

BARIATRIC SURGERY STUDY**National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Data Collection Tool****PATIENT**

1. Age at time of procedure
2. Gender ☐ Male ☐ Female
3. Weight at referral: kg or st lb ☐ not documented
Height: cm or ft in ☐ not documented
BMI at referral: ☐ not documented
4. Patient funding? ☐ NHS ☐ Unknown

REFERRAL

- 6a. Source of referral to surgical team ☐ GP ☐ Secondary care
☐ Self referral please specify e.g. diabetic clinic
- 6b. Date of referral
d d m m y y
7. Did the referral letter to the surgical team include the patients height and weight? ☐ Yes ☐ No
☐ NA (self referral) ☐ Insufficient data
- 8a. Did the referral comply with NICE guidelines? ☐ Yes ☐ No ☐ Unknown
- 8b. If No please expand on your answer?
- 9a. In your opinion was the referral of this patient appropriate? ☐ Yes ☐ No ☐ Unknown
- 9b. If No please expand on your answer?

OUTPATIENT CONSULTATION

- 10a. In what type of clinic was the patient first assessed? ☐ General Medical ☐ Specialist Medical Obesity clinic
☐ General Surgical ☐ Gastroenterology
☐ Endocrine/Diabetes ☐ Other
- 10b. Who assessed the patient in the above clinic?



11a. What risk factors were considered prior to surgery

11b. How did these affect the patient's management (e.g. type of operation, operator, post-op location)?

12a. Was the patient discussed at an MDT meeting prior to surgery? ☐ Yes ☐ No ☐ Unknown

12b. If no was a reason for this documented? ☐ Yes ☐ No

12c. If yes to 12a who of the following attended?

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

(please specify)

12d. Do you think this was adequate and timely for the needs of the patient? ☐ Yes ☐ No ☐ Unknown

12e. Please expand on your answer

13a. Who assessed the patient prior to surgery

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

(please specify)

13b. Do you think this was adequate and timely for the needs of the patient? ☐ Yes ☐ No ☐ Unknown

13c. Please expand on your answer

14a. Is there documented evidence that the patient received dietetic assessment and education prior to surgery? ☐ Yes ☐ No

14b. If yes when was this (answers may be multiple)? ☐ pre-referral ☐ post-referral ☐ Insufficient data

14c. In your opinion was this adequate for the patient? ☐ Yes ☐ No

14d. Please expand on your answer?





- 15a. Is there documented evidence that the patient was offered psychological support prior to surgery? ☐ Yes ☐ No ☐ Insufficient data
- 15b. If yes when was this (answers may be multiple)? ☐ pre-referral ☐ post-referral ☐ Insufficient data
- 15c. In your opinion was the psychological support the patient received adequate? ☐ Yes ☐ No ☐ Insufficient data
- 15d. Please expand on your answer?

COMORBIDITIES

- 16a. Which of the following comorbidities did the patient have prior to surgery and in your opinion, were they managed appropriately ?
- | | Comorbidity | | Managed appropriately | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|----------------------------------|
| Type 2 Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Sleep Apnoea | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Hypertension | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Cardiovascular disease
(other than hypertension) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Gastro oesophageal reflux | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
- 16b. If you indicated that one or more comorbidity was not managed appropriately please provide reasoning for this conclusion.

PRE-ASSESSMENT

- 17a. Was the patient seen in a pre-assessment clinic? ☐ Yes ☐ No ☐ Unknown
- 17b. If no, do you think they should have been? ☐ Yes ☐ No ☐ Unknown
- 17c. If yes to 17b, please expand on your answer
- 17d. If no to 17b, why wasn't it needed?
- 18a. Is it documented that the patient saw an anaesthetist prior to this admission? ☐ Yes ☐ No ☐ Insufficient data
- 18b. If no, do you think they should have done? ☐ Yes ☐ No ☐ Unknown
- 18c. If yes to 18b, please expand on your answer
- 19a. How would you rate the pre-assessment for this patient?
- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Good | <input type="checkbox"/> Unacceptable |
| <input type="checkbox"/> Adequate | <input type="checkbox"/> Insufficient data |
| <input type="checkbox"/> Poor | |
- 19b. Please provide reasoning for your answer





CONSENT

20a. Was a deferred two-stage consent form utilised? ☐ Yes ☐ No

20b. In your opinion is the information contained within the consent form appropriate for the procedure the patient was undergoing? ☐ Yes ☐ No

20c. If no what was missing?

ANAESTHETIC INDUCTION

21. Was a predicted level of difficulty of intubation assessed and recorded pre-operatively? ☐ Yes ☐ No ☐ Insufficient data

22. What ASA class was the patient? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Not documented

23a. Is there any evidence of problems with the anaesthetic induction? ☐ Yes ☐ No ☐ Unknown

23b. If Yes please specify

24. What was the grade of the anaesthetist?

25a. In your opinion, did the patient have adequate physiological monitoring? ☐ Yes ☐ No ☐ Insufficient data

25b. If No please specify what was missing

OPERATION

26. Type of facility? ☐ NHS Hospital ☐ Independent at NHS Hospital ☐ Fully Independent Hospital

27a. What was the grade of the primary operator?

27b. 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

28a. 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

28b. What operative approach was used?

☐ Laparoscopic ☐ Endoscopic ☐ Laparoscopic converted to open ☐ Open





28c. What operation did the patient have?

- | | | |
|---|--|--|
| <input type="checkbox"/> Gastric band | <input type="checkbox"/> Duodenal switch | <input type="checkbox"/> Revisional gastric band |
| <input type="checkbox"/> Roux-en-Y gastric bypass | <input type="checkbox"/> Duodenal switch with sleeve | <input type="checkbox"/> Gastric balloon placement/retrieval |
| <input type="checkbox"/> Sleeve gastrectomy | <input type="checkbox"/> Bilio-pancreatic diversion | <input type="checkbox"/> Other <input type="text"/> |

OPERATION CONTINUED

29. Weight at time of surgery: kg or st lb ☐ not documented

BMI at time of surgery: ☐ not documented

30a. Was there any deviation from the planned procedure? ☐ Yes ☐ No ☐ Insufficient data

30b. If Yes was this appropriately documented? ☐ Yes ☐ No ☐ Insufficient data

30c. If there was a deviation from the plan why was and what was done?

30d. If No to 23b please expand on your answer?

31a. Were there any untoward events/intra-operative complications during surgery? ☐ Yes ☐ No ☐ Insufficient data

31b. If Yes please specify?

32. Did the patient receive an intra or post-operative blood transfusion? ☐ Yes ☐ No ☐ Insufficient data

POST-OPERATIVE CARE

33a. In what location was the patient recovered?

33b. To what location was the patient sent post recovery?

33c. What level ward was this?
*(see definitions on back page)

☐ level 0 ☐ level 1 ☐ level 2 ☐ level 3

34a. Did the patient have a HDU/ITU stay of unexpected duration or an unexpected readmission to HDU/ITU?

☐ Yes ☐ No ☐ Unknown

34b. If Yes why?

35a. Was a track and trigger system used for this patient?

☐ Yes ☐ No ☐ Unknown

*(see definitions on back page)

35b. If Yes what?

35c. Did the patient at any time exceed the trigger threshold?

☐ Yes ☐ No ☐ Unknown

35d. If Yes what was done?



36a. Did the patient require an escalation in care at anytime post-operatively?

☐ Yes ☐ No ☐ Unknown

36b. If Yes why?

37a. Did the patient receive any unplanned interventions/imaging or a re-operation post-operatively?

☐ Yes ☐ No ☐ Unknown

37b. If Yes what and why?

38a. In your opinion was the patient adequately monitored?

☐ Yes ☐ No ☐ Insufficient data

38b. If no please expand on your answer?

39a. In your opinion did the patient receive an adequate number of reviews of appropriate seniority ?

☐ Yes ☐ No ☐ Insufficient data

39b. If no please expand on your answer?

40a. How would you rate the post-operative care for this patient?

☐ Good ☐ Unacceptable
☐ Adequate ☐ Insufficient data
☐ Poor

40b. Please provide reasoning for your answer

DISCHARGE

41a. In which type of the ward was the patient nursed prior to discharge?

41b. What level ward was this?

☐ level 0 ☐ level 1 ☐ level 2 ☐ level 3

42a. Date of Discharge

d d m m y y

42b. Discharge location ☐ Home

☐ Hospital Transfer ☐ Died

43a. Was a discharge summary included with the notes?

☐ Yes ☐ No

43b. If Yes how would rate the quality of the discharge summary for this patient?

☐ Good ☐ Unacceptable
☐ Adequate ☐ Insufficient data
☐ Poor

43c. Please provide reasoning for your answer

44a. Were the discharge drugs appropriate for this patient?

☐ Yes ☐ No ☐ Unknown

44b. If no please expand on your answer



- 45a.** Was the diabetic regime/management on discharge appropriate for this patient? ☐ Yes ☐ No ☐ Unknown ☐ Not Applicable
- 45b.** If no please expand on your answer
- 46a.** Was the diatetic regime/management on discharge appropriate for this patient? ☐ Yes ☐ No ☐ Unknown
- 46b.** If no please expand on your answer

FOLLOW UP

- 47a.** 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)

d d m m y y

d d m m y y

d d m m y y

d d m m y y

d d m m y y

- 47b.** Was the patient seen by the operatining surgeon in the first 6 months post discharge? ☐ Yes ☐ No
- 47c.** If No were they seen by another bariatric surgeon in the first 6 months post discharge? ☐ Yes ☐ No

- 48a.** In your opinion was the follow up in the first 6 months adequate for this patient? ☐ Yes ☐ No ☐ Unknown

- 48b.** If No please expand on your answer?

- 49a.** Was the patient readmitted during the first 6 months post surgery? ☐ Yes ☐ No ☐ Unknown

- 49b.** If yes to which type of ward was the patient admitted?

- 49c.** What level ward was this? ☐ level 0 ☐ level 1 ☐ level 2 ☐ level 3

- 49d.** Why were they readmitted?





50a. Was this patient entered into the National Bariatric Surgery Registry (NBSR)?

☐ Yes ☐ No

50b. If Yes has follow up data for this patient been entered into the NBSR?

☐ Yes ☐ No

50c. If Yes which of the following?

☐ 6/52 ☐ 6/12 ☐ 1 year

☐ Other

OVERALL ASSESSMENT OF CARE

51. Overall assessment of care for this patient (please select one category only)

- ☐ Good practice - a standard of care you would expect from yourself, your trainees and your institution
- ☐ Room for improvement: aspects of **clinical** care that could have been better
- ☐ Room for improvement: aspects of **organisational** care that could have been better
- ☐ Room for improvement: aspects of **clinical and organisational** care that could have been better
- ☐ Less than satisfactory: several aspects of **clinical and/or organisational** care that were well below a standard that you would expect from yourself, your trainees and institution
- ☐ Insufficient data

Please provide reasons for assigning this grade:



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)