

# Crohn's Disease: Clinician Questionnaire

## A. Introduction

### **What is this study about:**

To review the remediable factors in the quality of care provided to patients with a diagnosis of Crohn's disease who underwent an abdominal surgical procedure.

### **Inclusions**

Patients aged 16 or over who were admitted to hospital for an intestinal surgical procedure for Crohn's disease between 1st September 2019- 29th February 2020 OR 1st September 2020 - 28th February 2021 inclusive

### **Who should complete this questionnaire?**

This questionnaire should be completed by the surgeon who was responsible for the patient at the time of hospital admission, with assistance from the gastroenterology team.

### **Questions or help:**

A list of definitions can be found here:

<http://bitly.ws/pXXt>

Further information regarding this study can be found here: <https://www.ncepod.org.uk/crohns.html>

If you have any queries about this study or this questionnaire, please contact: [crohns@ncepod.org.uk](mailto:crohns@ncepod.org.uk) or telephone 020 7251 9060.

### **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.

### **About NCEPOD**

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

### **Impact of NCEPOD**

Recommendations from NCEPOD reports have had an impact on many areas of healthcare including:

Development of the NICE 'Acutely ill patients in hospital guideline' (CG50) - following publication of the 2005 'An Acute Problem' report.

Appointment of a National Clinical Director for Trauma Care - following publication of 'Trauma: Who Cares?' 2007.

Development of NICE Clinical Guidelines for Acute Kidney Injury, published in 2013 - 'Adding Insult to Injury' 2009.

Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 - 'On the right trach?' 2014.

Development of guidelines from the British Society of Gastroenterology: diagnosis and management of acute lower gastrointestinal bleeding, published 2019 - 'Time to Get Control' 2015.

Development of the British Thoracic Society's Quality Standards for NIV, published 2018 - 'Inspiring Change' 2017.

**This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Medical & Surgical care.**

## B. Patient details

### 1. Please use this space to provide a brief overview of the admission\* to hospital for abdominal surgery

Please provide a summary of this case, using the case notes for adding any additional comments or information you feel is relevant. \*The contents of this questionnaire refers to the events of the index admission for this patient as outlined on the assignments screen.

### 2. Please specify the date and time this patient was admitted to hospital:

Unknown

### 3. What was the age of the patient at the time of admission?

years

Unknown

### 4. Please state the sex of this patient

Female       Male       Other

### 5. Please indicate any other non-Crohn's comorbidities that the patient had?

Answers may be multiple

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> High blood pressure    | <input type="checkbox"/> Respiratory condition |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Thyroid condition      | <input type="checkbox"/> Renal dysfunction     |
| <input type="checkbox"/> Liver disease          | <input type="checkbox"/> No other comorbidities | <input type="checkbox"/> Unknown               |

Please specify any additional options here...

### 6a. Please indicate the patient's weight at the time of admission

Kilograms

Unknown

### 6b. Please indicate the patient's height

Meters

Unknown

### 6c. Please state this patient's Body Mass Index (BMI) on admission

Unknown

### 7. What was the patient's functional status at admission?

Please refer to the Rockwood clinical frailty scale score on the definitions page

- |                                      |  |                                      |   |
|--------------------------------------|--|--------------------------------------|---|
| <input type="radio"/> Very Fit       | <input type="radio"/> Well             | <input type="radio"/> Managing Well  | <input type="radio"/> Vulnerable          |
| <input type="radio"/> Mildly Frail   | <input type="radio"/> Moderately Frail | <input type="radio"/> Severely Frail | <input type="radio"/> Very Severely Frail |
| <input type="radio"/> Terminally Ill | <input type="radio"/> Unknown          |                                      |   |

**Crohn's Disease diagnosis**

**1a. Please indicate how long ago this patient was first diagnosed with Crohn's disease?**

*Please give an estimate*

- < 1 year ago     
  ≥ 1 - 2 years     
  ≥ 2 - 5 years     
  ≥ 5 - 10 years  
 ≥ 10 - 20 years     
  >20 years ago

**1b. Was the patient referred to the Inflammatory Bowel Disease\* (IBD) clinic/ gastroenterologist at the time of diagnosis?**

*\*See definitions*

- Yes                                     
  No   
  Not documented  
 Diagnosed by the IBD team

If not listed above, please specify here...

**1c. If answered "No" to [1b] then:**

**How long after diagnosis was this patient referred to the IBD team?**

Weeks

Unknown

**2. Is it documented that the patient received written information about their condition at the time of diagnosis?**

*This could include a patient pack, written leaflet or an information sheet*

- Yes                                     
  No   
  Unknown

**3a. Within the last 5 years, did this patient have any of the following attendances relating to their Crohn's disease?**

*Please select all attendances that are relevant to this patient. Answers may be multiple*

- Emergency department attendances     
  Hospitalisations  
 Surgical procedures                             
  Yes - but longer than 5 years ago  
 No previous attendances

**3b. If answered "Emergency department attendances" to [3a] then:**

**Please indicate the reason(s) for previous Emergency Department attendances:**

**3c. If answered "Hospitalisations" to [3a] then:**

**Please indicate the reason(s) for previous hospitalisations:**

**3d. If answered "Surgical procedures" to [3a] then:**

**Please list the date(s), reason(s) and outcome(s) of any surgical procedures within the last 5 years:**

**Crohn's Disease Status on admission to hospital**

**4a. Please select the site(s) of Crohn's disease at the time of admission:**

*Answers may be multiple*

- |   |   |                                  |                                     |
|---|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Gastroesophageal | <input type="checkbox"/> Gastroduodenal | <input type="checkbox"/> Jejunal | <input type="checkbox"/> Ileal      |
| <input type="checkbox"/> Colonic          | <input type="checkbox"/> Ileocolonic    | <input type="checkbox"/> Rectal  | <input type="checkbox"/> Panenteric |

Please specify any additional options here...

**4b. Was the patient's Crohn's disease:**

- |   |  |
|---|--|
| <input type="checkbox"/> Non-stricturing/ non-penetrating | <input type="checkbox"/> Stricturing       |
| <input type="checkbox"/> Penetrating                      | <input type="checkbox"/> Peri-anal disease |

Please specify any additional options here...

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**5a. Was a Crohn's disease severity score of the severity of disease available for this patient?**

- Yes - The Crohn's Disease Activity Index (CDAI)  
 Yes - The Harvey Bradshaw Index (HBI)       No  
 Unknown

**5b. In your opinion, please select the category that best represents the severity of Crohn's disease for this patient at the time of admission?**

- Clinical remission (CDAI < 150/ HBI <5)       Mild disease (CDAI >150-220/ HBI 5-7)  
 Moderate disease (CDAI >220-450/ HBI 8-16)       Severe disease (CDAI >450/ HBI >16)

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**6a. On admission, did this patient have any extra-intestinal manifestations of Crohn's disease?**

- Yes       No       Unknown

**6b. If answered "Yes" to [6a] then:**

**Where were these extra-intestinal manifestations of Crohn's disease located?**

*Answers may be multiple*

- |                                 |                                    |                               |                                       |
|---------------------------------|------------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Iritis | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Skin | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Liver     | <input type="checkbox"/> Bone |                                       |

Please specify any additional options here...

**6c. If answered "Arthritis" to [6b] then:**

**Please provide details of the patient's arthritis:**

**6d. If answered "Bone" to [6b] then:**

**Please provide details of the patient's bone condition(s):**

**6e. If answered "Skin" to [6b] then:**

**Please provide details of the patient's skin condition(s):**

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**7a. At the time of admission, was the patient taking medication for Crohn's disease?**

- Yes       No       Unknown

**7b. If answered "Yes" to [7a] then:**

**Were the medications the patient was taking for:**

- Treatment of active disease                       Maintenance of remission from disease

If not listed above, please specify here...

**7c. If answered "Yes" to [7a] then:**

**Please select the type(s) of medication the patient was taking on admission:**

*Answers may be multiple*

- Steroids                       Monoclonal antibodies                       Azathioprine  
 5-ASA

Please specify any additional options here...

**7d. If answered "Steroids" to [7c] then:**

**Please state the duration and dose of steroids the patient was taking:**

**7e. If answered "Monoclonal antibodies" to [7c] then:**

**Please state the duration and dose of monoclonal antibodies the patient was taking:**

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**8a. At the time of the admission, was this patient under a named IBD specialist?**

- Yes - at this hospital                       Yes - at another hospital                       No  
 Unknown

**8b. If answered "Yes - at this hospital" or "Yes - at another hospital" to [8a] then:**

**Please give details of the named IBD specialist**

- Colorectal Surgeon                       Gastroenterologist                       IBD nurse specialist

If not listed above, please specify here...

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**9. On admission did this patient have a pre-existing stoma?**

- Yes - Temporary Stoma                       Yes - Permanent Stoma                       No
-

**1a. Was the decision to undertake surgery made electively?**

Yes  No

**Please complete this section if the patient had an elective surgical procedure for Crohn's disease**

**1b. If answered "Yes" to [1a] then:**

**When was surgery first discussed as a treatment option for this patient?**

Unknown

**1c. If answered "Yes" to [1a] then:**

**When was the referral made for a surgical opinion?**

Unknown

**1d. If answered "Yes" to [1a] then:**

**What was the reason for the referral for surgery?**

*Answers may be multiple*

Pain  Obstruction  Fistula  Anaemia  
 Cancer

Please specify any additional options here...

**2a. If answered "Yes" to [1a] then:**

**Was it documented in the case notes that there was multidisciplinary (MDT) input into the referral decision for surgery?**

Yes  No  Unknown

**2b. If answered "Yes" to [1a] and "Yes" to [2a] then:**

**When was the MDT meeting?**

Unknown

**2c. If answered "Yes" to [2a] then:**

**Did the MDT meeting result in a change in treatment plan?**

Yes  No  Unknown

**2d. If answered "Yes" to [1a] and "Yes" to [2c] then:**

**In your opinion, did the MDT meeting result in a delay in surgical treatment?**

Yes  No  Unknown

**2e. If answered "Yes" to [2d] then:**

**Please give further details:**

**3a. If answered "Yes" to [1a] then:**

**When was the first surgical appointment?**

Unknown

**3b. If answered "Yes" to [1a] then:  
Was the appointment:**

- In-person       Over the telephone       A video-call

**3c. If answered "Over the telephone" or "A video-call" to [3b] then:  
If not attended in person, what was the reason?**

- COVID-19 pandemic     Trust policy       Staff shortages       Patient preference

Please specify any additional options here...

**4a. If answered "Yes" to [1a] then:  
When was the most recent CT/ MR imaging carried out for Crohn's disease prior to the appointment?**

- Not Applicable     Unknown

**4b. If answered "Yes" to [1a] then:  
When was the most recent endoscopy prior to the appointment?**

- Not Applicable     Unknown

**4c. If answered "Yes" to [1a] then:  
Please indicate any further investigations that were carried out at this time?**

*Answers may be multiple*

- |   |   |
|---|---|
| <input type="checkbox"/> Full Blood Count (FBC) | <input type="checkbox"/> Urea and electrolytes (U&Es)               |
| <input type="checkbox"/> Liver Function Test    | <input type="checkbox"/> Renal function                             |
| <input type="checkbox"/> Faecal calprotectin    | <input type="checkbox"/> Albumin                                    |
| <input type="checkbox"/> Capsule endoscopy      | <input type="checkbox"/> Not applicable - no further investigations |
| <input type="checkbox"/> Unknown                |   |

Please specify any additional options here...

**5. If answered "Yes" to [1a] then:  
When was the decision to operate made?**

- Unknown

**6. If answered "Yes" to [1a] then:  
What information or support was given to the patient at this time?**

*Answers may be multiple*

- |   |   |
|---|---|
| <input type="checkbox"/> Information about the procedure    | <input type="checkbox"/> Benefits/ risks of alternative treatment options |
| <input type="checkbox"/> Benefits of surgery                | <input type="checkbox"/> Risks of surgery                                 |
| <input type="checkbox"/> Psychological support/ counselling | <input type="checkbox"/> Details of peer support groups                   |
| <input type="checkbox"/> Details of an advice line          | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> None of the above                  |   |

Please specify any additional options here...

**7a. If answered "Yes" to [1a] then:  
Was the patient's consent for surgery documented at this time?**

- Yes       No       Unknown

**7b. If answered "No" to [7a] then:  
When was consent taken?**

- Unknown

**7c. If answered "Yes" to [1a] then:**

**Was the risk of death quantified using percentages on the consent form?**

- Yes  No  Unknown

**7d. If answered "Yes" to [1a] then:**

**Were the risks of surgery assessed using any of the following risk stratification tool at this time?**

*Answers may be multiple*

- SORT  NELA  APACHE 2  NSQUIP  
 ASA  None of the above  Not documented  Unknown

Please specify any additional options here...

**7e. If answered "Yes" to [1a] then:**

**Were any of the following risks of surgery documented?**

*Answers may be multiple*

- Death  Deep vein thrombosis  
 Pulmonary embolism  Obstruction  
 Anastomotic leak  Wound infection  
 Incisional hernia  Stoma  
 Risk to fecundity - if applicable  Risk of impotence - if applicable  
 None of the above  Unknown

Please specify any additional options here...

**8a. If answered "Yes" to [1a] then:**

**In your opinion, was the interval between referral and appointment reasonable for this patient?**

- Yes  No  Unknown

**8b. If answered "No" to [8a] then:**

**Please expand on your answer:**

**9. If answered "Yes" to [1a] then:**

**Was minimal access surgery considered?**

- Yes  No  Unknown

**10a. If answered "Yes" to [1a] then:**

**Did the clinic include an assessment of the patient's nutritional status using a validated tool?**

*e.g. Malnutrition Universal Screening Tool (MUST)*

- Yes  No  Unknown

**10b. If answered "Yes" to [1a] then:**

**Was the patient referred to a dietitian?**

- Yes  No  Unknown

**10c. If answered "Yes" to [1a] then:  
Was the nutrition support team involved?**

- Yes  No  Unknown

**11a. If answered "Yes" to [1a] then:  
Was a perioperative Crohn's disease medication plan review carried out?**

- Yes  No  Unknown

**11b. If answered "Yes" to [1a] then:  
Were any changes made to the patient's medications?**

- Yes  No  Unknown

**11c. If answered "Yes" to [11b] then:  
What changes were made to the patient's medication(s)?**

- Steroids tapered  Monoclonal antibodies stopped  
 Unknown

Please specify any additional options here...

**12. If answered "Yes" to [1a] then:  
Was an appropriate specialist nurse involved?**

*This could include an IBD or Stoma nurse*

- Yes  No  Unknown

**13. If answered "Yes" to [1a] then:  
In your opinion, for this patient, what was the maximum acceptable interval between the decision to operate and the operation taking place?**

 Weeks

### Pre-operative optimisation

**14a. If answered "Yes" to [1a] then:  
Did the patient attend a pre-assessment clinic?**

- Yes  No  Unknown

**14b. If answered "Yes" to [14a] and "Yes" to [1a] then:  
What was the date of the pre-assessment clinic?**

  Unknown

**14c. If answered "Yes" to [1a] and "Yes" to [14a] then:  
What was the specialty of the clinician who led the pre-assessment clinic?**

- Gastroenterology  Anaesthetics  Colorectal surgery  General surgery  
 Unknown

If not listed above, please specify here...

**14d. If answered "No" to [14a] and "Yes" to [1a] then:  
What was the reason that the patient did not attend a pre-assessment clinic?**

- The operation was cancelled  Patient contracted COVID-19  
 Staffing issues due to COVID-19

Please specify any additional options here...

**14e.If answered "Yes" to [1a] then:**

**Was the patient enrolled in a formal prehabilitation programme?**

- Yes  No  Unknown

**14f. If answered "Yes" to [1a] then:**

**Was there an effort made to improve this patient's functional status pre-operatively and decrease the risk of surgery?**

- Yes  No  Unknown

**14g.If answered "Yes" to [14f] then:**

**Please give details:**

- |   |   |
|---|---|
| <input type="checkbox"/> Smoking cessation            | <input type="checkbox"/> Alcohol reduction                          |
| <input type="checkbox"/> Treatment to correct anaemia | <input type="checkbox"/> Intervention to improve nutritional status |
| <input type="checkbox"/> Increased physical activity  |   |

Please specify any additional options here...

---

**15a.If answered "Yes" to [1a] then:**

**Did the elective procedure go ahead as planned?**

*Was a planned surgical admission cancelled or postponed? This could include appointment delays*

- Yes  No  Unknown

**15b.If answered "No" to [15a] then:**

**Please select from the list below, reason(s) why the operation did not go ahead as planned:**

*Answers may be multiple*

- |  |  |
|--|--|
| <input type="checkbox"/> Multiple delays                                   | <input type="checkbox"/> COVID-19 pandemic |
| <input type="checkbox"/> Staff illness                                     | <input type="checkbox"/> Lack of beds      |
| <input type="checkbox"/> Lack of critical care beds                        | <input type="checkbox"/> Lack of staff     |
| <input type="checkbox"/> Patient changed their mind                        |  |
| <input type="checkbox"/> Became an emergency as patient was acutely unwell |  |

Please specify any additional options here...

**15c.If answered "No" to [15a] then:**

**What was the date of the cancelled operation?**

- Unknown

**1. Did this patient present as an emergency for this admission?**

- Yes  No

Please complete this section if the patient had a flare in Crohn's disease symptoms resulting in an emergency admission for surgery

**2. If answered "Yes" to [1] then:  
Was this a first presentation of Crohn's disease?**

- Yes  No  Unknown

**3. If answered "Yes" to [1] and "No" to [2] then:  
In the 12 months prior to admission, how many times had this patient been seen in the gastroenterology/ surgery clinic?**

- Unknown

**4a. If answered "Yes" to [1] and "No" to [2] then:  
When was the most recent imaging carried out for this patient prior to the emergency admission to hospital?**

*i.e Prior to arrival in the Emergency Department*

- Not Applicable  Unknown

**4b. If answered "Yes" to [1] and "No" to [2] then:  
Please select the type of imaging conducted:**

*Answers may be multiple*

- CT scan  MRI scan  Contrast study  
 Intestinal ultrasound  Unknown

Please specify any additional options here...

**4c. If answered "Yes" to [1] and "No" to [2] then:  
What were the findings?**

*Answers may be multiple*

- Stricture  Abscess  Fistula  Mass  
 Tumour

Please specify any additional options here...

**5a. At the time of the presentation to the Emergency Department, was this patient awaiting surgery for treatment of their Crohn's disease?**

- Yes  No  Unknown

**5b. If answered "Yes" to [1] and "No" to [2] and "Yes" to [5a] then:  
Please give details of the status of the patient regarding their planned procedure:**

*Answers may be multiple.*

- On a waiting list  
 Operation date was booked  
 Patient had already attended the pre-assessment clinic

Please specify any additional options here...

**5c. If answered "Yes" to [1] and "No" to [2] and "No" to [5a] then:  
In your opinion, should surgery have been considered prior to the emergency presentation?**

- Yes  No  Unknown

---

**6a. If answered "Yes" to [1] then:  
What was the emergency presentation of this patient?**

*Answers may be multiple*

- Perforation  Obstruction  Fistula  Acute colitis  
 Sepsis  Abscess

Please specify any additional options here...

**6b. If answered "Yes" to [1] then:  
What symptoms did the patient have?**

*Answers may be multiple*

- Fever  Vomiting  Abdominal pain  Diarrhoea

Please specify any additional options here...

**6c. If answered "Yes" to [1] then:  
Please specify the date and time of the onset of symptoms?**

- Unknown

**6d. If answered "Yes" to [1] then:  
What was the mode of admission to hospital?**

- Emergency Department - self-referral/ NHS 111 advice  
 Direct referral to ward - from surgeon  
 Ambulance  
 Transfer from another hospital for surgery

If not listed above, please specify here...

**6e. If answered "Yes" to [1] then:  
Please state the date and time of arrival in the Emergency Department:**

- Unknown

**6f. If answered "Yes" to [1] then:  
Did the patient undergo imaging in the Emergency Department?**

- Yes  No  Unknown

**6g. If answered "Yes" to [6f] then:  
Please select the type of imaging conducted:**

*Answers may be multiple*

- MRI scan  CT scan  Intestinal Ultrasound  
 Contrast study  Unknown

Please specify any additional options here...

**6h. If answered "Yes" to [1] and "Yes" to [6f] then:  
Please state the time this imaging took place:**

- Unknown

**7a. If answered "Yes" to [1] then:**

**Please state the date and time that the decision to operate was made:**

Unknown

**7b. If answered "Yes" to [1] then:**

**How was this surgery prioritised according to the NCEPOD Classification?**

*Please see <https://www.ncepod.org.uk/classification.html> for more information*

- Immediate - Lifesaving, limb or organ-saving intervention
- Urgent - Acute onset or deterioration of conditions that threaten life, limb or organ survival;
- Expedited - Stable patient requiring early intervention for a condition that is not an immediate threat
- Elective -Surgical procedure planned or booked in advance of routine admission to hospital

If not listed above, please specify here...

**7c. If answered "Yes" to [1] then:**

**Please state the date and time that the patient was booked for surgery:**

Unknown

**7d. If answered "Yes" to [1] then:**

**What was the grade of the clinician who made the decision to operate?**

- Consultant
- Staff grade/Associate specialist
- Trainee with CCT
- Senior specialist trainee (ST3+ or equivalent)
- Junior specialist trainee (ST1& ST2 or CT equivalent)
- Specialist nurse (Nurse consultant, Nurse practitioner, Clinical nurse specialist)
- Senior staff nurse, enrolled nurse
- Unknown

If not listed above, please specify here...

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**8a. If answered "Yes" to [1] then:**

**Was a gastroenterologist involved in this patient's care prior to surgery?**

- Yes                       No                       Unknown

**8b. If answered "Yes" to [8a] then:**

**Please state the date and time the patient was seen by the gastroenterologist:**

Unknown

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**9. If answered "Yes" to [1] then:**

**Under which specialty was the patient admitted?**

- |   |   |  |
|---|---|--|
| <input type="radio"/> General surgery       | <input type="radio"/> Colorectal surgery    | <input type="radio"/> Gastroenterology       |
| <input type="radio"/> General medicine      | <input type="radio"/> Emergency medicine    | <input type="radio"/> Critical care medicine |
| <input type="radio"/> Hepatobiliary surgery | <input type="radio"/> Trauma & orthopaedics | <input type="radio"/> Anaesthetics           |
| <input type="radio"/> Endocrinology         | <input type="radio"/> Nephrology            | <input type="radio"/> Radiology              |
| <input type="radio"/> Unknown               |   |  |

If not listed above, please specify here...

---

**10a. If answered "Abscess" to [6a] and "Yes" to [1] then:**

**Did this patient undergo percutaneous drainage of their abscess prior to surgery?**

- Yes                       No                       Unknown

**10b.If answered "No" to [10a] then:  
Why did drainage not occur?**

---

**11a.If answered "Yes" to [1] then:  
When was the patient's consent for surgery taken?**

Unknown

**11b.If answered "Yes" to [1] then:  
Was the risk of death quantified using percentages on the consent form?**

Yes

No

Unknown

**11c.If answered "Yes" to [1] then:  
Were the risks of surgery assessed using any of the following risk stratification tools at this time?**

SORT

NELA

APACHE 2

NSQUIP

ASA

None of the above

Unknown

Please specify any additional options here...

**11d.If answered "Yes" to [1] then:  
Were any of the following risks of surgery documented?**

*Answers may be multiple*

Death

Deep vein thrombosis

Pulmonary embolism

Obstruction

Anastomotic leak

Wound infection

Incisional hernia

Stoma

Risk to fecundity (if applicable)

Risk of impotence (if applicable)

None of the above

Unknown

Please specify any additional options here...

**1a. What operation was carried out?***Answers may be multiple*

- Right hemicolectomy
- Extended right hemicolectomy
- Subtotal colectomy and ileostomy
- Small bowel resection
- Strictureplasty
- Resection of enterocolic fistula
- Resection of enteroenteric fistula
- Resection of enterovesical fistula
- Resection of enterovaginal fistula (if applicable)

Please specify any additional options here...

**1b. Please state the date and time of surgery:**

**1c. Is this hospital an IBD specialist hospital?**

- Yes
                         
  No
                         
  Unknown

**1d. What was the (sub)specialty of the senior operating surgeon?**

- Colorectal surgery
   
  General surgery  
 Upper gastrointestinal surgery
   
  Lower gastrointestinal surgery  
 Hepatobiliary (HPB) Surgery

If not listed above, please specify here...

**1e. Did the operating surgeon have a specialist interest in IBD?**

- Yes
                         
  No
                         
  Unknown

**1f. What was the grade of the senior operating surgeon?**

- Consultant
- Staff grade/Associate specialist
- Trainee with CCT
- Senior specialist trainee (ST3+ or equivalent)
- Junior specialist trainee (ST1&ST2 or CT equivalent)

If not listed above, please specify here...

**1g. If answered "Consultant", "Staff grade/Associate specialist", "Trainee with CCT", "Senior specialist trainee (ST3+ or equivalent)" or "Junior specialist trainee (ST1&ST2 or CT equivalent)" to [1f] then:****If the operating surgeon was not a consultant, what was the level of supervision?**

- Scrubbed
                         
  In-hospital
                         
  Via telephone

If not listed above, please specify here...

**2a. What was the grade of the senior anaesthetist?**

- Consultant
- Staff grade/ Associate specialist
- Trainee with CCT
- Senior specialist trainee (ST3+ or equivalent)
- Junior specialist trainee (ST1 & 2 or CT equivalent)
- Unknown

If not listed above, please specify here...

**2b. Was the anaesthesia for this operation delivered by an anaesthetist with a specialist interest in GI surgery?**

- Yes                       No                       Unknown

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**3. Did this patient receive antibiotic prophylaxis perioperatively?**

- Yes                       No                       Unknown

---

**4. Was this a laparoscopic procedure?**

- Yes                       No

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**5. Was a full assessment of the small bowel documented in the operation note?**

- Yes                       No                       Unknown

---

**6a. Were there any intraoperative complications?**

- Yes                       No                       Unknown

**6b. If answered "Yes" to [6a] then:**

**Please give further details of any complication(s) including their management:**

---

**7a. Was an anastomosis formed during the operation?**

- Yes                       No

**7b. If answered "Yes" to [7a] then:  
What technique was used?**

- Stapled                       Sutured                       Kono-S

---

**8a. Prior to surgery, was a stoma site marked up for this patient?**

- Yes                       No                       Unknown

**8b. Was a stoma formed during the operation?**

- Yes                       No

**8c. If answered "Yes" to [8b] then:  
Was this expected?**

- Yes  No

**8d. If answered "Yes" to [8b] then:  
What type of stoma was formed?**

- Ileostomy - End loop  Ileostomy - Split  Colostomy - End loop  
 Colostomy - Double barrelled

If not listed above, please specify here...

**8e. If answered "Yes" to [8b] then:  
Was the stoma:**

- Permanent  Temporary

**8f. If answered "Temporary" to [8e] then:  
When was the temporary stoma subsequently closed?**

- Not Applicable  Unknown

**8g. If answered "Temporary" to [8e] then:  
Was the temporary stoma closed within 12 months?**

- Yes  No  Unknown

**8h. If answered "No" to [8g] then:  
Please give further details:**

---

**9a. In your opinion, could the perioperative care have been improved for this patient?**

- Yes  No  Unknown

**9b. If answered "Yes" to [9a] then:  
How could the perioperative care have been improved?**

G. Post-operative care

**1a. Did the patient have a CT scan post-operatively?**

- Yes                       No                       Unknown

**1b. In your opinion, was this the appropriate decision for this patient?**

- Yes                       No                       Unknown

**1c. Please expand on your answer:**

**2a. Please indicate any complications that occurred post-surgery?**

*Answers may be multiple*

- |   |   |
|---|---|
| <input type="checkbox"/> Pulmonary embolism   | <input type="checkbox"/> Deep Vein Thrombosis               |
| <input type="checkbox"/> Pneumonia            | <input type="checkbox"/> Metabolic disturbances             |
| <input type="checkbox"/> Anastomotic leak     | <input type="checkbox"/> Superficial wound infection        |
| <input type="checkbox"/> Deep wound infection | <input type="checkbox"/> Intra-abdominal abscess            |
| <input type="checkbox"/> Wound dehiscence     | <input type="checkbox"/> NA - No post-surgery complications |

Please specify any additional options here...

**2b. Did any of the complications require a secondary operation?**

- Yes                       No                       Unknown                       NA

**3. Where did the patient go after theatre?**

- Ward/ Level 0                       Enhanced Care Unit/ Level 1  
 High Dependency Unit/ Level 2    Intensive Care Unit/ Level 3  
 Unknown

If not listed above, please specify here...

**4. At any point during the admission, did the patient go to the Intensive Care Unit\* (ICU)?**

*\* Level 3 care (see definitions)*

- Yes                       No                       Unknown

**5a. Did the patient require drainage of a post-operative collection?**

- Yes - Surgical drainage                       Yes - Interventional radiology drainage  
 No                       Unknown

**5b. If answered "Yes - Surgical drainage" or "Yes - Interventional radiology drainage" to [5a] then:**

**Was this appropriate?**

- Yes                       No                       Unknown

**6. Please select all the healthcare professionals that reviewed the patient post-operatively:**

*Answers may be multiple*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Consultant colorectal surgeon | <input type="checkbox"/> Consultant general surgeon  | <input type="checkbox"/> Gastroenterologist       |
| <input type="checkbox"/> IBD Nurse specialist          | <input type="checkbox"/> Stoma nurse - if applicable | <input type="checkbox"/> Psychologist/ counsellor |
| <input type="checkbox"/> Physiotherapist               | <input type="checkbox"/> Dietitian                   | <input type="checkbox"/> Occupational therapist   |
| <input type="checkbox"/> Pharmacist                    | <input type="checkbox"/> Pain specialist             | <input type="checkbox"/> None of the above        |

Please specify any additional options here...

**7a. Did the patient receive supplementary nutrition?**

- Yes - Parenteral nutrition       Yes - Enteral nutrition       No  
 Unknown

**7b. If answered "Yes - Parenteral nutrition" or "Yes - Enteral nutrition" to [7a] then:  
If IV feeding was required, when was this started?**

Unknown

**7c. If answered "Yes - Parenteral nutrition" or "Yes - Enteral nutrition" to [7a] then:  
When was normal nutrition resumed?**

Not Applicable       Unknown

**8a. At any time during the admission, was the patient's pain assessed?**

- Yes       No       Unknown

**8b. Was there a post-operative review by the pain team / pain specialist/ equivalent?**

- Yes       No       Unknown       Not applicable

**1a. What was the outcome of this hospital admission for this patient?**

- Discharged alive                       Died during admission

**1b. Please indicate the date and time of discharge/death during admission**

**2. If answered "Discharged alive" to [1a] then:****What was the patient's functional status at discharge?**

*Please refer to the Rockwood clinical frailty scale score on the definitions page*

- Very fit                       Well                       Managing well                       Vulnerable  
 Mildly frail                       Moderately frail                       Severely Frail                       Very Severely Frail  
 Terminally Ill                       Unknown

**3. If answered "Discharged alive" to [1a] then:****What information was given to the patient at discharge?**

*Answers may be multiple*

- Details of the surgical procedure they had undergone  
 Clear follow-up care information for surgery  
 Details of common surgical complications  
 Details of wound care  
 Details of how to access psychological support  
 Details of the medications prescribed  
 An emergency contact number  
 Details of an IBD Advice line/ contact  
 Details of a peer support group  
 None of the above  
 Unknown

Please specify any additional options here...

**4a. If answered "Discharged alive" to [1a] then:****At discharge was there a clearly documented medication plan?**

- Yes                       No                       Unknown

**4b. If answered "Discharged alive" to [1a] then:****Was this patient discharged on extended DVT prophylaxis?**

- Yes                       No                       Unknown

**4c. If answered "Discharged alive" to [1a] then:****Was low-dose Metronidazole prescribed?**

- Yes                       No                       Unknown

**4d. If answered "Discharged alive" to [1a] then:****Was a copy of the discharge summary sent to the GP within 48 hours of discharge?**

- Yes                       No                       Unknown

**4e. If answered "Discharged alive" to [1a] then:****Was a copy of the discharge summary sent to the patient?**

- Yes                       No                       Unknown

**5. If answered "Discharged alive" to [1a] then:  
Was a colonoscopy organised within 6 months of discharge?**

- Yes  No  
 Unknown  NA - not relevant for this patient

**6. If answered "Discharged alive" to [1a] then:  
Within 30 days of discharge, please select the follow-up appointments that were organised for the patient with the following healthcare professionals:**

*Answers may be multiple*

- |   |   |
|---|---|
| <input type="checkbox"/> Gastroenterologist                       | <input type="checkbox"/> Operating surgeon    |
| <input type="checkbox"/> Parallel clinic gastroenterology/surgery | <input type="checkbox"/> IBD specialist nurse |
| <input type="checkbox"/> Stoma nurse - if applicable              | <input type="checkbox"/> Dietitian            |
| <input type="checkbox"/> Psychologist/ counsellor                 | <input type="checkbox"/> Physiotherapist      |
| <input type="checkbox"/> Occupational therapist                   | <input type="checkbox"/> Pain specialist      |
| <input type="checkbox"/> Unknown                                  | <input type="checkbox"/> None of the above    |

Please specify any additional options here...

**7. If answered "Discharged alive" to [1a] then:  
Which of the following Patient Reported Outcome Measures (PROMs) were recorded for this patient post-discharge?**

*Answers may be multiple*

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Functional outcome | <input type="checkbox"/> Complications    | <input type="checkbox"/> Return to work | <input type="checkbox"/> Pain/ discomfort  |
| <input type="checkbox"/> Personal care      | <input type="checkbox"/> Usual activities | <input type="checkbox"/> Unknown        | <input type="checkbox"/> None of the above |

Please specify any additional options here...

**8a. If answered "Discharged alive" to [1a] then:  
Was the patient readmitted within 30 days of discharge?**

- Yes  No  Unknown

**8b. If answered "Discharged alive" to [1a] and "Yes" to [8a] then:  
Please state the date of the readmission:**

- Unknown

**8c. If answered "Discharged alive" to [1a] and "Yes" to [8a] then:  
Please state the reason for readmission:**

- Wound infection  Bowel obstruction  Acute Kidney Injury  Stoma complications  
 Bleeding

Please specify any additional options here...

**9a. If answered "Discharged alive" to [1a] then:  
Did the patient die within 90 days of the date of surgery?**

- Yes  No  Unknown

**9b. If answered "Discharged alive" to [1a] and "Yes" to [9a] then:  
Please state the date of death:**

- Unknown

**9c. Please specify the cause of death:**

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**10. Please use the box below if you have any further comments:**

*This could include PROMS, comments on the care provided, service organisation and/or the effects of the Covid-19 pandemic*

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**

Your answers will contribute to the data that will form the report and the recommendations, due for release in Spring 2023.