

5. Anaesthesia

The anaesthetist >> Membership of the VASGBI

VASGBI Membership

The anaesthetist was a member of the Vascular Anaesthesia Society of Great Britain and Ireland in 52% of elective admission cases and 26% of emergency admission cases.

Table 9 gives the number of anaesthetics for open operations when the most senior anaesthetist present was a member of the VASGBI.

Table 9. Proportion of anaesthetics given by whether anaesthetist was a member of VASGBI							
Member of VASGBI	Elective operation	%	Emergency operation	%	Not answered	Total	%
Yes	187	52	54	26	19	260	42
No	170	48	153	74	32	355	58
Sub-total	357		207		51	615	
Unknown	20		12		1	33	
Not answered	57		45		2	104	
Total	434		264		54	752	

The objectives of the VASGBI are: "To promote the highest standard of management and care for patients suffering from cardiovascular disorders, and in particular those undergoing vascular surgery, and to further the development of the art and science of vascular anaesthesia"⁶. The Society runs educational meetings, awards travelling fellowships and research grants, and collects audit data on vascular anaesthesia. The advisors discussed whether membership of the VASGBI could be viewed as a surrogate for the competence of the anaesthetist at vascular surgery. It is important to recognise that the Society is open both to those who are actively involved in vascular anaesthesia on a regular basis and to those who wish to remain up to date but only have an occasional exposure to vascular cases. Membership is entirely optional, and highly competent vascular anaesthetists may not wish to join, for a variety of reasons.

The anaesthetist was more likely to be a member of the VASGBI for elective operations, when the anaesthetist would probably cover the list regularly, than for emergency operations when the anaesthetist would be drawn from the whole of the on-call rota.

Outcome

There was no difference in the outcome of elective surgery associated with whether the anaesthetist was a member of the VASGBI or not. (Table 10).

Table 10. Anaesthetist's membership of the VASGBI by outcome of elective open repairs					
Member of VASGBI	Died within 30 days	% died within 30 days	Alive at 30 days	Not answered	Total
Yes	12	6	174	1	187
No	12	7	158	0	170
Sub-total	24		332	1	357
Unknown	1		19	0	20
Not answered	2		54	1	57
Total	27		405	2	434

There was no difference in the outcome of emergency open operations for unruptured aneurysms (Table 11). However, there was a difference in the outcome of emergency open operations for ruptured aneurysms (Table 12).

Table 11. Anaesthetist's membership of the VASGBI by outcome of emergency open repairs for unruptured aneurysms				
Member of VASGBI	Died within 30 days	% died within 30 days	Alive at 30 days	Total
Yes	5	16	26	31
No	6	14	37	43
Sub-total	11		63	74
Unknown	0		1	1
Not answered	7		4	11
Total	18		68	86

Table 12. Anaesthetist's membership of the VASGBI by outcome of emergency open repairs for ruptured aneurysms				
Member of VASGBI	Died within 30 days	% died within 30 days	Alive at 30 days	Total
Yes	6	26	17	23
No	47	46	55	102
Sub-total	53		72	125
Unknown	5		6	11
Not answered	14		18	32
Total	72		96	168

There was a better outcome for open repair of ruptured aortic aneurysm associated with the presence of an anaesthetist who was a member of the VASGBI. The numbers are very small and data were missing in 26% of cases, so this finding should be treated with caution. Is this finding genuine? If so, is membership of the VASGBI by the anaesthetist only a marker of other differences in service provision?