Single-use Instrument Surveillance for Tonsil and Adenoid Surgery

Protocol and Resource Pack

Author: Surgical Instrument Surveillance Programme (SISP)
Date: 5 May 2011
Version: 2
Publication/ Distribution: Public Health Wales (Intranet)
Review Date: 5 May 2012
GENERAL ENQUIRIES/CONTACT DETAILS

If you have any comments or queries on this resource pack or carrying out surveillance, we would be happy to hear from you.

If you would like further information or copies of any part of this resource pack please contact a member of the Surgical Instrument Surveillance Programme (SISP) team, see page 8 and 9.

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SECTION 1. INTRODUCTION AND PRINCIPLES

1.1 INTRODUCTION

The purpose of this document is to provide information, definitions and instructions for the ‘Evaluation of Tonsillectomy and Adenoidectomy with Single Use Instruments’ surveillance, being carried out in hospitals in Wales.

For national surveillance a standardised methodology, including the use of a common set of definitions is required.

Surveillance is a multidisciplinary activity and local ownership is crucial. This protocol is intended for use by all personnel involved in tonsillectomy and adenoidectomy surveillance.

1.1a Definition of Surveillance

Surveillance is the ongoing systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know. The final link of the surveillance chain is the application of these data to prevention and control (Centers for Disease Control and Prevention (CDC) 1988).

Effective surveillance requires careful planning that is based on a clear understanding of its purpose, and awareness by those involved of the benefits and objectives of identified programmes.

The objectives of surveillance of tonsillectomy and adenoidectomy with single use instruments are to:

- Monitor the incidence of problems arising with single use instruments during tonsil and adenoid surgery.
- Monitor the incidence of post-operative events following tonsil and adenoid surgery.
- Provide early warning and investigation of problems and subsequent planning and intervention to control.
- Monitor trends.
- Examine the impact of interventions.
- Gain information on the quality of care.
- Prioritise the allocation of resources.

1.1b Background to the Surveillance

The Spongiform Encephalopathy Advisory Committee (SEAC) have identified a theoretical risk of transmission of variant Creutzfeld-
Jacob Disease (vCJD) prion proteins, which may not be removed from instruments used for tonsillectomy and adenoidectomy surgery during decontamination procedures and not inactivated during sterilization procedures.

In February 2001, following a meeting between the Department of Health and the British Association of Otorhinolaryngologists, Head and Neck Surgeons (BAOHNS), advice was issued stating that single use instruments should be used for all non-urgent operations on tonsils, adenoids and lingual tonsils. This advice was followed in Wales.

The first single-use instruments for tonsillectomy and adenoidectomy surgery were introduced in Wales in July 2001, but by October 2001 a number of problems had been identified in both England and Wales:

Complaints were received from some NHS Trusts and Health Boards about the poor quality of the instruments. There were also reports from Health Boards, of an increased incidence of secondary haemorrhaging.

As a result of this an investigation was carried out by the Medical Devices Agency (MDA) and the Purchasing and Supply Agency (PASA). Following their investigations the MDA issued a Hazard Notice (MDA HN2001 (04)) setting out preliminary advice. The same Notice was also issued in Wales (NAfW SN No (01)). The MDA advised all units performing tonsil or adenoid surgery to immediately review their post-operative haemorrhage rates and compare these with the rates prior to the change to single use instruments. All adverse events were to be reported to the MDA. In addition, surgeons were advised that electrosurgical forceps should be chosen with the smallest electrode area compatible with achieving the required clinical result and when using bipolar electrosurgery a low setting should be chosen to start, especially when using a new electrode.

After the issue of the above Hazard Notice, the number of adverse incidents fell, although reports were still being received by the MDA. Following the report of a death in Northern England associated with the use of diathermy equipment, a Device Alert was issued (MDA DA2001 (08)), advising that disposable diathermy forceps were not to be used with immediate effect. This Alert was also issued in Wales (NAfW DA No (2001) 08). Following the Alert, concerns continued to be raised across England and Wales about the quality of the instruments and the continuing incidence of secondary haemorrhage. In response to this, in December 2001 the Department of Health announced a re-introduction of re-usable surgical instruments for tonsillectomy and adenoidectomy.
operations, sterilized in the usual way. The opinion of the Department of Health was that following a large injection of funds, their decontamination units were now of a high enough standard to sterilise and decontaminate instruments used in such operations. However the SEAC advice is extant.

At the time, the Welsh Chief Medical Officer and her professional advisors considered England’s position. They felt that before a decision could be made objectively in Wales about the balance of risk and the use of single use instruments, more information was needed from the trusts and surgeons on the number of adverse incidents, and their view on the quality of the instruments. In December 2001, the CMO for Wales issued guidance that surgeons who were confident in their use of the disposable instruments should continue to use them, whilst further data were gathered. Those who were not confident in their use should wait until the outcome of the review, however, reusable instruments were not to be used. NHS Scotland and Northern Ireland are reported to have taken a similar stance.

In December 2001 the MDA issued a second Device Alert advising surgeons not to use single use instruments for tonsillectomy and adenoidectomy operations. In light of the earlier guidance issued by the CMO for Wales, this Alert was not issued in Wales. In order to reinforce the position the CMO for Wales wrote to all ENT surgeons in Wales reiterating the guidance and the way forward. A meeting between the CMO for Wales, her professional advisors, Welsh Assembly Officials, representatives from Welsh Health Supplies and the Surgical Materials Testing Laboratory and a representative number of ENT surgeons from Wales took place in March 2002. The purpose of that meeting was to review the current policy in Wales. A number of issues were discussed at the meeting including:

- The evidential basis for the introduction of single use instruments to combat the possibility of associated vCJD contamination.
- The relevance of the extant SEAC guidance.
- Clinical risks associated with the use of single use instruments.
- The pertinence and accuracy of the audit date.

It was agreed that the risk of vCJD contamination existed and that earlier guidance from SEAC remained in force. The meeting also considered several suggestions from the clinicians involving improvements in the design and construction of the disposable instrument sets and increased flexibility for surgeons in selecting the disposable instruments. It was agreed that there was a need for a further and more comprehensive audit. In the interim it was agreed with the ENT surgeons that the current guidance should
remain unchanged whilst further analysis of available data was undertaken.

In early 2003 new single-use instruments were re-introduced and a surveillance system of tonsil and adenoid surgery with single-use instruments was started in Wales.

The organisations involved in the “Welsh National Tonsil and Adenoid Surgery Surveillance” are the National Assembly for Wales, Welsh Otorhinolaryngological Association (WORLA), which represents all Ear, Nose and Throat (ENT) surgeons in Wales and ENT departments, and Public Health Wales (formally the National Public Health Service).

1.2 THE ROLE OF PUBLIC HEALTH WALES

Public Health Wales has been asked by the Welsh Assembly Government (WAG) to facilitate and coordinate the implementation of the tonsillectomy and adenoidectomy surveillance within hospitals in Wales and to prepare national protocols for data collection.

Public Health Wales will facilitate data entry through use of an optical mark reader system and local data analysis via the provision of a surveillance database to every participating hospital. Public Health Wales will also collate, analyse and disseminate all Wales data.

1.3 CONTACT DETAILS AT PUBLIC HEALTH WALES

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SECTION 2: SETTING UP A SURVEILLANCE

2.1 INTRODUCTION TO TONSILLECTOMY AND ADENOIDECTOMY SINGLE-USE INSTRUMENT SURVEILLANCE

The aims of this tonsil and adenoid single-use instrument surveillance are to:

- Collect surveillance data on instrument problems during surgery and post-operative events following surgery to monitor the safety of single-use instruments for tonsil and adenoid surgery.
- Analyse and report surveillance data and describe trends in instrument problems and post-operative events in particular, post-operative haemorrhages.
- Provide timely feedback of instrument problems and post-operative haemorrhage rates to assist surgical units in minimizing the occurrence of post-operative events.

2.2 WHO SHOULD BE INVOLVED?

The surveillance of adverse incidents following tonsillectomy and adenoidectomy surgery will primarily involve clinical staff, although members of the audit department may also be involved.

The local surveillance group should include representation of some or all of the following:

- Otorhinolaryngological Surgeons
- Clinical Nurse Specialists
- Theatre staff
- Ward Nurses
- Surveillance Nurses
- Managers
- Clinical Effectiveness teams
- Clinical Audit staff
- IT staff
- Clerical and Secretarial staff

2.2a Key Roles

Local surveillance co-ordinator

It is anticipated that the local surveillance co-ordinator for Single-use Instrument surveillance will be a member of the ENT surgical directorate.
His/her key functions are anticipated to be strategic at this local level and include:

- Facilitating the setting up process.
- Ensure continuing involvement from the clinical teams.
- Provide overall co-ordination and liaison with the team at Public Health Wales, including ensuring mechanisms are in place for data collection, collation, transfer and dissemination.
- Provide feedback to relevant parties.
- Ensure that paper surveillance forms being used are mailed to Public Health Wales.

The team at Public Health Wales would appreciate involvement in the process of setting up surveillance programmes, and in initial and follow up meetings of the local surveillance teams.

2.3 HOW WILL THE SURVEILLANCE WORK?

Schematic diagrams for the patient pathways and form filling are given in 2.3a.

The overall national surveillance scheme of single-use instruments for tonsil and adenoid surgery in Wales is shown in 2.3b.
2.3a Patient pathways for single-use instrument surveillance for tonsil and adenoid surgery

Complete Post-operative event sheet Section A

Complete Operation/Instrument Sheet

Return to theatre

No return to theatre

Inpatient to day 28

Discharge/transfer

Death

Readmission to hospital

Complete Operation/Instrument Sheet

Return to theatre

No return to theatre

Inpatient to day 28

Discharge/transfer

Death

Further Post-operative event pre day 28

No further Post-operative events pre day 28

End of Surveillance

Post-operative event sheet to be completed for each post-operative event pre day 28
2.4 DATA MANAGEMENT

The team at Public Health Wales will centrally manage the surveillance data collected.

Data collected by hospitals will be imported into a database held centrally by Public Health Wales.

Each hospital participating in the surveillance can access the database via the Public Health Wales intranet site. Further details can be found in Section 5: Data Management.

The Public Health Wales team will also conduct all up dates or changes to data centrally.
SECTION 3: CONFIDENTIALITY

3.1 INTRODUCTION

The information obtained is collected with a guarantee that it will:

- Be held in the strictest confidence.
- Be used only for the purposes stated.
- Not otherwise be disclosed or released without the consent of the clinical unit concerned.

Data may, however, be published in an anonymised format for research purposes.

Both Health Boards and the team at Public Health Wales should note the following points to ensure confidentiality:

- No patient named details should be sent to Public Health Wales.
- Forms being posted should be double enveloped, with the addressee details also on the inner envelope.

3.2 LOCAL CONFIDENTIALITY

Data sent to the team at Public Health Wales must be anonymised. Do not attach addressograph labels to any of the forms that are to be sent to Public Health Wales. A unique code will be created for each patient based on the hospital of the initial operation, the initial operation date, the date of birth and the sex of the patient. This code will be used to link the procedure to a post-operative event.

Codes should be used to identify the surgeon who has performed the procedure and the supervising surgeon. These will be assigned by the local surveillance co-ordinator. Public Health Wales will require a copy of these codes, but not the name of the surgeon to which they correspond.

3.3 NATIONAL CONFIDENTIALITY

Where information is supplied to Public Health Wales as part of national surveillance activity, obtaining specific consent to pass the information to Public Health Wales should be addressed as part of the Health Boards’ process for informing patients about the use of data. Patient information leaflets about data collection systems
should now be available within Health Boards in accordance with the Data Protection Act 1998.

The SISP Steering Group will determine the format of national reporting. Members of the steering group include, representatives from ENT Consultants, SpR’s, and Theatre Nurses in Wales, the Welsh Assembly Government and Public Health Wales.
SECTION 4: ETHICS

4.1 INTRODUCTION

Each hospital must have established mechanisms for recording and registering details of those patients who decline surgery and those who undergo surgery.

Surgery is performed using the preferred technique of the surgeon concerned, appropriate to the case in question, using components from the set of single use instruments. Surgery is performed under cover of a full set of previously unused reusable instruments being available to the surgeon. The exercise has been approved by MREC Wales and both patients and their GPs are fully informed of the surveillance well in advance of the surgery commencing.

4.2 MULTI-CENTRE RESEARCH ETHICS COMMITTEE FOR WALES (MREC)

An evaluation of Tonsillectomy and Adenoidectomy surgery with single-use instruments was carried out by MREC (Research Protocol MREC 02/9/60). It was agreed that there was no objection on ethical grounds to the proposed study. A full record of the review undertaken by MREC is detailed in the MREC Response Form and can be viewed on request from Public Health Wales.

The MRECs are fully compliant with the International Conference on Harmonisation / Good Clinical Practice (ICH GCP) Guidelines for the Conduct of Trials Involving the Participation of Human Subjects as they relate to the responsibilities, composition, function, operations and records of an independent Ethics Committee / Independent Review Board. To this end it undertakes to adhere as far as is consistent with its Constitution, to the relevant clauses of the ICH Harmonised Tripartite Guideline for Good Clinical Practice, adopted by the Commission of the European Union on 17 January 1997. The guidelines and Standing Orders and a statement of Compliance are available on request or on the Internet at http://www.corec.org.uk.
SECTION 5: PROTOCOL

5.1 INSTRUMENTS
The Welsh Assembly Government has advised that tonsil and adenoid surgery in Wales should be carried out using single use instruments manufactured by B-BRAUN. The patient consent required for participation in this surveillance covers consent to tonsil and adenoid surgery using this type of instrument only.

5.2 INCLUSION CRITERIA
Questionnaires should be completed for all patients undergoing a procedure in Wales where a single use instrument set manufactured by B-BRAUN is used during the surveillance period.

These will include the following operation categories:
- Tonsillectomy
- Adentonsillectomy
- Adenoidectomy
- Uvulopalatopharyngoplasty

It will also include procedures to repair the above procedures because of post-operative complications, where a set of single use instruments is used.

5.3 IDENTIFICATION OF STUDY POPULATION
- A method must be in place to ensure that all patients who have had the specified operations are included in the surveillance, for example checks against theatre lists. Theatre and ward staff should be fully aware of which groups of surgical patients are under surveillance and reminded of this at regular intervals.

5.4 MONITORING PATIENTS
- An operation form and an instrument form should be completed for all patients undergoing tonsil and adenoid surgery where a single-use instrument set is used in Welsh hospitals during the surveillance period.
- All post-operative events following tonsil and adenoid surgery, either during the initial stay in hospital or resulting in a readmission to hospital, should be recorded on the post-operative event form until day 28 post operatively. If no post-
operative events occur, it is not necessary to complete the Post-Operative Event form.

- A post-operative event form should be completed for complications occurring in Welsh hospitals, even if the original procedure was carried out in a hospital other than your own, including those outside Wales.

5.5 FILLING IN FORMS

The surveillance forms have been developed for use with an optical mark reader package and are scanned directly into a database held centrally.

To ensure the accuracy and effectiveness of scanning please follow these instructions when completing the forms:

- Use a dark ink pen or biro.
- Place a cross in the appropriate box.
- Correct errors by completely filling the box where the incorrect response is.
- Be thorough in completion.
- Write clearly.
- Write within the boxes, without writing onto the box lines.

Please do not:

- Attach addressographs to forms that are to be sent to Public Health Wales.
- Use light pens i.e. green.
- Use a tick.
- Leave gaps.
- PHOTOCOPY FORMS, as this may affect the scanning process (you may photocopy and retain completed forms for your own personal use if you so choose).

Please note that certain data items have to be completed in order for the database to create a unique identifier for each patient. The data items are:

- Hospital code of FIRST operation
- Date of FIRST operation
- Sex
- Date of birth

PLEASE REMEMBER TO SEND THE YELLOW FORMS TO PUBLIC HEALTH WALES AND ONLY RETAIN THE WHITE COPIES LOCALLY.
## 5.6 DATA SET

### 5.6a Operative information and instrument problems

<table>
<thead>
<tr>
<th>Question</th>
<th>Responses</th>
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<tbody>
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<td><strong>OPERATIVE INFORMATION:</strong></td>
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<tr>
<td>Hospital code of FIRST operation</td>
<td>3 alpha code</td>
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<tr>
<td>Date of FIRST operation</td>
<td>Date DD/MM/YY</td>
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</tbody>
</table>
| Sex | • Male  
• Female |
| Date of birth | Date DD/MM/YY |
| If 2 or more patients have the same operation date, sex & DOB please identify as patient 1, 2 etc. | • Patient 1  
• Patient 2  
• Patient 3 |
| Hospital of CURRENT operation | 3 alpha code |
| Date of CURRENT operation | Date DD/MM/YY |
| Surgeon code | 3 alpha or numeric code |
| Supervising Surgeon code | 3 alpha or numeric code |
| Surgeon grade | • Consultant  
• SHO  
• Non-training grade  
• SpR |
| Operation | • Tonsillectomy  
• Adenoidectomy  
• Adenotonsillectomy  
• Uvulopalatopharyngoplasty  
• Return to theatre with a Post-op haemorrhage |
| Indication | • Tonsillitis  
• Airway obstruction  
• Quinsy  
• OME  
• Biopsy  
• Other |
| Tonsillectomy dissection type *(Diathermy dissection setting) **(Number(s) on Coblator dial) | • Cold steel  
• Bipolar diathermy *(2 numeric)  
• Monopolar diathermy *(2 numeric)  
• Laser  
• Coblator **(2x2 numeric)  
• Microdebrider  
• Guillotine  
• Ultrasonic  
• Other |
| Adenoidectomy dissection type *(Diathermy dissection setting) **(Number(s) on Coblator dial) | • Curette  
• Bipolar diathermy *(2 numeric)  
• Suction diathermy *(2 numeric)  
• Coblator **(2x2 numeric)  
• Laser  
• Ultrasonic |
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<th>Haemostasis</th>
<th>INSTRUMENT USAGE AND PROBLEMS:</th>
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<td>All Surgery</td>
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<tr>
<td>Negus knot pusher</td>
<td>No problem (used)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Problem (not replaced)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major problem (replaced)</td>
<td></td>
</tr>
<tr>
<td>Metzenbaum scissors</td>
<td>No problem (used)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Problem (not replaced)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major problem (replaced)</td>
<td></td>
</tr>
<tr>
<td>Gag - adult</td>
<td>No problem (used)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Problem (not replaced)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major problem (replaced)</td>
<td></td>
</tr>
<tr>
<td>Blade/Tongue plate</td>
<td>No problem (used)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Problem (not replaced)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major problem (replaced)</td>
<td></td>
</tr>
<tr>
<td>Comments regarding TONSIL SURGERY instrument problems</td>
<td>Alphanumeric</td>
<td></td>
</tr>
<tr>
<td><strong>Adenoid Surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beckmann 75° curette</td>
<td>No problem (used)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Problem (not replaced)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major problem (replaced)</td>
<td></td>
</tr>
<tr>
<td>St Clair Thomson 45° curette</td>
<td>No problem (used)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Problem (not replaced)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major problem (replaced)</td>
<td></td>
</tr>
<tr>
<td>Comments regarding ADENOID SURGERY instrument problems</td>
<td>Alphanumeric</td>
<td></td>
</tr>
<tr>
<td>Form completed by</td>
<td>Alpha</td>
<td></td>
</tr>
</tbody>
</table>

**5.6b Post-operative Events**

<table>
<thead>
<tr>
<th>Question</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POST-OPERATIVE EVENTS:</strong></td>
<td></td>
</tr>
<tr>
<td>Hospital code of FIRST operation</td>
<td>3 alpha code</td>
</tr>
<tr>
<td>Date of FIRST operation</td>
<td>Date DD/MM/YY</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Date DD/MM/YY</td>
</tr>
<tr>
<td>If 2 or more patients have the same operation date, sex &amp; DOB please identify as patient 1, 2 etc.</td>
<td>Patient 1</td>
</tr>
<tr>
<td></td>
<td>Patient 2</td>
</tr>
<tr>
<td></td>
<td>Patient 3</td>
</tr>
</tbody>
</table>
**Section A – Complication during initial stay**

<table>
<thead>
<tr>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial stay prolonged because of</td>
<td>Tonsil bleed</td>
</tr>
<tr>
<td></td>
<td>Adenoid bleed</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
</tr>
<tr>
<td></td>
<td>Vomiting</td>
</tr>
<tr>
<td></td>
<td>Temperature</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>Return to theatre</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Number of hours (or minutes) following initial procedures</td>
<td>2x2 Numeric</td>
</tr>
<tr>
<td>Bleeding site</td>
<td>Tonsil</td>
</tr>
<tr>
<td></td>
<td>Adenoid</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>Blood transfusion <em>(Number of units)</em></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes *(2 numeric)</td>
</tr>
<tr>
<td>Form completed by</td>
<td>Alpha</td>
</tr>
</tbody>
</table>

**Section B – Complication readmitted within 28 days**

<table>
<thead>
<tr>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmission hospital code</td>
<td>3 alpha code</td>
</tr>
<tr>
<td>Date of readmission</td>
<td>Date DD/MM/YY</td>
</tr>
<tr>
<td>Readmission number</td>
<td>First</td>
</tr>
<tr>
<td></td>
<td>Second</td>
</tr>
<tr>
<td></td>
<td>Third</td>
</tr>
<tr>
<td>Readmission within 28 days because of</td>
<td>Tonsil bleed</td>
</tr>
<tr>
<td></td>
<td>Adenoid bleed</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
</tr>
<tr>
<td></td>
<td>Vomiting</td>
</tr>
<tr>
<td></td>
<td>Temperature</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>Return to theatre</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Bleeding site</td>
<td>Tonsil</td>
</tr>
<tr>
<td></td>
<td>Adenoid</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>Blood transfusion <em>(Number of units)</em></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes *(2 numeric)</td>
</tr>
</tbody>
</table>

**Section C**

<table>
<thead>
<tr>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of discharge</td>
<td>Date DD/MM/YY</td>
</tr>
<tr>
<td>Form completed by</td>
<td>Alpha</td>
</tr>
</tbody>
</table>


• The Public Health Wales have designed a template surveillance form in Appendix 1.

• It is intended that a standard form will be used in all hospitals. The forms will be scanned and data fed back via web based reporting.

5.7 DATA DEFINITIONS

The surveillance form consists of individual data items. In this section, each data item is defined. In addition, comments, reporting instructions and the rationale for collecting the data are given where relevant.

Item name

• Item heading in csv output file.

Response

• Single: only one box to be selected.
• Multiple: more than one box can be selected.
• Alpha: letters only.
• Numeric: numbers only.
• Alphanumeric: numbers and letters accepted.

Classification

• Required: must be completed on every procedure performed.
• Conditional: completion requirement is dependent on the response given to other items.
• Essential: must be completed on every procedure performed in order for the unique patient identifier to be created.

Choices

• The choices that are available under the item (Numeric frames do not have choices).

Definition

• Reason for inclusion of item (some questions are self explanatory and therefore do not require a definition).

Rationale

• An explanation of why a question has been included or framed in a particular manner where appropriate.
### 5.7ai Operative Information

<table>
<thead>
<tr>
<th>Question:</th>
<th>Hospital code of FIRST operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item name:</td>
<td>HOSPID</td>
</tr>
<tr>
<td>Response:</td>
<td>Alpha</td>
</tr>
<tr>
<td>Classification:</td>
<td>Essential</td>
</tr>
<tr>
<td>Choices:</td>
<td>See Appendix 2</td>
</tr>
<tr>
<td>Definition:</td>
<td>Code of hospital where first tonsil/adenoid surgery took place.</td>
</tr>
<tr>
<td>Comments:</td>
<td>The hospital code of the first operation may be different from the hospital code of the current operation if the operative form is being completed for a patient who has been readmitted and returned to theatre following a post-operative event within 28 days of the first procedure to a different hospital to where the first procedure took place.</td>
</tr>
</tbody>
</table>

**Reply format:** Alpha 3 characters.

<table>
<thead>
<tr>
<th>Question:</th>
<th>Date of FIRST operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item name:</td>
<td>FOPDATE</td>
</tr>
<tr>
<td>Response:</td>
<td>Numeric</td>
</tr>
<tr>
<td>Classification:</td>
<td>Essential</td>
</tr>
<tr>
<td>Definition:</td>
<td>Date when first tonsil/adenoid surgery took place.</td>
</tr>
<tr>
<td>Comments:</td>
<td>The date of first operation may be different from the date of the current operation if the operative form is being completed for a</td>
</tr>
</tbody>
</table>
patient who has returned to theatre following a post-operative event within 28 days of the first procedure.

**Reply format:** DD/MM/YY

**Question:** Date of birth

**Item name:** DOB

**Response:** Numeric

**Classification:** Essential

**Definition:** Date of birth of patient undergoing tonsil/adenoid surgery.

**Reply format:** DD/MM/YY

**Question:** Sex

**Item name:** SEX

**Response:** Single

**Classification:** Essential

**Choices:**
- Male
- Female

**Definition:** Sex of patient undergoing tonsil/adenoid surgery.

**Reply format:** Cross box ☑

**Question:** If 2 or more patients have the same operation date, sex & DOB please identify as patient1, 2 etc.

**Item name:** PATNO

**Response:** Single

**Classification:** Essential

**Choices:**
- Patient 1
- Patient 2
- Patient 3
**Definition:** Number given to patient undergoing tonsil/adenoid surgery to uniquely identify them from another patient undergoing tonsil/adenoid surgery on the same day with the same DOB and sex.

**Comments:** Patient 1 – To be completed if only one patient is undergoing tonsil/adenoid surgery on that day with that DOB and sex OR to identify the first patient to be undergoing tonsil/adenoid surgery on that day with that DOB and sex if more than one patient is undergoing tonsil/adenoid surgery on that day with that DOB and sex. Patient 2&3 – To identify a second or third patient who is undergoing tonsil/adenoid surgery on that day if more than one patient is undergoing tonsil/adenoid surgery on that day with that DOB and sex.

**Reply format:** Cross box ☑

**Question:** Hospital code of CURRENT operation

**Item name:** OPHOSPID

**Response:** Alpha

**Classification:** Required

**Choices:** See Appendix 2.

**Definition:** Code of hospital where current tonsil/adenoid surgery takes place.

**Comments:** The hospital code of the current operation may be different from the hospital code of the first operation if the operative form is being completed for a patient who has been readmitted and returned to theatre following a post-operative event within 28 days of the first procedure to a different hospital to where the first procedure took place.

**Reply format:** Alpha 3 characters.
**Question:** Date of CURRENT operation

**Item name:** OPDATE

**Response:** Numeric

**Classification:** Required

**Definition:** Date when current tonsil/adenoid surgery takes place.

**Comments:** The date of current operation may be different from the date of the first operation if the operative form is being completed for a patient who has returned to theatre following a post-operative event within 28 days of the first procedure.

**Reply format:** DD/MM/YY

**Question:** Surgeon code

**Item name:** SURGEON

**Response:** Alpha/numeric/alphanumeric

**Classification:** Required

**Choices:** An alphanumeric code for all ENT surgeons in a hospital will be provided by the local surveillance co-ordinator.

**Definition:** Code of surgeon performing the tonsil/adenoid procedure. If more than one surgeon performs the surgery, then enter the code of the surgeon who performs the majority of the surgery.

**Rationale:** Allows surgeons to identify the tonsil/adenoid procedures which they have performed.

**Reply format:** Alpha/numeric/alphanumeric – 3 characters.

**Question:** Supervising Surgeon code

**Item name:** SUPERVISOR

**Response:** Alpha/numeric/alphanumeric
**Classification:** Conditional

**Choices:** An alphanumeric code for all ENT surgeons in a hospital will be provided by the local surveillance co-ordinator.

**Definition:** Code of surgeon supervising the tonsil/adenoid procedure if required.

**Rationale:** Allows surgeons to identify the tonsil/adenoid procedures which they have supervised.

**Reply format:** Alpha/numeric/alphanumeric – 3 characters.

**Question:** Surgeon grade

**Item name:** SURGEONGRADE

**Response:** Single

**Classification:** Required

**Choices:** - Consultant  
- SHO  
- Non-training grade  
- SpR

**Definition:** Grade of surgeon performing the majority of the tonsil/adenoid procedure.

**Reply format:** Cross box ✗

**Question:** Operation

**Item name:** TONSILLECTOMY  
ADENOIDECTOMY  
ADENOTONISLLECTOMY  
UVPPP  
POST-OP HAEM

**Response:** Single

**Classification:** Essential

**Choices:** - Tonsillectomy  
- Adenoidectomy  
- Adenotonsillectomy  
- Uvulopalatopharyngoplasty
- Return to theatre with a post-op haemorrhage

**Definition:** Current operative procedure.

**Comments:** The above item names will appear as column headings in the database. A ‘yes’ will appear in the column for operative procedure that has been marked.

**Reply format:** Cross box ✗

**Question:** Indication

**Item name:**
- TONSILLITIS
- AIRWAY OBSTRUCTION
- QUINSY
- OME
- BIOPSY
- OTHER

**Response:** Multiple

**Classification:** Required

**Choices:**
- Tonsillitis
- Airway obstruction
- Quinsy
- OME
- Biopsy
- Other

**Definition:** Indication for carrying out current operative procedure.

**Comments:** All the indications for carrying out the current procedure should be marked on the form. The above item names will appear as column headings in the database. A ‘yes’ will appear in the columns for the indication(s) that have been marked.

**Reply format:** Cross box ✗

**Question:** Tonsillectomy dissection type

**Item name:**
- COLD STEEL
- GUILLOTINE
- T BIPOLAR DIATHERMY

28
MONOPOLAR DIATHERMY
T LASER
T ULTRASONIC
T COBLATOR
T MICRODEBRIDER
T OTHER

Response: Multiple

Classification: Required

Choices: - Cold steel
- Bipolar diathermy
- Monopolar diathermy
- Laser
- Coblator
- Microdebrider
- Guillotine
- Ultrasonic
- Other

Definition: The primary method(s) used for the removal of the tonsils in the current operative procedure.

Comments: If more than one method is used, mark all those that apply. The above item names will appear as column headings in the database. A ‘yes’ will appear in the columns for the indication(s) that have been marked.

Reply format: Cross box ✗

Question: Adenoidectomy dissection type

Item name: CURETTE
ULTRASONIC
A BIPOLAR DIATHERMY
SUCTION DIATHERMY
A COBLATOR
A LASER
A MICRODEBRIDER
A OTHER

Response: Multiple

Classification: Required

Choices: - Curette
- Ultrasonic
- Bipolar diathermy
- Suction diathermy
- Coblator
- Laser
- Microdebrider
- Other

**Definition:** The primary method(s) used for the removal of the adenoids in the current operative procedure.

**Comments:** If more than one method is used, mark all those that apply. The above item names will appear as column headings in the database. A ‘yes’ will appear in the columns for the indication(s) that have been marked.

**Reply format:** Cross box ✗

**Question:** Diathermy dissection setting

**Item name:** T DISSECTIONSETTING
A DISSECTIONSETTING

**Response:** Numeric

**Classification:** Conditional

**Definition:** The diathermy dissection setting used for the removal of the tonsils/adenoids in the current operative procedure.

**Comments:** To be completed if a diathermy was used for the removal of the tonsils/adenoids in the current operative procedure.

**Reply format:** Up to 2x Numeric

**Question:** Number(s) on Coblator dial

**Item name:** T COBLATORSETTING
A COBLATORSETTING

**Response:** Numeric

**Classification:** Conditional
Definition: The coblator dissection setting used for the removal of the tonsils/adenoids in the current operative procedure.

Comments: To be completed if a coblator was used for the removal of the tonsils/adenoids in the current operative procedure.

Reply format: Up to 2x2 Numeric

Question: Haemostasis

Item name: HAEMOSTASIS

Response: Single

Classification: Required

Choices: - Ties
- Diathermy
- Both

Definition: The type of haemostasis used for the current procedure.

Reply format: Cross box ✗

5.7a(ii) Instrument Usage and Problems

Question: All Surgery, Tonsil Surgery, Adenoid Surgery

Item name: AGAG
CGAG
BLADE
DRODS
DRSUPPORT
YANKAUER
BDIATHERMY
LUCS
DBROWNE
BIRKETT
GEDISSECTOR
NCLFORCEP
WTFORCEP
WNFORCEP
EVESTS
MPRETRATOR
KNOTPUSHER
**Response:**  Single  

**Classification:**  Required (only for instruments used in the current procedure).  

**Choices:**  
- No problem - Used  
- Problem – Not replaced (Minor Problem)  
- Major Problem - Replaced  

**Definition:**  Instrument usage and problems for the current procedure.  

**Comments:**  Only instruments used in the current procedure should be marked. The above item names will appear as column headings in the database. A ‘No problem’, ‘Minor Problem’ or ‘Major problem’ will appear in the columns to indicate the success of each instrument used.  

**Reply format:**  Cross box ✓  

**Question:**  Comments regarding All Surgery, Tonsil Surgery and Adenoid Surgery problems  

**Item name:**  TSCOMMENT  
ASCCOMMENT  
ALLCOMMENT  

**Response:**  Alphanumeric  

**Classification:**  Conditional  

**Definition:**  Comments relating to instruments used for the current procedure.  

**Reply format:**  Alphanumeric  

**Question:**  Form completed by  

**Item name:**  COMPLETEDBY  

**Response:**  Alpha  

**Classification:**  Required
**Definition:** Name of person completing form

**Reply format:** Alpha

### 5.7b Post-operative Events

**Question:** Hospital code of FIRST operation

**Item name:** HOSPID

**Response:** Alpha

**Classification:** Essential

**Choices:** See Appendix 2.

**Definition:** Code of hospital where first tonsil/adenoid surgery took place.

**Comments:** The hospital code of the first operation may be different from the hospital code of the current hospital if the post-operative event form is being completed for a patient who has been readmitted to a different hospital to where the first operation took place.

**Reply format:** Alpha 3 characters.

**Question:** Date of FIRST operation

**Item name:** FOPDATE

**Response:** Numeric

**Classification:** Essential

**Definition:** Date when first tonsil/adenoid surgery took place.

**Comments:** The date of first operation may be different from the date of the post-operative event if the operative form is being completed for a patient who has returned to theatre following a post-operative event more than 24 hours but within 28 days of the first procedure.

**Reply format:** DD/MM/YY
**Question:** Date of birth

**Item name:** DOB

**Response:** Numeric

**Classification:** Essential

**Definition:** Date of birth of patient who underwent tonsil/adenoid surgery.

**Reply format:** DD/MM/YY

**Question:** Sex

**Item name:** SEX

**Response:** Single

**Classification:** Essential

**Choices:**
- Male
- Female

**Definition:** Sex of patient who underwent tonsil/adenoid surgery.

**Reply format:** Cross box ✗

**Question:** If 2 or more patients have the same operation date, sex & DOB please identify as patient1, 2 etc.

**Item name:** PATNO

**Response:** Single

**Classification:** Essential

**Choices:**
- Patient 1
- Patient 2
- Patient 3

**Definition:** Number given to patient who underwent tonsil/adenoid surgery to uniquely identify them from another patient who underwent tonsil/adenoid surgery on the same day with the same DOB and sex.
Comments: Patient 1 – To be completed if only one patient underwent tonsil/adenoid surgery on that day with that DOB and sex OR to identify the first patient who underwent tonsil/adenoid surgery on that day with that DOB and sex if more than one patient underwent tonsil/adenoid surgery on that day with that DOB and sex. Patient 2&3 – To identify a second or third patient who underwent tonsil/adenoid surgery on that day if more than one patient underwent tonsil/adenoid surgery on that day with that DOB and sex.

Reply format: Cross box [x]

Section A or B and all of Section C must be completed for all post-operative events following tonsil/adenoid surgery within 28 days of the original procedure.

Section A – Complication during initial stay

Question: Initial stay prolonged because of

Item name: None
Response: Multiple
Classification: Required
Choices: - Tonsil bleed
- Adenoid bleed
- Pain
- Vomiting
- Temperature
- Other
- Unknown

Definition: Reason(s) why the discharge of a patient following tonsil/adenoid surgery was delayed.

Reply format: Cross box [x]

Question: Return to theatre

Item Name: RTHEATRE
Response: Single
**Classification:** Required

**Choices:**  
- No  
- Yes

**Definition:** The patient was returned to theatre as a result of a post-operative event following tonsil/adenoid surgery within 28 days of the original procedure and during the original inpatient stay.

**Reply format:** Cross box ✓

**Question:** **Number of hours (or minutes) following initial procedure**

**Item Name:** HRS  
MINS

**Response:** Numeric

**Classification:** Conditional (only if the patient returned to theatre).

**Definition:** The number of hours (or minutes) following tonsil/adenoid surgery the patient returned to theatre as a result of a post-operative event following tonsil/adenoid surgery during the initial inpatient stay.

**Reply format:** HH/MM

**Question:** **Bleeding site**

**Item name:** None

**Response:** Multiple

**Classification:** Conditional (only if the patient returned to theatre).

**Choices:**  
- Tonsil  
- Adenoid  
- Other  
- Unknown

**Definition:** Location of bleed(s) if the patient returned to theatre as a result of a post-operative event following tonsil/adenoid surgery
within 28 days of the original procedure and during the original inpatient stay.

Reply format: Cross box ☑

**Question:** Blood transfusion

**Item Name:** BTRAN

**Response:** Single

**Classification:** Conditional (only if the patient returned to theatre).

**Choices:**
- No
- Yes

**Definition:** The patient received a blood transfusion during a return to theatre as a result of a post-operative event following tonsil/adenoid surgery within 28 days of the original procedure and during the original inpatient stay.

Reply format: Cross box ☑

**Question:** Blood transfusion

**Item Name:** BUNITS

**Response:** Numerical

**Classification:** Conditional (only if the patient returned to theatre).

**Definition:** The number of units of blood received by the patient if they received a blood transfusion for a primary or secondary haemorrhage during a return to theatre as the result of a post-operative event following tonsil/adenoid surgery within 28 days of the original procedure and during the original inpatient stay. A unit is defined as 475ml.

**Comments:** If the patient received more than one blood transfusion during this return to theatre then the total number of units should be recorded.
Reply format: Numeric – up to 2 characters

Section B – Complication re-admitted within 28 days

Question: Readmission hospital code

Item name: RHOSPID

Response: Alpha

Classification: Essential

Choices: See Appendix 2.

Definition: Code of hospital where the patient was readmitted as the result of a post-operative event following tonsil/adenoid surgery within 28 days of the original procedure.

Comments: The hospital code of the readmission hospital may be different from the hospital code of the first hospital if the post-operative event form is being completed for a patient who has been readmitted to a different hospital to where the first procedure took place.

Reply format: Alpha 3 characters.

Question: Date of readmission

Item Name: COMPLICATION_DATE

Response: Numeric

Classification: Required

Definition: The date the patient was readmitted to hospital within 28 days of the original tonsil/adenoid surgery.

Reply format: DD/MM/YY

Question: Readmission number

Item Name: READMISSION_NUM

Response: Numeric
**Classification:** Required

**Choices:**
- First
- Second
- Third

**Definition:** The number of readmissions the patient has had to hospital as a result of a post operative event following tonsil/adenoid surgery within 28 days of the original procedure.

**Comments:** Please count readmissions to other hospitals not just the current hospital.

**Reply format:** Cross box ☒

**Question:** Readmitted within 28 days because of

**Response:** Multiple

**Classification:** Required

**Choices:**
- Tonsil bleed
- Adenoid bleed
- Pain
- Vomiting
- Temperature
- Other
- Unknown

**Definition:** Reason(s) why the patient was readmitted to hospital within 28 days of tonsil/adenoid surgery.

**Reply format:** Cross box ☒

**Question:** Return to theatre

**Item Name:** RTHEATRE

**Response:** Single

**Classification:** Essential

**Choices:**
- No
- Yes
**Definition:** The patient returned to theatre during a readmission to hospital for a post-operative event following tonsil/adenoid surgery within 28 days of the original procedure.

**Reply format:** Cross box [ ]

**Question:** **Bleeding site**

**Item Name:** None

**Response:** Multiple

**Classification:** Conditional (only if the patient returned to theatre).

**Choices:**
- Tonsil
- Adenoid
- Other
- Unknown

**Definition:** Location of bleed(s) if the patient was readmitted to hospital and returned to theatre as a result of a post-operative event following tonsil/adenoid surgery within 28 days of the original procedure.

**Reply format:** Cross box [ ]

**Question:** **Blood transfusion**

**Item Name:** BTRAN

**Response:** Single

**Classification:** Conditional (only if the patient returned to theatre).

**Choices:**
- No
- Yes

**Definition:** The patient received a blood transfusion for a primary or secondary haemorrhage in a return to theatre during a readmission to hospital as the result of a post-operative event following tonsil/adenoid surgery within 28 days of the original procedure.

**Reply format:** Cross box [ ]
**Question:** Blood transfusion

**Item Name:** BUNITS

**Response:** Numerical

**Classification:** Conditional (only if the patient returned to theatre).

**Definition:** The number of units of blood received by the patient if they received a blood transfusion for a primary or secondary haemorrhage in a return to theatre during a readmission to hospital as the result of a post-operative event following tonsil/adenoid surgery within 28 days of the original procedure. A unit is defined as 475ml.

**Comments:** If the patient received more than one blood transfusion during this return to theatre then the total number of units should be recorded.

**Reply format:** Numeric – up to 2 characters

**Question:** Date of discharge

**Item Name:** DOD

**Response:** Numeric

**Classification:** Essential

**Definition:** The date the patient was discharged from their readmission to hospital within 28 days of the original tonsil/adenoid surgery.

**Comments:** The date of readmission must be within 28 days of the original tonsil or adenoid procedure, but the discharge date can be after 28 days.

**Reply format:** DD/MM/YY

**Question:** Form completed by

**Item name:** COMPLETEDBY
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
<td>Alpha</td>
</tr>
<tr>
<td>Classification</td>
<td>Required</td>
</tr>
<tr>
<td>Definition</td>
<td>Name of person completing form</td>
</tr>
<tr>
<td>Reply format</td>
<td>Alpha</td>
</tr>
</tbody>
</table>
SECTION 6: DATA MANAGEMENT

6.1 INTRODUCTION

- The SISP team at Public Health Wales will manage the data centrally. The questionnaire forms filled in at the hospitals will be returned to Public Health Wales (fortnightly – monthly) depending on the number of operations carried out. The forms will be scanned and the data files produced will be imported into the central Surgical Instrument Surveillance Programme database. All hospital staff participating will (from 2012) be able to enter the database via the web (Public Health Wales Data Library).

- **Data management at a local level:** Collect, collate and feedback instrument problems and post-operative haemorrhage rates locally. Quality check the data at a local level (see Section 6 Quality Assurance).

- **Data management at Public Health Wales:** Collection and collation of data, quality checks of completed forms (see Section 6 Quality Assurance), data entry and analyses, maintenance of the SISP database.

6.1a Data Transfer

Completed forms should be double enveloped (see Section 3 Confidentiality) and posted to Victoria McClure within the SISP team at Public Health Wales (see page 2 for contact details).

6.1b Reporting Mechanisms

The SISP team at Public Health Wales will ensure that the hospital’s SISP data is made available on the web and standardised reports are available within the web based database for feedback of instrument problems and post-operative haemorrhage rates locally.

*Recommendations for local reporting:*

- Reporting should be carried out at least quarterly, depending on denominators (ie. The number of tonsillectomy and adenoidectomy procedures carried out) locally.

- Reporting locally will involve feedback to all members of the surveillance team (e.g. surgeons, ward and theatre staff, community staff and management).
Local reports can compare compliance and form completion rates and monitor the occurrence of instrument problems and post-operative events.

**National reporting:**

- The SISP team at Public Health Wales will prepare a national report of SSI rates and commentary at least annually. Any instrument problems noted will also be sent to SMTL and reported through this route to the manufacturer if there is a design fault with the instrument.

### 6.2 WEB BASED DATABASE

- The use of a web accessible database minimizes the need for databases to be installed locally. Instead, all that is required is access to a computer with Internet links that allow access to the intranet.

- Staff from each hospital participating in the surveillance can request access to the SISP database by emailing victoria.mcclure@wales.nhs.uk or susan.harris2@wales.nhs.uk. From this the particular hospital will be able to run reports and feedback locally.

*If you wish to discuss technical issues relating to the web database please contact Susan Harris, IT Analyst / Programmer, SISP (see page 8 for contact details).*
SECTION 7: QUALITY ASSURANCE

7.1 AT A LOCAL LEVEL:

- Forms should be checked for completeness by a surveillance coordinator to a standard agreed locally. All forms will be accepted into the database, regardless of how incomplete they are.
- Forms should be checked for accuracy.
- Denominator (all eligible patients) checks should routinely be carried out to ensure all patients have had forms completed, for example from admission or theatre lists.
- It should be ensured that all instruments that had to be replaced during tonsillectomy and adenoidectomy surgery because they are not fit for purpose are returned to the Surgical Materials Testing Laboratory (SMTL), Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ, Tel: 01656 752820.
- No named patient data (e.g. addressographs) should be sent to Public Health Wales.
- Full training will be given to those staff involved by the SISP team at Public Health Wales.

7.2 AT PUBLIC HEALTH WALES:

The data are checked by the SISP team at Public Health Wales before the data appears on the website and queries will be listed for the following anomalies:

- Failure to complete essential data items.
- Non-sequential dates i.e. date of discharge prior to date of first operation date.
- Surgeon codes match those previously supplied to team.

The anomalies will be communicated via email or telephone to the surveillance coordinator. It is up to the surveillance coordinator whether they wish to follow up queries. We request that the SISP team is informed if there is a change in the surveillance coordinator or if there are any problems with completing or returning of the forms to Public Health Wales.

If major instrument problems are reported Public Health Wales will contact SMTL to check they have received the instrument.

**Internal auditing**

Auditing of the data supplied for the web database will be carried out at Public Health Wales. Feedback of such audits will be given as required during the initial stages of the surveillance via oral presentations and reports. Once the surveillance is established
feedback will continue as above but at regular intervals unless deemed necessary by the SISP team.

Regular feedback and auditing should ensure that the data held is of a good standard for reporting.
## SECTION 8: APPENDIX

### 1. Template of Single-use Instruments for Tonsil and Adenoid Surgery Surveillance Form

**Surgical Instrument Surveillance Programme (in association with WORLA, WAG and SMTL)**

**SINGLE-USE INSTRUMENTS FOR TONSIL AND ADENOID SURGERY**

<table>
<thead>
<tr>
<th>Hospital code of FIRST operation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DO NOT USE A STICKER</td>
<td></td>
</tr>
<tr>
<td>Date of FIRST operation</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>DO NOT USE A STICKER</td>
<td></td>
</tr>
<tr>
<td>If 2 or more patients have the same operation date, sex &amp; DOB please identify as patient 1, 2 etc.</td>
<td>Patient 1</td>
</tr>
<tr>
<td>Hospital code of CURRENT operation</td>
<td></td>
</tr>
<tr>
<td>Date of CURRENT operation</td>
<td></td>
</tr>
<tr>
<td>Surgeon code</td>
<td></td>
</tr>
<tr>
<td>Supervising Surgeon code</td>
<td></td>
</tr>
<tr>
<td>Surgeon grade</td>
<td>Consultant</td>
</tr>
<tr>
<td>Operation (if return is theatre with post-op haemorrhage please cross that box only)</td>
<td>Tonsillectomy</td>
</tr>
<tr>
<td>OR Return to theatre with a Post-op haemorrhage</td>
<td></td>
</tr>
<tr>
<td>Indication</td>
<td>Tonsilitis</td>
</tr>
<tr>
<td></td>
<td>Artery obstruction</td>
</tr>
<tr>
<td>Tonsillectomy dissection type</td>
<td>Cold steel</td>
</tr>
<tr>
<td></td>
<td>Bipolar diathermy</td>
</tr>
<tr>
<td></td>
<td>Laser</td>
</tr>
<tr>
<td></td>
<td>Coblator</td>
</tr>
<tr>
<td></td>
<td>Microdebrider</td>
</tr>
<tr>
<td>Adenoidectomy dissection type</td>
<td>Curette</td>
</tr>
<tr>
<td></td>
<td>Bipolar diathermy</td>
</tr>
<tr>
<td></td>
<td>Suction diathermy</td>
</tr>
<tr>
<td></td>
<td>Coblator</td>
</tr>
<tr>
<td></td>
<td>Laser</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Haemostasis</td>
<td>Ties</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Please record all surgical procedures performed.

**Operation:**
- Tonsillectomy
- Adenoidectomy
- Uvulopalatopharyngoplasty

**Comments regarding TONSIL SURGERY Instrument problems**

**Adenoid Surgery**
- Blockmann 1/2” curette
- St Clair Thomson 45” curette

**Comments regarding ADENOID SURGERY Instrument problems**

Please return all problem instruments to:
Surgical Materials Testing Laboratory (SMTL),
Princess of Wales Hospital, Colby Road, Bridgend, CF31 1RQ

**Form completed by:**

Please return copy of completed form to:
Victoria McClure, Surgical Instrument Surveillance Programme,
NHHS, Temple of Peace & Health, Cathays Park, Cardiff, CF10 3NW

**Problem instrument sent to SMTL:**

**Please remember to send all problem instruments to:** Surgical Materials Testing Laboratory (SMTL), Princess of Wales Hospital, Colby Road, Bridgend, CF31 1RQ

**Problem instrument sent to WORLA:**

**Problem instrument sent to WAG:**

**Problem instrument sent to SMTL:**
<table>
<thead>
<tr>
<th>Post-Operative Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital code of <strong>FIRST</strong> operation</td>
</tr>
<tr>
<td>Date of <strong>FIRST</strong> operation</td>
</tr>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Date of birth</td>
</tr>
</tbody>
</table>

If 2 or more patients have the same operation date, sex & DOB please identify as patient 1, 2 etc.  
Patient 1  Patient 2  Patient 3  Patient 3

Please return top copy of completed form to:  
Victoria McClune,  
Surgical Instrument Surveillance Programme,  
NHIS, Temple of Peace & Health,  
Cathays Park,  
Cardiff, CF10 3YW

---

### Section A

**Complication - During Initial Stay**

Please complete this section if the patient had a post-operative event during their initial stay in hospital.

- **Initial stay prolonged because of:**
  - Tonsil bleed
  - Adenoid bleed
  - Pain
  - Vomiting
  - Temperature
  - Other
  - Unknown

- **Return to theatre:**
  - No (If No, Section A is now complete. Please complete Section C)
  - Yes (If Yes, please complete the remainder of Section A & all of Section C)

- **Number of hours (minutes) following initial procedure:**
  - Hours
  - Minutes

- **Bleeding site:**
  - Tonsil
  - Adenoid
  - Other
  - Unknown

- **Blood transfusion:**
  - No
  - Yes

---

### Section B

**Complication - Re-admitted within 28 Days**

Please complete this section if the patient was re-admitted to hospital because of a post-operative event.

- **Readmission hospital code:**

- **Date of readmission:**

- **Readmission number:**
  - First
  - Second
  - Third

- **Readmitted within 28 days because of:**
  - Tonsil bleed
  - Adenoid bleed
  - Pain
  - Vomiting
  - Temperature
  - Other
  - Unknown

- **Return to theatre:**
  - No (If No, Section B is now complete. Please complete Section C)
  - Yes (If Yes, please complete the remainder of Section B & all of Section C)

- **Bleeding site:**
  - Tonsil
  - Adenoid
  - Other
  - Unknown

- **Blood transfusion:**
  - No
  - Yes

---

### Section C

Date of discharge

Form completed by
2. **Hospital Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRO</td>
<td>Bronglais Hospital</td>
</tr>
<tr>
<td>BUC</td>
<td>Spire Hospital Cardiff</td>
</tr>
<tr>
<td>EGH</td>
<td>Royal Glamorgan Hospital</td>
</tr>
<tr>
<td>MAE</td>
<td>Maelor Hospital</td>
</tr>
<tr>
<td>MOR</td>
<td>Morriston Hospital</td>
</tr>
<tr>
<td>NWL</td>
<td>North Wales Medical Centre</td>
</tr>
<tr>
<td>PCH</td>
<td>Prince Charles Hospital</td>
</tr>
<tr>
<td>PWH</td>
<td>Princess of Wales Hospital</td>
</tr>
<tr>
<td>RGH</td>
<td>Royal Gwent Hospital</td>
</tr>
<tr>
<td>SAN</td>
<td>Sancta Maria Hospital</td>
</tr>
<tr>
<td>SIN</td>
<td>Singleton Hospital</td>
</tr>
<tr>
<td>STJ</td>
<td>St Josephs Hospital</td>
</tr>
<tr>
<td>UHW</td>
<td>University Hospital of Wales</td>
</tr>
<tr>
<td>WER</td>
<td>Werndale Hospital</td>
</tr>
<tr>
<td>WIT</td>
<td>Withybush Hospital</td>
</tr>
<tr>
<td>WWG</td>
<td>West Wales General Hospital</td>
</tr>
<tr>
<td>YAL</td>
<td>Yale Hospital Wrexham</td>
</tr>
<tr>
<td>YGC</td>
<td>Ysbyty Glan Clwyd</td>
</tr>
<tr>
<td>YGH</td>
<td>Ysbyty Gwynedd</td>
</tr>
<tr>
<td>OOO</td>
<td>Hospital outside Wales</td>
</tr>
</tbody>
</table>