



BARIATRIC SURGERY STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

CLINICIAN QUESTIONNAIRE

CONFIDENTIAL

Hospital number of patient:

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DETAILS OF THE CLINICIAN COMPLETING THIS QUESTIONNAIRE:

Grade: _____ Specialty _____

What is this study about?

To describe variability and identify remediable factors in the process of care (from referral to follow up) for patients undergoing a bariatric procedure for weight loss.

Specific inclusions/exclusions:

All adult patients (>16 years old) who underwent a bariatric procedure for weight loss during the 3 month study period, (1st June 2010 to 31st August 2010 inclusive) were identified retrospectively via OPCS codes. From this patient population a sample was selected for peer review.

Patients undergoing bariatric surgery for conditions unrelated to weight loss are excluded from the study.

CPD Accreditation:

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/ self directed Continuous Professional Development in their appraisal portfolio.

How to complete the form:

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with either block capitals or a bold cross inside the boxes provided e.g.

Was this patient entered into the National Bariatric Surgery Registry?

Yes No Unknown

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

Yes No Unknown

Unless indicated, please mark only one box per question.

A list of definitions is provided on the back page of the questionnaire.

Please return the completed questionnaire to NCEPOD in the SAE provided.

A copy MUST NOT be kept in the patient's notes

CPD Accreditation:

Questions or help?

Further information can be found on our website <http://www.ncepod.org.uk/bs.htm>

If you have any queries about the study or this questionnaire, please contact NCEPOD on: 020 7600 1893 or

bariatricsurgery@ncepod.org.uk

Thank you for taking the time to complete this questionnaire. The findings of the full study will be published in late 2012.

FOR NCEPOD USE ONLY

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**REFERRAL**

6. Source of referral to surgical clinic GP Secondary care
 Self referral please specify e.g. diabetic clinic

7a. What risk factors were considered prior to surgery

7b. How did these affect the patient's management (e.g. type of operation, operator, post-op location)?

8a. Was the patient discussed at an MDT meeting prior to surgery? Yes No Unknown

8b. If yes who of the following attended?

- Bariatric Surgeon Respiratory Physician Dietitian Administrator
 Bariatric Physician Specialist Nurse Anaesthetist Psychologist/iatrist

Other
 (please specify)

8c. Do you think this was adequate and timely for the needs of the patient? Yes No Unknown

8d. Please expand on your answer

9a. Who assessed the patient prior to surgery

- Bariatric Surgeon Respiratory Physician Dietitian Bariatric Physician
 Specialist Nurse Anaesthetist Psychologist/iatrist

Other
 (please specify)

9b. Do you think this was adequate and timely for the needs of the patient? Yes No Unknown

9c. Please expand on your answer

OPERATION

10. Type of facility? NHS Hospital Independent at NHS Hospital Fully Independent Hospital

11a. What was the grade of the primary operator?

11b. If the primary operator was not a consultant, what supervision was available? Supervised scrubbed Unsupervised
 Supervised in theatre (consultant not in hospital)
 Supervised in hospital
 Not applicable, primary operator was a consultant





12a. What type of operation was this?

- Primary
- Revision of same procedure **by** Same surgeon **or** Another surgeon/team
- Conversion of previous operation **by** Surgeon that performed first operation **or** Another surgeon/team
- Planned second stage
- Complex revision not otherwise specified

12b. What operative approach was used?

- Laparoscopic Endoscopic Laparoscopic converted to open Open

12c. What operation did the patient have?

- Gastric band Duodenal switch Revisional gastric band
- Roux-en-Y gastric bypass Duodenal switch with sleeve Gastric balloon placement/retrieval
- Sleeve gastrectomy Bilio-pancreatic diversion Other

13a. Was there any deviation from the planned procedure? Yes No

13b. If Yes why and what?

14a. Were there any untoward events/ intra-operative complications during surgery? Yes No

14b. If Yes please specify?

15. Did the patient receive an intra or post operative blood transfusion? Yes No

POST-OPERATIVE CARE

16a. In what location was the patient recovered?

16b. To what location was the patient sent post recovery?

16c. What level ward was this?
*(see definitions on back page)

- level 0 level 1 level 2 level 3

17a. Did the patient have a HDU/ITU stay of unexpected duration or an unexpected readmission to HDU/ITU?

- Yes No Unknown

17b. If Yes why?

18a. Was a track and trigger system used for this patient?

- Yes No Unknown

*(see definitions on back page)

18b. If Yes what?





18c. Did the patient at any time exceed the trigger threshold? Yes No Unknown

18d. If Yes what was done?

19a. Did the patient require an escalation in care at anytime post-operatively? Yes No Unknown

19b. If Yes why?

20a. Did the patient receive any unplanned interventions/imaging or a re-operation post-operatively? Yes No Unknown

20b. If Yes what and why?

DISCHARGE

21a. In which type of ward was the patient nursed prior to discharge?

21b. What level ward was this? level 0 level 1 level 2 level 3
*(see definitions on back page)

22a. Date of discharge
d d m m y y

22b. Discharge location Home Hospital Transfer Deceased

FOLLOW UP

23a. Please list the outpatient appointments that the patient attended in the first 6 months post discharge?

Date of appointment	Type of clinic	Seen by (grade & specialty)
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23b. Did you see the patient in the first 6 months post discharge? Yes No

24a. Was the patient readmitted as an inpatient during the first 6 months post discharge? Yes No Unknown

24b. If Yes why?





- 25a. Was this patient entered into the National Bariatric Surgery Registry (NBSR)? Yes No
- 25b. If Yes has follow up data for this patient been entered into the NBSR? Yes No
- 25c. If Yes which of the following? 6/52 6/12 1 year
 Other
 (please specify)
- 26a. Were details of this patient included in any other audit or registry? Yes No
- 26b. If Yes please provide details of this?

Thank you for taking the time to complete this questionnaire

Please supply photocopies of the following casenote extracts with your questionnaire

- **Outpatient annotations including referral and preassessment clinics**
- **Referral letters and other relevant correspondence**
- **Notes from MDT meetings**
- **Inpatient annotations/medical notes for this surgical episode**
 - **Nursing notes**
 - **Nutrition/Dietitian notes**
 - **Consent forms**
 - **Operation notes**
 - **Anaesthetic charts**
 - **Observation charts**
 - **Haematology/biochemistry charts**
 - **Fluid balance charts**
 - **Discharge summary**
- **Outpatient annotations for follow-up clinics**
- **Inpatient annotations/medical notes for any post-surgical readmissions**
 - **Nursing notes**
 - **Nutrition/Dietitian notes**
 - **Consent forms**
 - **Operation notes**
 - **Anaesthetic charts**
 - **Observation charts**
 - **Haematology/biochemistry charts**
 - **Fluid balance charts**
 - **Discharge summary**



DEFINITIONS

LEVEL OF CARE:

Level 0: Patients whose needs can be met through normal ward care in an acute hospital.

Level 1: Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team.

Level 2: (e.g. HDU) Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care, and those stepping down from higher levels of care. (NB: When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care).

Level 3: (e.g. ICU) Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organs. This level includes all complex patients requiring support for multi-organ failure. (NB: Basic Respiratory and Basic Cardiovascular do not count as 2 organs if they occur simultaneously (see above under Level 2 care), but will count as Level 3 if another organ is supported at the same time).

TRACK & TRIGGER:

The periodic observation of selected basic physiological signs ('tracking') with predetermined calling or response criteria ('trigger') for requesting the attendance of staff who have specific competencies in the management of acute illness and/or critical care. (National Institute for Health and Clinical Excellence, 2007)



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