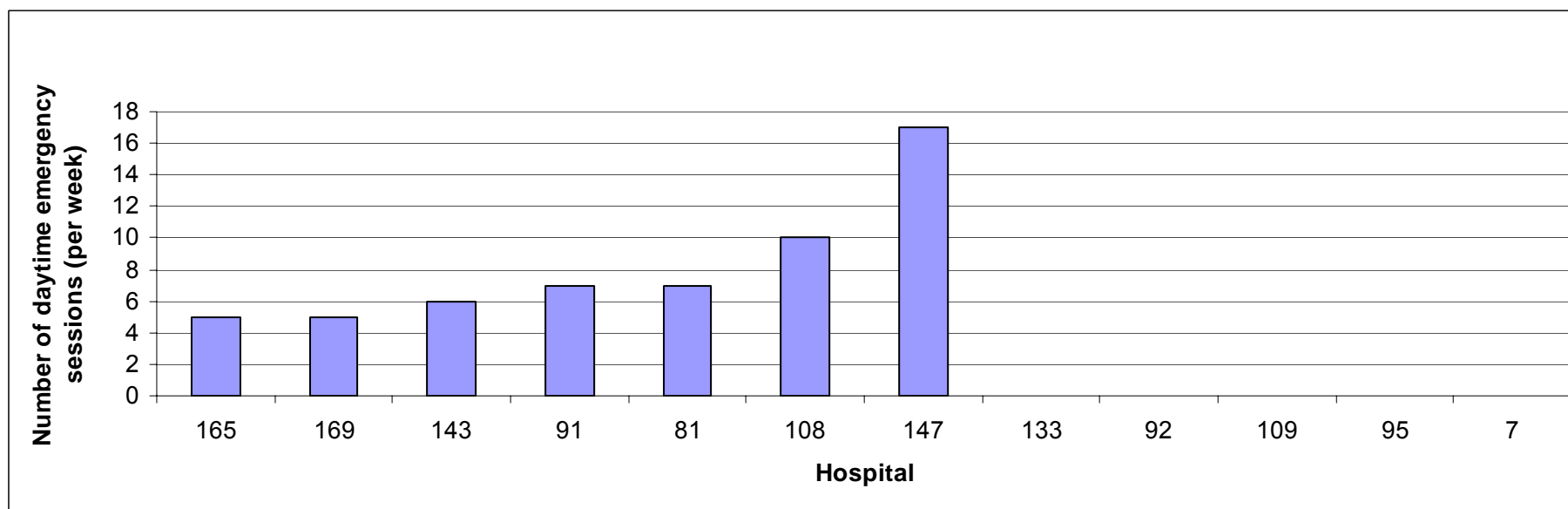
**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

### Hospitals with unknown size of vascular unit<sup>1</sup>

#### Dedicated daytime emergency theatre sessions

Hospitals that had dedicated daytime (8am – 6pm) emergency theatre sessions (theatre is staffed and set aside exclusively for emergency or urgent operations) were asked to indicate how many sessions there were per week.



Data table – Dedicated daytime emergency theatre sessions

Hospital	165	169	143	91	81	108	147	133	92	109	95	7
Daytime emergency theatre sessions per week	5	5	6	7	7	10	17	n/a	n/a	n/a	n/a	n/a

Key	
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

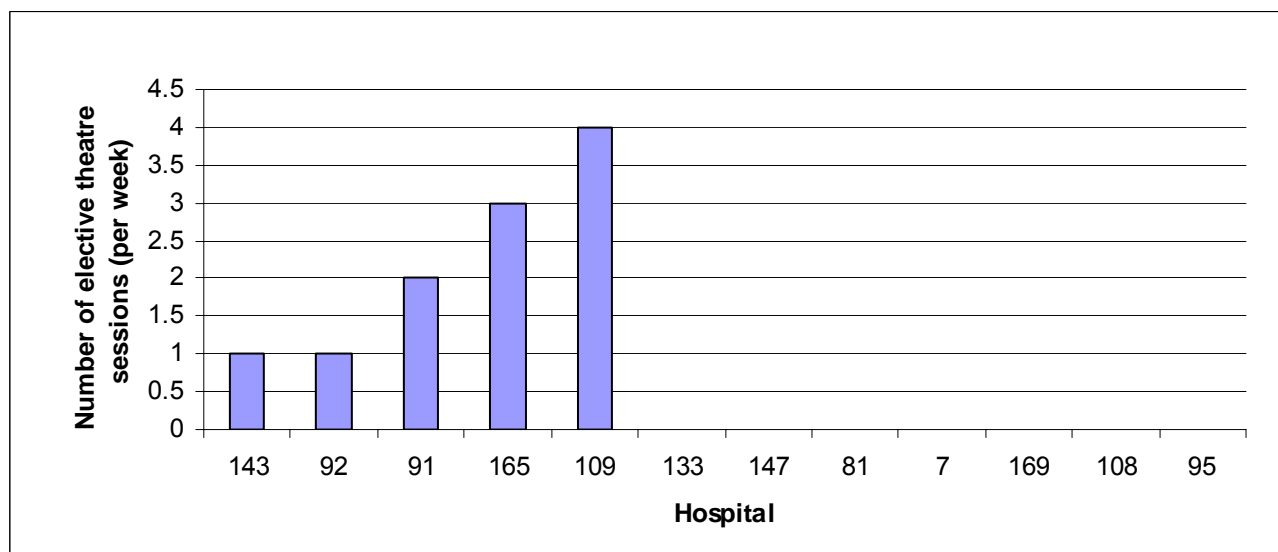
**Intermediate vascular unit:** Hospitals with catchment populations less than 500,000, fully equipped for vascular surgery but with insufficient vascular surgeons for an on-site emergency rota.

**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## Hospitals with unknown size of vascular unit<sup>1</sup>

### Dedicated elective theatre sessions

Hospitals that had dedicated elective theatre sessions for vascular surgery were asked to indicate how many sessions there were per week.



Data table – Dedicated elective theatre sessions

Hospital	143	92	91	165	109	133	147	81	7	169	108	95
Elective theatre sessions per week	1	1	2	3	4	n/a	n/a	n/a	n/a	n/a	n/a	–

Key	
Not answered	–
Not applicable	n/a

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

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**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.



## Hospitals with unknown size of vascular unit <sup>1</sup>

### Recommended immediate destination after elective AAA repair

Hospitals were asked to indicate the recommended immediate destination for a patient after an elective AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after elective AAA repair						
	Recovery area	ICU (Level 3)	HDU (Level 2)	Combined ICU/HDU	Vascular ward	General ward	Unknown
143	–	–	–	–	–	–	–
133		✓					
92	–	–	–	–	–	–	–
109			✓				
91		✓					
95	–	–	–	–	–	–	–
147	–	–	–	–	–	–	–
81	–	–	–	–	–	–	–
7				✓			
165			✓				
169	–	–	–	–	–	–	–
108	–	–	–	–	–	–	–

Key	
Yes	✓
Not answered	–

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

**Large vascular unit:** Hospital with sufficiently large catchment populations (at least 500,000) to employ at least four vascular surgeons and the potential for on-site vascular rota.

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**Remote vascular unit:** Separated by long distances from other hospitals, and usually serving small catchment population.

## Hospitals with unknown size of vascular unit<sup>1</sup>

### Recommended immediate destination after emergency AAA repair

Hospitals were asked to indicate the recommended immediate destination for a patient after an emergency AAA repair. Hospitals were asked not to select 'Recovery area' if patients only received immediate post-anaesthetic care before transfer to one of the other destinations listed.

Hospital	Recommended immediate destination after emergency AAA repair						
	ICU (Level 3)	Combined ICU/HDU	HDU (Level 2)	Vascular ward	General ward	Another hospital	Unknown
143	✓						
133	✓						
92	–	–	–	–	–	–	–
109	–	–	–	–	–	–	–
91	✓						
95	–	–	–	–	–	–	–
147	–	–	–	–	–	–	–
81	–	–	–	–	–	–	–
7		✓					
165	✓						
169	✓						
108	✓						

Key	
Yes	✓
Not answered	–

<sup>1</sup> Definitions from *The Provision of Emergency Vascular Services*, Vascular Surgical Society of Great Britain and Ireland, 2001

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