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Surveillance: Tonsillectomy and Adenoidectomy single-use instrument surveillance

Report: Annual report

Time period: 1st January to 31st December 2011

Health Board: All Wales

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Issued by: Surgical Instrument Surveillance Programme (SISP)

Issue date: 24th January 2013

INTRODUCTION

In 2000 the Spongiform Encephalopathy Advisory Committee (SEAC) identified a theoretical risk of transmission of vCJD from reusable surgical instruments¹. Tonsillectomy surgery was identified as high risk to patients due to the procedure being performed, mainly on children and young adults. Wales opted to use single-use instruments and the mechanism to deliver safe surgery in Wales, and free of risk from vCJD, resulted in the establishment of the Surgical Instrument Surveillance Programme (SISP) in 2003². The programme is delivered through Public Health Wales in collaboration with the Welsh Government, Welsh Otorhinolaryngological Association, Wealth Health Supplies and the Surgical Materials Testing Laboratory. The surveillance system was designed in order to monitor all surgery performed with the specified single-use tonsillectomy and adenoidectomy instruments. The initial study design and core dataset were similar to the audit established in Scotland and in England and Northern Ireland^{3,4}. Wales was alone, however, in its approach to the reintroduction and subsequent monitoring of the instruments themselves.

As the concerns about the risks of healthcare increase, the need for good quality systems to assure patient safety are unlikely to reduce. The collaborative systems approach based on surveillance has now demonstrated that with suitable mechanisms surgeons can be assured that single use instruments are safe for them to use however, continuous careful monitoring of their use is essential. The SISP has been fully established for nine years and during this time the surveillance has gathered information on over 297,000 single-use tonsillectomy instruments with over 31,000 operations recorded (data up to the end of 2011). In addition, the programme has been utilised as a model for the set-up and deliverance of other healthcare surveillances, especially with regard to clinician ownership of the data collected. It is also important to remember that this surveillance is quite unique as it has achieved this status whilst still remaining a voluntary scheme.

This is the seventh national report on the use of single-use tonsillectomy instruments and provides data for 2011.

ALL WALES SUMMARY

This report on all Wales surveillance of single use instruments utilised for tonsillectomy and adenoidectomy surgery, includes operation data, instrument usage / instrument problems and all complications associated with operations carried out between 1st January 2011 and 31st December 2011.

Form feedback

- A total of 3011 operation / instrument forms were returned to SISP for operations carried out in 2011.
- A total of 62 complication forms were returned to SISP for the same period.
- Surgeons in Wales continue to provide accurate data on the forms with the majority of questions being completed.
- 86% of operations were captured by the surveillance for 2011 however, only 25% of major haemorrhage complications were captured for the same time period. It is essential that complication forms are returned to SISP in order to monitor bleed rates with the single use instruments in place.

Operation data

- The total number of operations using single use instruments reported to SISP for 2011 was 2842 with 2137 tonsillectomy operations carried out.
- On average approximately 240 operations were captured per month for Wales. Numbers for 2011 have decreased compared with previous years.

Patient demographics

- 58% of surgery was performed on female patients; 72% of patients undergoing surgery were below 20 years of age for Wales 2011.
- Operation numbers peaked at the age group of 5-9 years. This is comparable with previous SISP annual reports as well as within the literature.

Complications

- The number of initial returns (R1), readmission returns (R2) and postoperative haemorrhage repairs captured by the surveillance in 2011 was 10, 16 and 6, respectively.
- The patient specific bleed rate for Wales for the same time period was 1.3%. Note this may be an underestimation of the rate as only 28% of the data were captured.
- Utilising data from the Patient Episode Database for Wales (PEDW), a crude bleed rate of 2.1% was noted for Wales for 2011. This was not patient specific and cannot be directly compared to the SISP patient specific bleed rate as it may also include adenoid bleeds.
- Trend data (using PEDW data) shows the patient bleed rate to have decreased in 2011.

Instrument data

- Approximately 27431 instruments were utilised in Wales for 2011.
- One or more problems were noted for 84% (16 out of 19) of the instruments available within the tonsillectomy set. However the majority of failure rates were below 0.5%.
- Total instrument problem rates (excluding diathermy) for all Wales (2011) were 0.2% (0.1% minor; 0.1% major).
- The Meditech diathermy problem rate for Wales was 1.2% (0.4% minor; 0.8% major)
- The Eves tonsil snare, child gag, Waughs toothed and adult gag were the most problematic instruments (overall problems ranging from 0.5 – 0.8%).
- Overall, instrument problems (including diathermy) have stabilised or reduced since 2005.
- Continued reporting of instrument malfunctions and their return to SMTL is essential to prevent ongoing problems. Removal of problematic instrument stock is essential to prevent artificial inflation of instrument problem rates.

ALL WALES RESULTS

SECTION 1. Form feedback

Form returns

The number of operation / instrument forms returned to SISP for operations carried out between 01/01/2011 and 31/12/2011 was 3011. All data items were completed well on the forms. Table 1.1 provides details on the number of complication forms returned.

Table 1.1 All Wales number of complication forms returned to SISP for operations carried out between 01/01/2011 and 31/12/2011

| Number of complication forms returned to SISP matching an operation | Number of 'orphan' complication forms returned to SISP* |
|---|---|
| 54 | 8 |

*Forms that were imported into the tonsils database but did not have a matching operation form

Compliance with the surveillance

The compliance with the surveillance is carried out utilising data obtained from the Patient Database Episode for Wales (PEDW) held by NHS Wales Informatics Service (NWIS). Compliance with the surveillance can be obtained by comparing the number of operation and complication forms returned to SISP with the number of reported operations and complications from the PEDW data.

Table 1.2 All Wales comparison of the number of operation forms* returned to SISP compared to the number of operations from the PEDW data for operations carried out between 01/01/2011 and 31/12/2011

| Number of operation forms returned to SISP* | Number of operations from the PEDW data | % Compliance** |
|---|---|----------------|
| 2870 | 3341 | 86% |

*Operations included in this figure are tonsillectomy, adenotonsillectomy, adenoidectomy and UVPPP only. **Private hospital data is also excluded**

**% Compliance = number of operation forms returned to SISP / the number of operations from the PEDW data x 100

Table 1.3 All Wales comparison of the number of complication forms reporting a major haemorrhage returned to SISP compared to the number of major haemorrhages from the PEDW data following operations carried out between 01/01/2011 and 31/12/2011

| Complication | Number of major haemorrhage complication forms returned to SISP* | Number of major haemorrhages from the PEDW data | % Compliance** |
|------------------------------------|--|---|----------------|
| Initial return to theatre (R1) | 10 | 24 | 42% |
| Readmission return to theatre (R2) | 5 | 29 | 17% |
| Total | 15 | 53 | 28% |

*Excludes 'orphan' complications

** % Compliance = number of major haemorrhage complication forms returned to SISP / number of major haemorrhages from the PEDW data x 100

Key summary points

- **The total number of operation / instrument forms returned to SISP for 2011 was 3011.**
- **A total of 62 (includes 8 'orphan' records) complication forms were returned for the same period.**
- **An operation compliance of 86% was noted for the surveillance for 2011.**
- **Only 28% of complication forms relating to a major haemorrhage were returned for 2011.**

SECTION 2. Operation details

Note: Operations with biopsy as the indication for an operation are excluded from this data analysis

Table 2.1 provides details on the number of operations carried out by year since the start of the surveillance in 2003. The numbers tabulated in this report may differ from previous annual reports as data may have been updated in the database since the reports were issued. The reader is advised to use the most up-to-date report when quoting such operation figures.

Table 2.1 All Wales summary of the number* of operations reported to SISP carried out between 2003 and 2011

| Procedure | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | Total |
|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Adenotonsillectomy | 415 | 842 | 657 | 588 | 596 | 651 | 513 | 399 | 419 | 5080 |
| Adenoidectomy | 155 | 470 | 415 | 365 | 348 | 364 | 379 | 309 | 249 | 3054 |
| Tonsillectomy | 1503 | 3530 | 2648 | 2301 | 2839 | 2670 | 2817 | 2275 | 2137 | 22720 |
| UVPPP | 20 | 55 | 34 | 38 | 30 | 27 | 38 | 29 | 17 | 288 |
| Unknown | 11 | 55 | 48 | 42 | 37 | 31 | 53 | 36 | 20 | 333 |
| Total | 2104 | 4952 | 3802 | 3334 | 3850 | 3743 | 3800 | 3048 | 2842 | 31475 |

*The operative numbers are based on an operation being marked on the form or where the operation can be determined by the technique utilised

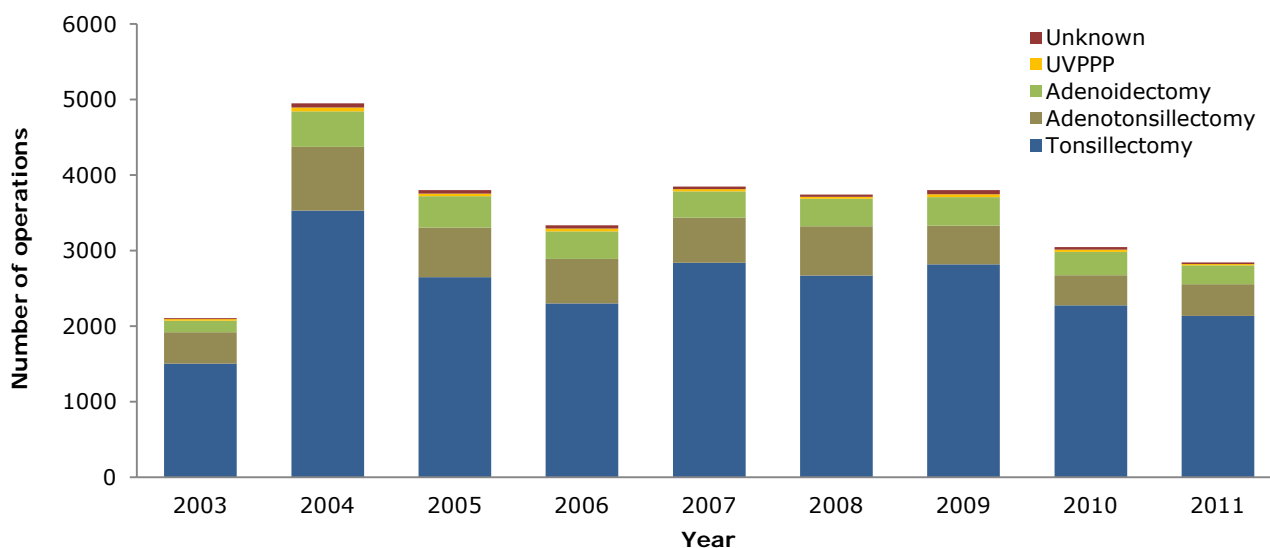


Figure 2.1 All Wales annual trend of operations reported to SISP carried out between 2003 and 2011

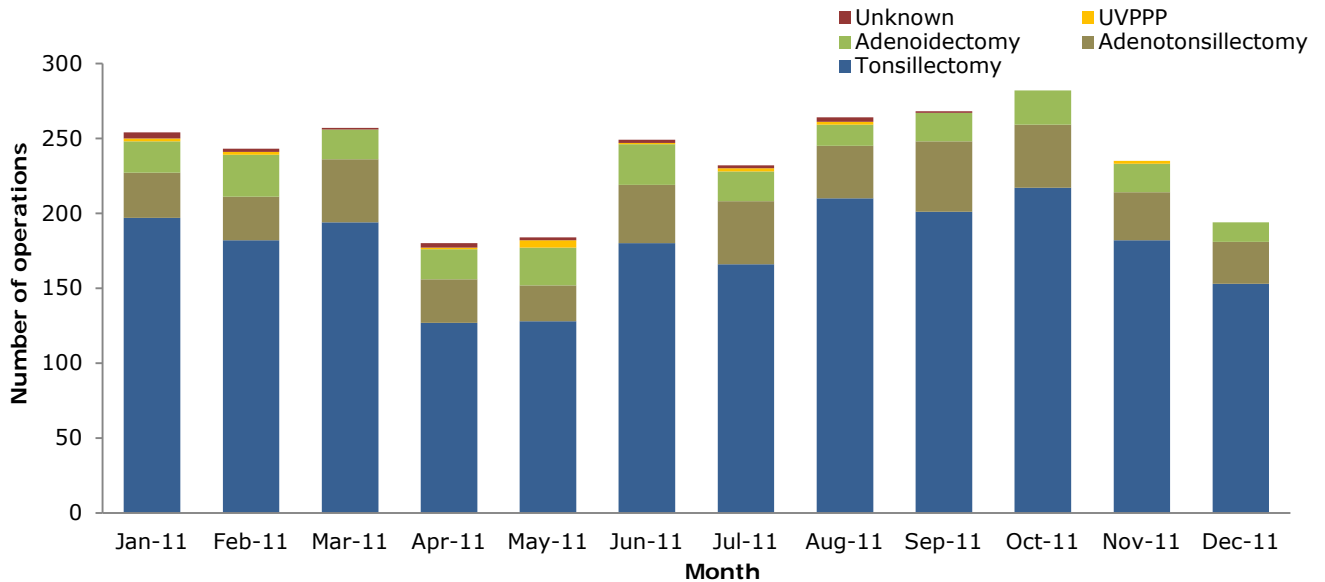


Figure 2.2 All Wales monthly trend of operations reported to SISP carried out between 01/01/2011 and 31/12/2011

Key summary points

- The total number of operations recorded by the surveillance (2003 – 2011) is 31475. The operations include tonsillectomy, adenoidectomy, adenotonsillectomy, UVPPP and unknown operations.
- The number of operations carried out for 2011 was 2842.
- The all Wales trend graph shows the number of operations for 2011 has decreased from 2010.
- On average approximately 240 procedures per month were carried out for 2011.

SECTION 3. Patient demographics

The tables below provide information on patient sex and age.

Table 3.1 All Wales number of operations reported to SISP broken down by gender carried out between 01/01/2011 and 31/12/2011

| Gender | Adenoidectomy | Adenotonsillectomy | Tonsillectomy | Total |
|---------------|----------------------|---------------------------|----------------------|--------------|
| Female | 110 | 187 | 1336 | 1633 |
| Male | 127 | 218 | 735 | 1080 |
| Unknown | 12 | 14 | 66 | 92 |
| Total | 249 | 419 | 2137 | 2805 |

Table 3.2 All Wales number of operations reported to SISP broken down by age group carried out between 01/01/2011 and 31/12/2011

| Age group | Adenoidectomy | Adenotonsillectomy | Tonsillectomy | Total |
|------------------|----------------------|---------------------------|----------------------|--------------|
| <5 | 71 | 186 | 171 | 428 |
| 5-9 | 113 | 176 | 423 | 712 |
| 10-14 | 37 | 25 | 350 | 412 |
| 15-19 | 13 | 10 | 449 | 472 |
| 20 and over | 10 | 6 | 691 | 707 |
| Unknown | 5 | 16 | 53 | 74 |
| Total | 249 | 419 | 2137 | 2805 |

Key summary points

- 58% of patients undergoing surgery in 2011 were female.
- The female population attending for tonsil and adenoid surgery outnumbers the male population. The cause of this difference remains unknown^{5,6}
- 72% of patients undergoing surgery in 2011 were under 20 years of age with operation numbers peaking at the age group of 5-9 years. This has also been noted in the literature^{5,6}

SECTION 4. Complications

This section provides results on the number of major haemorrhage bleeds following tonsillectomy and adenotonsillectomy procedures in Wales for 2011.

Definitions of the captured complications:

The complications captured by the surveillance are known as post operative haemorrhages. They are categorised as either major or minor.

- A major haemorrhage is defined as bleeding requiring a return to theatre for cessation of bleeding (R).
- A minor haemorrhage does not require a surgical intervention (N).

A major haemorrhage can be further categorised into a primary (R1) or secondary (R2) bleed:

- **R1 - Primary major haemorrhage**, is a haemorrhage requiring a return to theatre that occurs within the first 24 hours following primary surgery.
- **R2 - Secondary major haemorrhage**, is a haemorrhage requiring a return to theatre that occurs more than 24hrs following primary surgery and up to 28 days following surgery.

A minor haemorrhage can be further categorised into a primary (N1) or secondary (N2) bleed:

- **N1 – Primary minor haemorrhage**, is a haemorrhage not requiring a return to theatre that occurs within the first 24 hours following primary surgery.
- **N2 - Secondary minor haemorrhage**, is a haemorrhage not requiring a return to theatre that occurs more than 24hrs following primary surgery and up to 28 days following surgery.

R1, R2 and post operative haemorrhage repairs

Table 4.1 All Wales number of major haemorrhages reported to SISP following operations carried out between 01/01/2011 and 31/12/2011

| Major haemorrhage | Number of complications |
|--------------------------------------|--------------------------------|
| Initial return to theatre (R1)* | 10 |
| Readmission return to theatre (R2)** | 16 |
| Post-operative haemorrhage repair*** | 6 |
| Total | 32 |

*Haemorrhage that occurs within the first 24 hours following primary surgery. The complication is noted by returning a complication form.

**Haemorrhage that occurs more than 24 hours following primary surgery and up to 28 days following surgery. The complication is noted by returning a complication form.

***Noted on the operation form as the reason for a return to theatre for an operation but has no corresponding complication form.

Patient specific bleed rate

Table 4.2 All Wales number* and rate (%) of patients who were reported to SISP to have had a major haemorrhage following operations carried out between 01/01/2011 and 31/12/2011

| Number* of patient specific major haemorrhages reported to SISP | Patient specific bleed rate (%)** |
|---|-----------------------------------|
| 32 | 1.3 |

*The major haemorrhage number is based on the number of patient specific complication forms returned to SISP reporting a major haemorrhage (R1 and R2), occurring up to 28 days after the primary operation or alternatively patients which have a post-operative haemorrhage repair identified but have no corresponding complication form are also included

**Bleed rate (%) = number of patient specific major haemorrhages reported to SISP / (number of tonsillectomy + adenotonsillectomy operations reported to SISP) x 100

Table 4.3 All Wales number* and rate (%) of major haemorrhages reported by NWIS (PEDW data) following operations carried out between 01/01/2011 and 31/12/2011

| Number of complications reported to NWIS | Bleed rate (%)* |
|--|-----------------|
| 53 | 2.1 |

*Bleed rate (%) = number of patient specific major haemorrhages from the PEDW data / (number of tonsillectomy + adenotonsillectomy operations from the PEDW data) x 100

Note: The rate provided in table 4.3 is a crude estimate of the bleed rate utilising the PEDW data. It does not take into consideration if a patient has had more than one complication and cannot be directly compared with the SISP patient specific bleed rate as it may also include adenoid bleeds.

Major haemorrhage trends

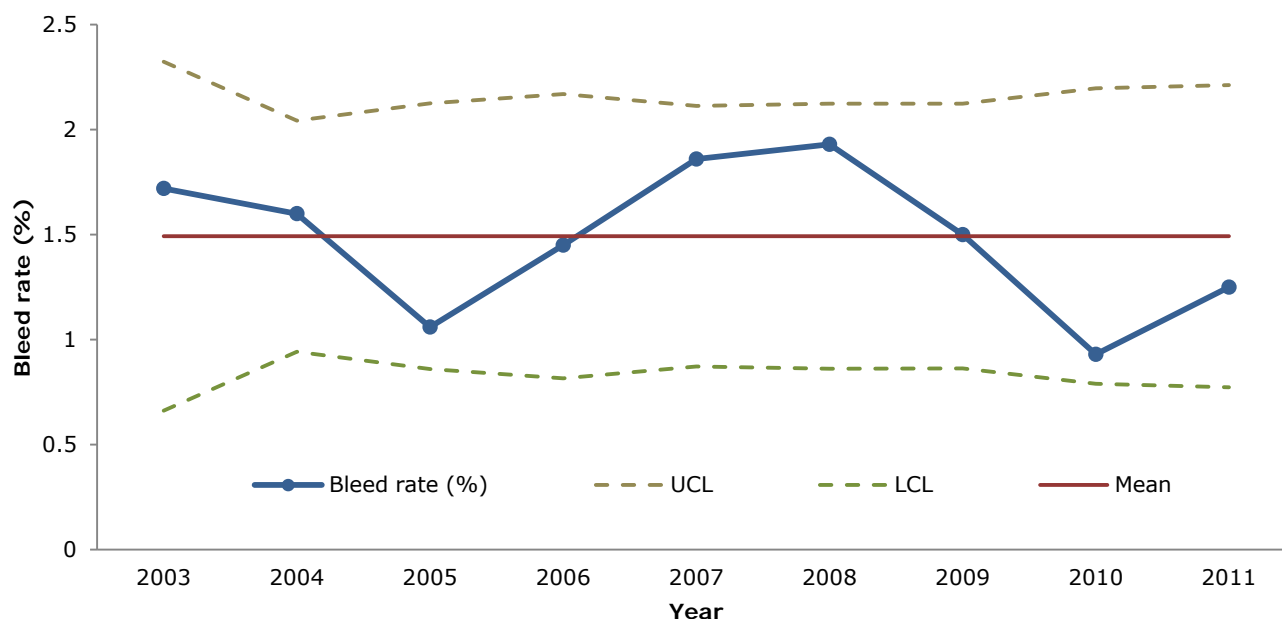


Figure 4.1 All Wales patient specific bleed rate (%) trend using SISP data for operations carried out between 2003 and 2011

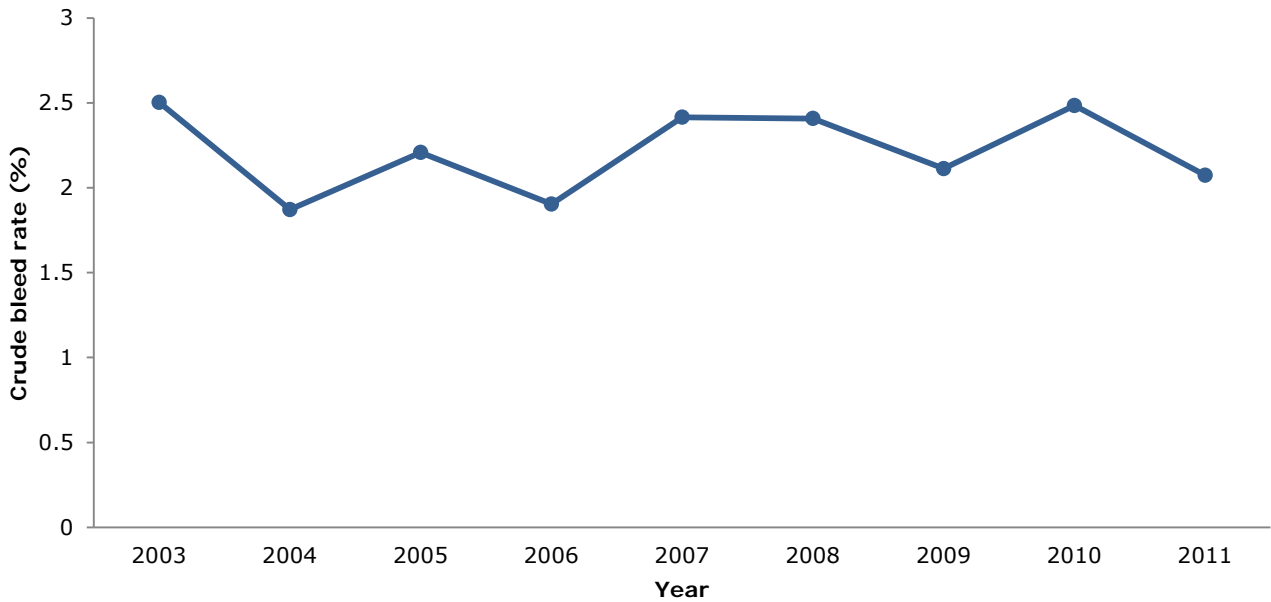


Figure 4.2 All Wales crude bleed rate (%) trend using PEDW data for operations carried out between 2003 and 2011 (this data may also include adenoid bleeds in addition to tonsil bleeds)

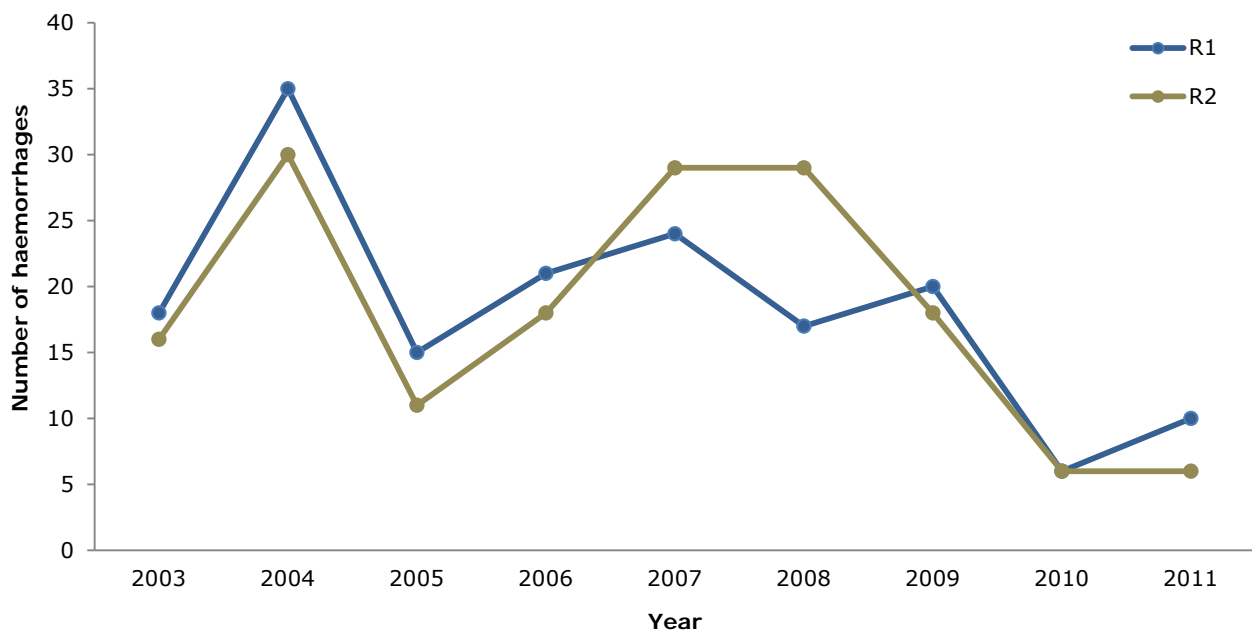


Figure 4.3 All Wales number of major haemorrhages (R1 and R2) trend using SISP data for operations carried out between 2003 and 2011

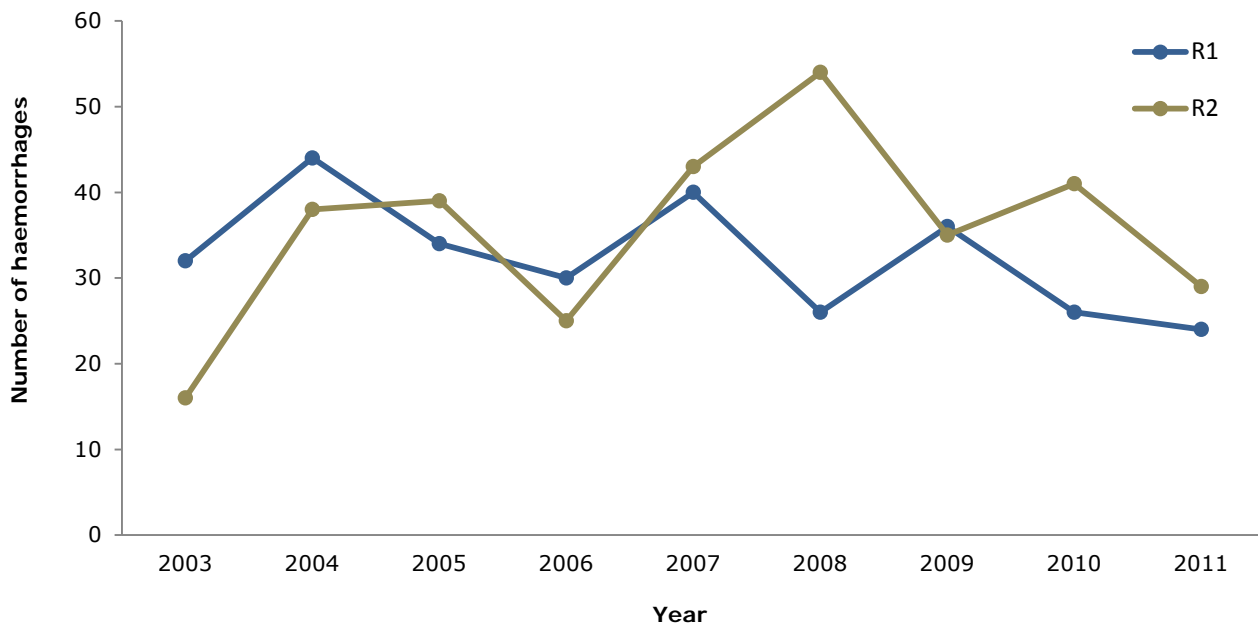


Figure 4.4 All Wales number of major haemorrhages (R1 and R2) trend using PEDW data for operations carried out between 2003 and 2011 (this data may include adenoid bleeds in addition to tonsil bleeds)

Key summary points

- There were 32 major haemorrhages (including initial, readmission and post-operative haemorrhage repairs) reported to the surveillance during 2011. From the compliance figures quoted utilising the PEDW data, the numbers reported have been under estimated.
- A patient specific bleed rate of 1.3% was noted for 2011 utilising the surveillance data.
- A crude bleed rate was also provided utilising the PEDW data due to poor compliance with the surveillance. The crude rate for 2011 was 2.1%.
- The patient specific bleed rate trend (figure 4.1) shows a marked decrease in the bleed rate for 2005. Some hospitals ceased to participate in the surveillance during this time. A bleed rate of 1.1% would be predicted.
- Figure 4.1 shows an increase in the patient specific bleed rate in 2007 and 2008. By using the PEDW data, Figure 4.2 also shows an increase in the crude bleed rate for the same time period. This increase may be associated with a change in dissection technique.
- A decrease in the bleed rate has been noted for 2011 utilising the PEDW data.
- From figure 4.3 it would appear that SISP has captured more R1 bleeds than R2. However, this is not the case when the PEDW data are considered (figure 4.4).
- Note: the PEDW data should be treated with caution as the return to theatre complications may include adenoid bleeds in addition to tonsil bleeds.

SECTION 5. Instrument usage and problems

All instruments (excluding diathermy)

Note, comments for all problematic instruments (2011) can be found in the Appendix.

Table 5.1 All Wales instrument usage (excluding diathermy) reported to SISF for operations carried out between 01/01/2011 and 31/12/2011

| Instrument | Total used | Problems | | % Problems | | |
|------------------------|--------------|-----------|-----------|-------------|-------------|-------------|
| | | Minor | Major | Minor | Major | All |
| Beckmann 75 curette | 255 | 0 | 1 | 0.00 | 0.39 | 0.39 |
| Birkett | 2168 | 0 | 1 | 0.00 | 0.05 | 0.05 |
| Blade | 2934 | 3 | 3 | 0.10 | 0.10 | 0.20 |
| DBrowne | 2031 | 0 | 3 | 0.00 | 0.15 | 0.15 |
| Draffin rod support | 223 | 1 | 0 | 0.45 | 0.00 | 0.45 |
| Draffin rods | 2714 | 1 | 1 | 0.04 | 0.04 | 0.07 |
| Eves tonsil snare | 596 | 4 | 1 | 0.67 | 0.17 | 0.84 |
| Gag adult | 1402 | 2 | 5 | 0.14 | 0.36 | 0.50 |
| Gag child | 1589 | 4 | 8 | 0.25 | 0.50 | 0.76 |
| Gwynne Evans | 1939 | 0 | 0 | 0.00 | 0.00 | 0.00 |
| Lucs | 783 | 2 | 0 | 0.26 | 0.00 | 0.26 |
| Metzenbaum scissors | 2104 | 1 | 2 | 0.05 | 0.10 | 0.14 |
| Mollison tonsil pillar | 2448 | 1 | 0 | 0.04 | 0.00 | 0.04 |
| Negus knot pusher | 1731 | 0 | 0 | 0.00 | 0.00 | 0.00 |
| Negus large curved | 1997 | 0 | 2 | 0.00 | 0.10 | 0.10 |
| SCT 45 unguarded | 238 | 0 | 1 | 0.00 | 0.42 | 0.42 |
| Waughs non-toothed | 34 | 0 | 0 | 0.00 | 0.00 | 0.00 |
| Waughs toothed | 168 | 0 | 1 | 0.00 | 0.60 | 0.60 |
| Yankauer suction | 2077 | 7 | 0 | 0.34 | 0.00 | 0.34 |
| Total | 27431 | 26 | 29 | 0.09 | 0.11 | 0.20 |

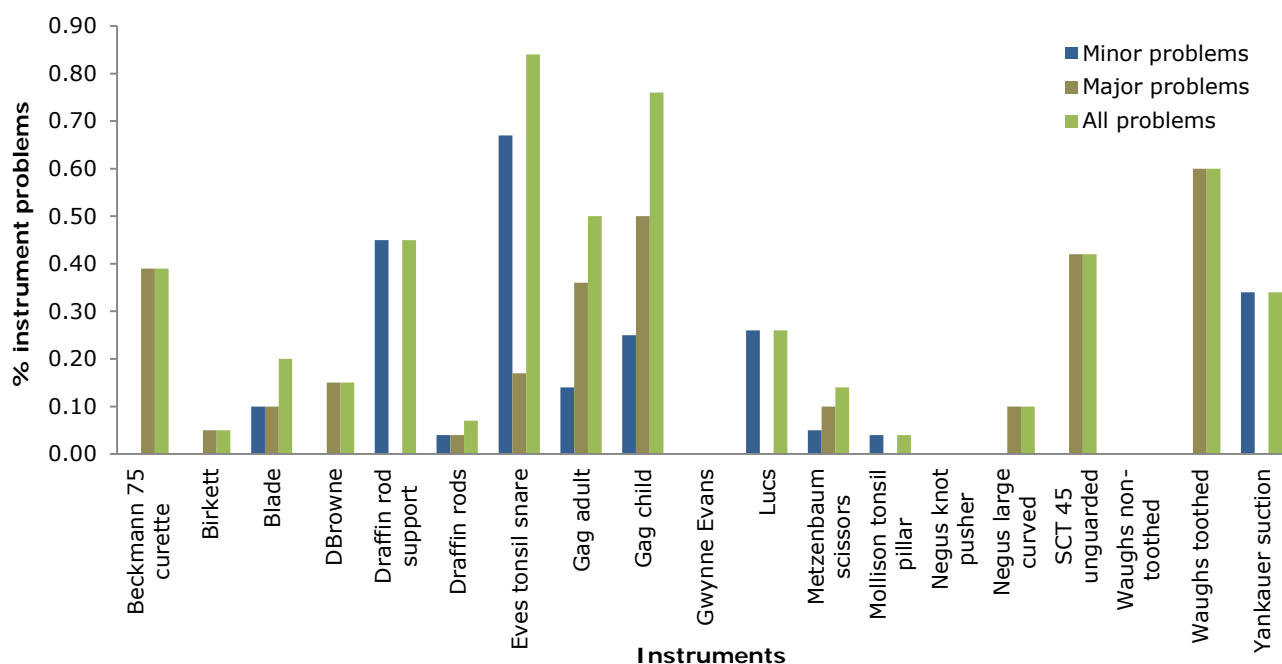


Figure 5.1 All Wales instrument problems (excluding diathermy) reported to SISF for operations carried out between 01/01/2011 and 31/12/2011

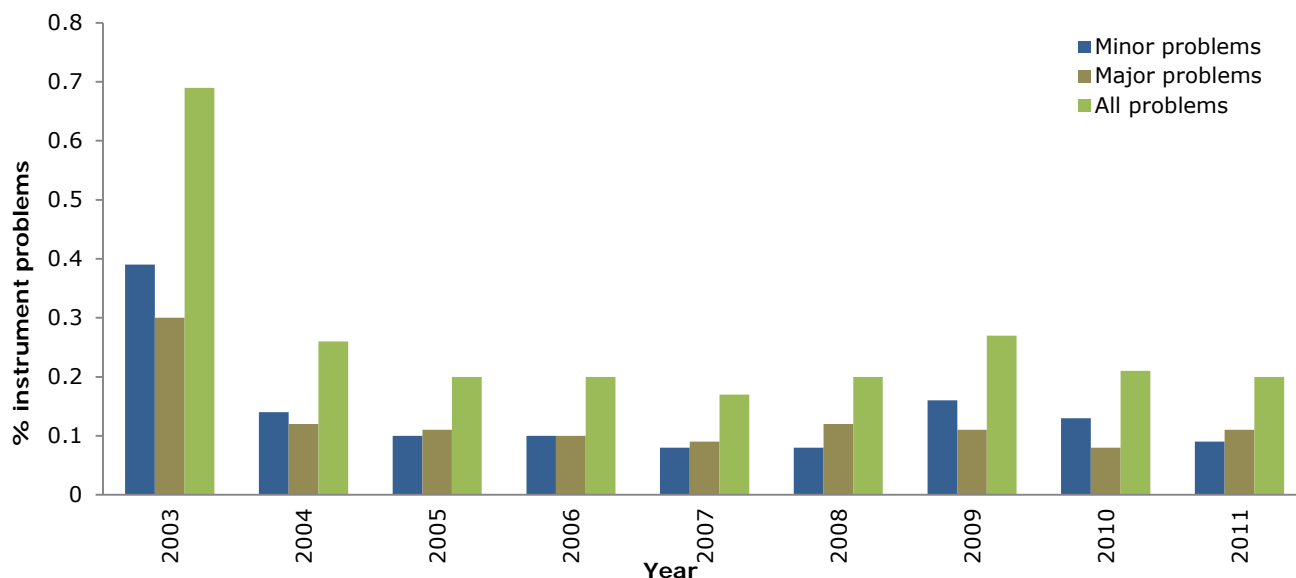


Figure 5.2 All Wales instrument problems (excluding diathermy) reported to SISP for operations carried out between 2003 and 2011

Diathermy

Table 5.2 All Wales diathermy usage reported to SISP for operations carried out between 01/01/2011 and 31/12/2011

| Instrument | Total used | Problems | | % Problems | | |
|--------------------------------------|------------|----------|-------|------------|-------|------|
| | | Minor | Major | Minor | Major | All |
| Diathermy (meditech)* | 1553 | 6 | 12 | 0.39 | 0.77 | 1.16 |
| Non-specified diathermy, monopolar** | 19 | 0 | 0 | 0.00 | 0.00 | 0.00 |

Total

* Diathermy usage is based on all hospitals in Wales currently using the specified Meditech forceps.

** Diathermy currently not included in the specified single-use instrumentation set

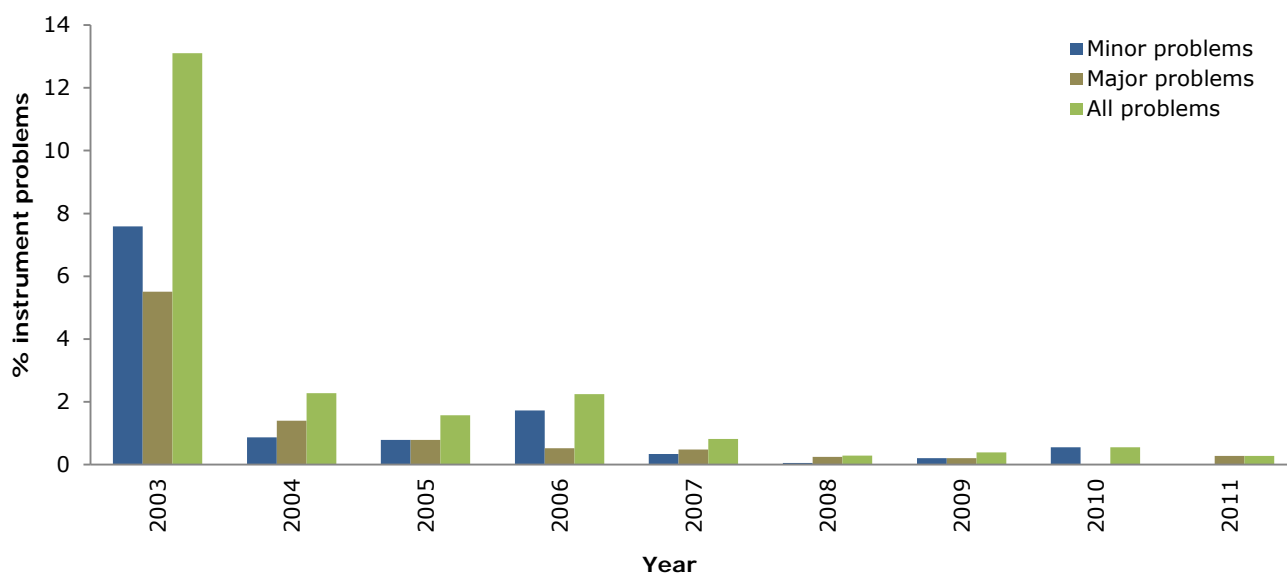


Figure 5.3 All Wales diathermy problems reported to SISP for operations carried out between 2003 and 2011

Key summary points

- One or more problems were noted for 84% (16 out of 19) of the instruments available within the tonsils set. However, failure rates for the majority of instruments were below 0.5%.
- Total instrument problem rates (excluding diathermy) for all Wales (2011) were 0.2% (0.1% major problems).
- The Eves Tonsil Snare, child gag, adult gag and Waughs toothed were the most problematic instruments with overall problem rates of 0.8, 0.8, 0.5 and 0.6%, respectively.
- The total Meditech diathermy problem rate for Wales (2011) was 1.2% (0.8% major problems).
- Overall, instrument problems in general have stabilised or reduced since 2005 (including diathermy).
- There has been continual reporting of problematic instruments along with useful comments to the SISP. Such data are important for instrument investigations carried out by SMTL.
- Many of the reported problems occurred in clusters. Although the instrument problems are rectified, problems may still be noted in small numbers if the problematic instruments have not been removed from stock.
- Removal of problematic instruments from stock is essential to prevent 'artificial' inflation of instrument problem rates.

CONCLUSION

This report shows the continued support for the surveillance system within Wales. SISP has adopted a unique surveillance allowing problematic instruments to be detected efficiently without compromising patient safety. In addition, the surveillance allows for the evaluation of the operations undertaken and provides details of any associated complications. However, there has been a decrease in the number of return to theatre complications captured by the surveillance. Although figures can be obtained from the PEDW, we are unable to match these records to existing operations or previous complications. Such information is useful to the surveillance as this allows for patient demographics to be captured in addition to links to complications as a result of a problematic instrument. One of the key purposes of this surveillance is to monitor bleeds associated with the single use instruments and it is essential that these complications are captured by the return of the complication forms.

This report has shown that there has been an increase in the major haemorrhage rates for 2001 utilising the SISP data. However a decrease has been noted when the PEDW data are utilised. Both rates should be treated with caution as only 28% of complications were returned to SISP and the PEDW data may include bleeds associated with adenoid procedures as well as tonsillectomy. Any small change in the rates does require further careful monitoring and investigation by the surveillance team.

Instrument problems will continue to occur and due to their mass production, continuing appraisal and notification of failures/errors are an essential part of preventing ongoing problems. Reporting of instrument problems and return of the problematic instrument itself to SMTL is essential to rectify the instrument fault. Diathermy forceps (Meditech) continue to be a problematic instrument, with numbers being similar by year since 2004. Other problematic instruments included the adult gag, child gag, Eves tonsil snare and Waughs toothed. The many comments provided by the surgeons will be reported to SMTL and the manufacturer. In particular the adult and child gag was problematic with the gags not holding.

The report also confirms that a greater percentage of the female population attends for tonsil and adenoid surgery. In addition, 72% of patients are under 20 years of age with operation numbers peaking at the age group of 5 – 9 years.

The continued support of the surgeons of Wales is essential to maintain and further improve the data collected and to reduce instrument problems. A tonsils web reporting tool is now available. This will allow ENT teams at each hospital to access their data via the intranet once they have registered their details with the SISP team. All reports featuring in the annual report will be available via this reporting tool allowing teams to look at their data more regularly and have information that may be of use within audit meetings or presentations.

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ACKNOWLEDGEMENTS

The 2011 Annual Tonsillectomy Report could not have been produced without the continued support of the following:

All members of the Welsh Otorhinolaryngology Association and all surgeons who have and continue to participate in this surveillance; Additional essential assistance provided by all theatre, nursing and administrative staff involved in the surveillance; Welsh Healthcare Associated Infection Programme (WHAIP) team, Public Health Wales; Surgical Material Testing Laboratory (SMTL), Bridgend; Welsh Health Supplies.

Special thanks are also provided to the Surgical Instrument Working Group.

| | |
|--|--|
| Dr Wendy Harrison | SISP Manager and Senior Scientist, WHAIP, Public Health Wales |
| Mr Alun Tomkinson | Consultant ENT Surgeon (UHW), WORLA |
| Dr Mark Temple | Consultant in Public Health Medicine, Public Health Wales |
| Dr Eleri Davies | Consultant Microbiologist (UHW) |
| Mrs Susan Harris | Senior Specialist Analyst Programmer, WHAIP, Public Health Wales |
| Miss Victoria McClure | Information Analyst, WHAIP, Public Health Wales |
| Mr David Owens | SpR ENT |
| Ms Sarah Farmer | SpR ENT |
| Mr Pete Phillips | Director of SMTL |
| Mr Dominic Worsey and Mr Philip Reardon Smith | Healthcare Standards, Quality Standards and Safety Improvement Directorate, Welsh Assembly Government |

APPENDIX

All Wales instrument problems for all operations

All Wales instrument problem comments (excluding diathermy) reported to SISP for operations carried out between 01/01/2011 and 31/12/2011

| Instrument | Month | Problems | Comment |
|---------------------|--------------|-----------------|---|
| Birkett | September | Major problem | Arm of forceps fractured |
| Blade | April | Major problem | Blade/Tongue plate not locking |
| | June | Major problem | Gag not holding |
| | November | Major problem | Gag and Blade not locking |
| DBrowne | January | Major problem | No gripping |
| | July | Major problem | Instrument not gripping well |
| | October | Major problem | Jaws don't meet |
| Eves tonsil snare | February | Minor problem | Tonsil snare not cutting sufficiently |
| | September | Major problem | No separate snare loops in packet |
| | September | Minor problem | Snare very stiff - wire retracts however - no obvious fault with instrument |
| Gag adult | March | Major problem | Gag not holding tongue plate |
| | November | Major problem | Gag and Blade not locking |
| | December | Major problem | Ratchet too stiff to open gag in mouth |
| Gag child | March | Minor problem | No front teeth - gag continually slipped out throughout operation |
| | April | Major problem | Gag ratchet defective |
| | June | Major problem | Gag not holding |
| | June | Major problem | Had to intubate |
| | July | Major problem | Clip not holding on gag |
| | July | Major problem | Gag catch defective (LOT 58109652) |
| | August | Minor problem | Catch on gag would not engage - not lined up with hole in gag |
| | September | Major problem | Blade slipped sideways out of gag channels |
| | October | Major problem | Ratchet on gag slipping - replaced |
| Lucs | September | Minor problem | |
| Metzenbaum scissors | October | Major problem | Scissors blunt - replaced |
| | October | Minor problem | Scissors catching |
| Negus large curved | August | Major problem | Negus not gripping |
| Yankauer suction | June | Minor problem | Base broke at end of procedure |
| | September | Minor problem | Connector between sucker and tubing kinks |
| | September | Minor problem | Connector between Yankauer and tubing kinks constantly |

All Wales diathermy problem comments reported to SISP for operations carried out between 01/01/2011 and 31/12/2011

| Instrument | Month | Problems | Comment |
|-------------------|--------------|-----------------|--|
| Bipolar diathermy | March | Major problem | Bipolar instrument tips not good at touching |
| | May | Major problem | Diathermy failed to function - replaced |
| | June | Minor problem | Tip of diathermy forcep not smooth |
| | October | Major problem | Bipolar stopped working (LOT 5091103) |