5. Anaesthesia

The anaesthetist >> Destination after surgery

56% of elective patients went to ICU after operation.

9% of elective patients were nursed in a recovery area for a significant time after surgery.

32 patients died in theatre, four of which we could not determine whether they were elective or emergency cases. The destinations of patients who left theatre after open surgery are given in Tables 23 and 24.

Table 23. Immediate destination of patients after elective surgery

Destination	Total	%
Recovery area	35	9
Level 3 care (e.g. ICU)	210	56
Level 2 care (e.g. HDU)	125	33
Level 1 care (vascular surgical ward)	2	<1
Other	2	<1
Died in theatre	3	<1
Sub-total	**377**	
Not answered	57	
Total	**434**	

Table 24. Immediate destination of patients after emergency surgery

Destination	Total	%
Recovery area	10	4
Level 3 care (e.g. ICU)	156	70
Level 2 care (e.g. HDU)	27	12
Level 1 care (vascular surgical ward)	1	<1
Another hospital	2	<1
Other	2	<1
Died in theatre	25	11
Sub-total	**223**	
Unknown	3	
Not answered	38	
Total	**264**	

The figure of 79% of emergency repair patients going to Level 3 care is to be expected as it is usual for patients undergoing emergency aneurysm repair to require this level of care. 23 of the 27 patients who underwent emergency repair and were sent to Level 2 care after surgery had unruptured aneurysms so may have been more stable during operation.

It is very surprising that 56% of patients undergoing elective repair were sent to Level 3 care. With current anaesthetic techniques it should be possible for most patients at the end of surgery to be warm, with a stable cardiovascular system, breathing spontaneously and with their pain controlled,

such that Level 2 care only is required. Is this not a misuse of the limited availability of Level 3 resources?

The practice of postoperative mechanical ventilation of the lungs is considered in the following section.

The numbers of patients nursed in recovery areas after operation is disturbing. The use of recovery areas for the prolonged care of patients after aortic surgery is discussed in Organisation of vascular services. Recovery areas have neither the staffing, medical or nursing, nor the equipment to care properly for such patients for extended periods. Patients cannot give valid consent to their care and treatment if the possibility of being nursed in a recovery area and the risks involved are not explained to them.