

Dr Jim Livingstone
Director of Safety, Quality and Standards



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Rapid Response Report

Subject:

Laparoscopic surgery: Failure to recognise post-operative deterioration

For action by:

Chief Executive, HSC Board for cascade to :
Director of Integrated Care, HSCB

Assistant Director, Primary Care, HSCB

Chief Executives, HSC Trusts for cascade to:

Medical Directors

Directors of Nursing

CSCG leads

Community Nurses

Chief Executive RQIA for cascade to:

Independent hospitals and clinics

For Information to:

Chief Executive, Public Health Agency

Director of Public Health/Medical Director, Public Health Agency

Director of Nursing, Public Health Agency

Dir. of Performance Management & Service Improvement, HSCB

Assistant Director of Performance Management, HSC Board

Professor David Woolfson, Head of School of Pharmacy, QUB

Professor Linda Johnston, Head of Nursing & Midwifery, QUB

Professor Hugh McKenna, Head of Life & Health Sciences, UU

Dr Owen Barr, Head of School of Nursing, UU

Professor Paul McCarron, Head of School of Pharmacy, UU

Post Graduate Dean, NIMDTA

Staff Tutor of Nursing, Open University

Director, Safety Forum

Lead, NI Medicines Governance Team

NI Medicines Information Service

NI Centre for Pharmacy Learning and Development

Summary of Contents:

The purpose of this circular is to highlight the risks of failure to recognise post-operative deterioration following laparoscopic surgery

Enquiries:

Any enquiries about the content of this circular should be addressed to:

Safety & Quality Unit

DHSSPS

Room D2.4

Castle Buildings

Stormont

BELFAST

BT4 3SQ

Tel: 028 9052 2239

qualityandsafety@dhsspsni.gov.uk

Circular Reference: HSC (SQSD)15/10

Date of Issue: 26 October 2010

Related documents

<http://www.nice.org.uk/CG50>

http://www.alsgbi.org/pdf/M_Mcmahon_AESGBI_Guidelines.pdf

<http://www.rcog.org.uk/information-for-you-after-a-laparoscopy>

<http://www.dhsspsni.gov.uk/hss-md-18-2009.pdf>

<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-circulars/sqsd-circulars-2009-2010.htm>

<http://www.gain-ni.org/Library/Guidelines/crestguidelines-physiological-early-warning-systems-may07.pdf>

http://www.dhsspsni.gov.uk/hsc_sqsd_06-08.pdf

Superseded documents

N/A

Status of Contents:

For completion of actions and assurance templates by 26 April 2011

Implementation:

Immediate

SQSD material can be accessed on:

<http://www.dhsspsni.gov.uk/index/phealth/sqs.htm>

Working for a Healthier People

Chief Medical Officer Group



Dear colleagues

Laparoscopic surgery: Failure to recognise post-operative deterioration

Over the last 25 years, laparoscopic procedures have been used increasingly for operations on the abdomen. Laparoscopic surgery may offer advantages to some patients because of shorter hospital stays and more rapid recovery, but it has become apparent that, although rare, abdominal complications can present in a more subtle way than is usual after an equivalent open procedure. As a result an injury may not be recognised immediately, and the resulting delay in treatment increases the risk of a poor outcome for the patient.

The content of the attached circular at Annex A has been reviewed by relevant professional colleagues in the Department and approved for regional dissemination.

I would ask you to bring this to the attention of relevant practitioners and key health and social care staff within your organisation. They should consider the best practice for their setting and take appropriate steps to minimise the risks to patients.

I would also draw your attention to the attached 'assurance template' which is a means of recording the response from the Trusts and Board in circumstances where SQS Circulars require action to be taken by a given date.

Yours sincerely



Dr J F Livingstone
Director, Safety, Quality & Standards

Laparoscopic surgery: Failure to recognise post-operative deterioration

Issue

1. Over the last 25 years, laparoscopic procedures have been used increasingly for operations on the abdomen. The procedure requires small incisions in the abdominal wall through which fibre-optical and surgical instruments are inserted. Images from the laparoscope are displayed on a video monitor. Laparoscopic surgery may offer advantages to some patients because of shorter hospital stays and more rapid recovery, but it has become apparent that, although rare, abdominal complications can present in a more subtle way than is usual after an equivalent open procedure.
2. Complications, including bowel perforations or bile duct injuries, are rare and may be recognised during the operation with steps taken to mitigate harm. However, there is an under-recognised risk that they can remain undiagnosed until post-operative life threatening complications such as circulatory collapse or septic shock develop. As a result an injury may not be recognised immediately, and the resulting delay in treatment increases the risk of a poor outcome for the patient.
3. Careful monitoring of vital signs and using early warning scores such as Modified Early Warning Score (MEWS) or Paediatric Early Warning Score (PEWS) during the recovery period is essential.

National Context

4. Between November 2003 and April 2010, 48 serious incidents relating to laparoscopic surgery were reported to the National Reporting and Learning System (NRLS) and the Strategic Executive Information System (STEIS). This included 11 deaths relating to deterioration of patients postoperatively. In addition a review of NHS Litigation Authority (NHSLA) data identified 496 adverse events relating to laparoscopic surgery between April 1995 and April 2010.
5. NPSA/2010/RRR016: Laparoscopic surgery: Failure to recognise post-operative deterioration focuses on the issue of postoperative care for patients undergoing laparoscopic surgery.

Other guidance in this area includes:

- (i) The National Institute for Health and Clinical Excellence (NICE) guidelines, Acutely ill patients in hospital, which contains recommendations on recognising signs of deterioration.

- (ii) Advice from the Association of Laparoscopic Surgeons of Great Britain and Ireland (ALSGBI), Recognition, management and prevention of abdominal complications of laparoscopic surgery.
- (iii) A patient leaflet which has been published by the Royal College of Obstetricians and Gynaecologists.
- (iv) The Department of Health, Social Services & Public Safety (DHSSPS) Surgical Safety Checklist Circular.
- (v) HSC (SQSD) 6/10 Early detection of complications after gastrostomy which contains similar advice around the observation of patients following a specific procedure.
- (vi) Clinical Resource Efficiency Support Team (CREST) Guidelines on the use of Physiological Early Warning Systems.

Local Context

6. All HSC and independent sector organisations undertaking laparoscopic surgery should ensure that:

A. Local Protocols

- Specify the observations required in the immediate post operative period to help staff recognise and act upon signs of deterioration;
- Define discharge criteria, including senior medical review, if the patient does not meet these criteria;
- Define facilities for ongoing care when discharge would be unsafe.

B. When a patient is discharged, systems are in place to ensure:

- Patients and carers are given
 - a copy of their discharge summary;
 - verbal and written advice about signs of deterioration and when to seek medical advice;
 - the contact numbers to access urgent medical advice for at least the first 24 hours;
- staff responsible for answering these contact numbers have access to local protocols for action;
- a copy of the discharge letter is sent to the patient's GP within 24 hours.

NPSA/2010/RRR016: Laparoscopic surgery: Failure to recognise post-operative deterioration is available on:

<http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=82748>

Action Required

7. You will wish to bring the contents of this document to the attention of staff, particularly those involved in governance and risk management within your organisation. Organisations need to be aware of this best practice circular in order to assist in complying with the Quality Standards for Health and Social Care –
 - (i) Criteria 4.3(i) (the appropriate management of risk);
 - (ii) Criterion 5.3.3(f) (implementation of evidence-based practice through guidance, for example, NPSA guidance);and
 - (iii) Criteria 8.3(l) (effective communication and information)
8. HSC Trusts should take immediate action to implement this Rapid Response Report as outlined in paragraph 6 above by 26 April 2011. Trusts should provide assurance on this action to the HSC Board by completing Section 1 of the attached template.
9. The HSC Board should complete Section 2 of the attached assurance template and forward to the Department by 24 May 2011.

SQS CIRCULARS: ASSURANCE TEMPLATE FOR HSC BOARD AND TRUSTS

Circular number: HSC (SQSD) 15/10 Laparoscopic surgery: Failure to recognise post-operative deterioration

For Implementation by: 26 April 2011

(Section 1 is to be completed by HSCT and forwarded to HSCB for consideration. Section 2 should then be completed by HSCB and forwarded to DHSSPS)

SECTION 1:

To: Chief Executive, HSC Board

I can confirm that the required actions set out in the above circular have been implemented in full by the due date.

I can confirm that the actions in the above correspondence have been partially implemented by the due date. The issues impacting on full implementation along with the timescales for resolving these issues are set out in the box below:

I can confirm that the organisation has been unable to implement any actions of the above circular for the reasons set out in the box below. (The actions being taken/required to resolve or clarify the issues preventing implementation and the timescales for this should be outlined):

I confirm that the HSC Trust's Chief Executive and designated senior manager have been advised of this response and are content that it should be submitted to the HSC Board.

Response submitted by: _____ (Name & contact details of person submitting response) on behalf of _____ HSC Trust. Date: _____

SECTION 2:

To: Director, Safety, Quality & Standards Directorate, DHSSPS

I note the response from the Trust and –

I can confirm that the HSC Board is content the action(s) taken, referred to in Section 1, complies with the requirements of the above circular.

I can confirm that further action, as outlined in the box below, is needed to ensure compliance with the requirements of the above circular

I confirm that the HSC Board's Chief Executive and designated senior manager have been advised of this response and are content that it should be submitted to the Department.

Response submitted by: _____ (Name & contact details of person submitting response) on behalf of HSC Board. Date: _____