



Handy Hints and Tips

Thanks for your interest in **BIGAA** Bariatric Issues in General Anaesthesia Relating to Airway.

As with all Pan London Audit Network projects, your participation is greatly appreciated and you will be listed as a contributor on any publications generated from this project. You will be issued with a certificate and your involvement counts as your audit at ARCP.

This handy guide has been designed to help you participate in the project with ease every step of the way. If you have any questions that are not answered here please do not hesitate to contact the study organisers. The contact details are printed below.

GETTING STARTED

In order to participate in this study, it is essential to register it with the clinical governance department as a service evaluation project. There is a sample clinical governance form on the website (bigaa.co.uk) which you can download. Feel free to copy and paste helpful details. This must be in place prior to data collection. Please email this to BIGAA2018@gmail.com by March 1st 2018. You are required to provide named consultant to be take part in this project however they do not have to actively participate in the project.

There are 2 parts to this project.

1. Online Survey (one per institution)
2. 2 day data collection

Details on how to access the online 'survey monkey' questionnaire will be emailed to you after your involvement is confirmed. If there are multiple people involved in **BIGAA** it is entirely appropriate to collaborate to answer the survey questions but please ensure only 1 is submitted per institution.

DATA COLLECTION WEEK

Data collection week is 12th March 2018. You are required to select 2 days in that week for data collection. The days do not have to be consecutive. The more cases **BIGAA** captures, will be more successful it will be so please choose days where as many theatres as possible are active.

Inclusions:

- Adult patients (>18 years old) undergoing elective or expedited surgery who require a general anaesthetic
- The terms 'elective' and 'expedited' as used according to NCEPOD classification

Exclusions:

- Patients undergoing elective obstetric or ophthalmic surgery

- Patients receiving general anaesthesia as a rescue for failed regional
- Patients undergoing urgent or immediate surgery according to NCEPOD classification^[6]
- Patients <18 years old
- Procedures performed under sedation

A single sided A4 proforma should be completed for every case. Ensure there are enough proformas available in all anaesthetic rooms for the 2 days of data collection.

It is recommended that the anaesthetic team treating the patient should be encouraged complete this proforma.

A BIGAA representative on the shop floor greatly improves compliance both to remind people and to answer questions. Depending on where you work you may be entitled to study leave to participate in this project. If there any gaps in data collection a BIGAA representative can fill in the form retrospectively by asking the anaesthetic team/referring to the anaesthetic chart. Unless this is done on the day of surgery it is unlikely that the team will remember crucial information. We recommend being situated in recovery reviewing the proformas as the patients arrives, filling gaps and complete the recovery section yourself. The number of BIGAA representatives you will require will depend on the number of theatres and recovery areas in your hospital.

Please ensure the forms are filled out completely.

In order to record the capture rate, you will be required to keep a record of how many elective cases took place in the days your hospital. It is recommended that operating lists for all theatres are printed. When analysing the data, using the hospital number, the cases which have a completed proforma can be highlighted.

You will need to provide:

- Total number of elective cases
- Eligible cases
- Cases where data was recorded.

F A Q ABOUT PROFORMA

The proforma is available on the website bigaa.co.uk.

For all cases - please only record information that is part of the normal clinical pathway for the patient: No investigation or technique should be carried out purely for the benefit of the project if deviating from normal protocol.

PATIENT INFORMATION

Recording Height and Weight

Depending on the set up of your hospital, this information may be stored electronically so it may be possible to fill this in prospectively or retrospectively. Reducing the volume of information collection during a clinical list may improve compliance. Consider advising your hospital site if they are not required to fill this information in.

By contrast, if this information is only held on paper notes it should be stressed to contributors that it is of crucial importance that the Height and Weight are recorded as all the data cannot be interpreted without it.

BMI

This can be calculated from Height and Weight, so can be filled out easily in retrospect using the equation $BMI = \text{Weight (kg)} / (\text{Height}^2 \text{ (m)})$.

OSA

If a patient has a diagnosis of OSA, please select this regardless of severity or treatment. Select home CPAP whether it is prescribed or recommended (even if the patient does not use the machine).

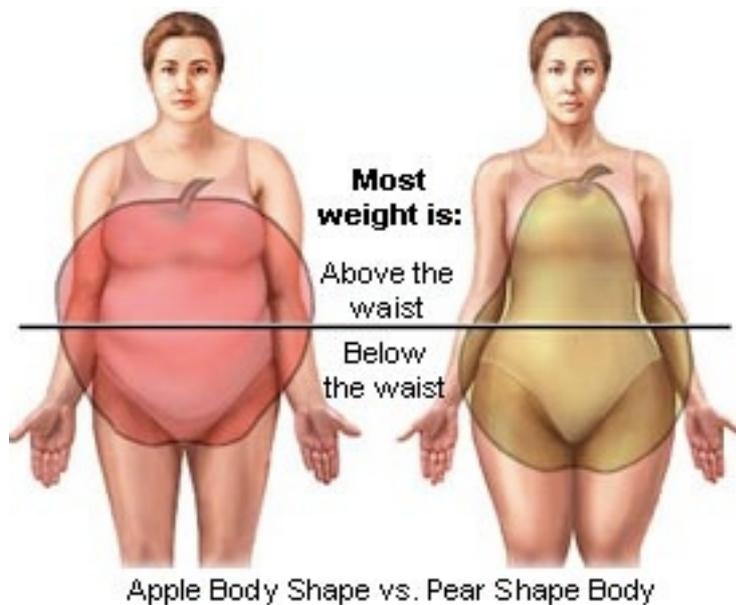
Suspected OSA may be selected if there is any clinical suspicion, either from history or clinical findings. This is subjective and at the discretion of the anaesthetist.

STOPBANG score

There is no need to screen the patient for OSA for this project - only record if the test has already been carried out.

Shape

Fat distribution is emerging as an important component of assessing obesity. A simple way to assess this is dividing patients into 'apple' or 'Pear' shaped.



This is subjective and is at the discretion of the anaesthetist. As this may be a new concept you may need to explain this to the participants.

SURGERY

Type of Operation



In order to correctly classify the surgery into minor, intermediate, major, or major complex we suggest using the free app 'The Surgical Outcome Risk Tool' (SORT). This is available for both iPhone and Android.

Select the most appropriate specialty.

Cancer

Please select Yes if the operation is for a suspected or confirmed cancer. If there is an incidental finding of cancer during the operation i.e. mass found during lap cholecystectomy then select No.

INDUCTION

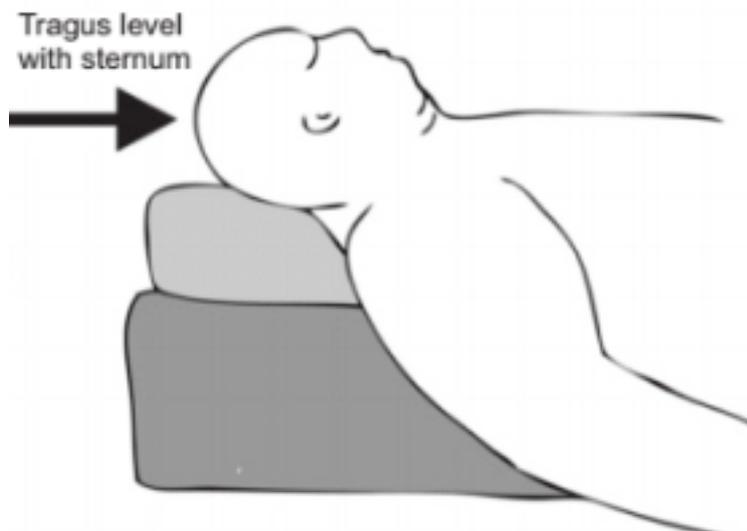
Location

Record where the anaesthetic took place (*operating table, trolley or bed*) as well as which location (*theatre or anaesthetic room*) i.e the patient by be anaesthetised on the operating table in the anaesthetic room and moved on the table into the theatre.

Select Hover mattress if used for transfer of the patient while anaesthetised at either induction or extubation.

Position

Please record the position of the patient for successful placement of the airway device.



Ramped refers to sitting the patient up to ensure the tragus is level with the sternum. This may be done using the trolley or bed and is separate to number and type of pillows. Please select as many as is appropriate.

Pre Oxygenation

This refers to oxygenation of the patient prior to securing the airway. Tick as many as relevant. Additionally, please record if any type of airway adjunct is used at any time.

AIRWAY

Please record which airway device was used. **SAD** = Supraglottic Airway Device.

If an SAD was used as an adjunct prior to intubation with an endotracheal tube please record all methods.

Record the best intubation grade seen at any attempt. Record the total number of intubation attempts required to secure the airway. Intubation attempts are defined as per the DAS guidelines.

For each intubation attempt please select which laryngoscope was used.

Please record if a neuromuscular blocking agent is used and whether the depth of block was monitored at any point of case (this can include exclusively at extubation). Please include which type of reversal used, if any.

Depth of anaesthesia monitor

This refers to a device to monitor the effects of delivered anaesthetic agents on the brain eg BIS. A measurement of MAC should not be included.

INTUBATION AND PERI OP

Please select all that are relevant.

EXTUBATION AND RECOVERY

As above we recommend being situated in the recovery during data collection days. This will allow you to be present during the handover of patients to recovery staff and question the anaesthetic team regarding omissions to the proforma.

If a patient has left recovery prior to this section being completed, simple questioning of the anaesthetic team and recovery staff it is sufficient. It is not necessary to retrieve the notes from the ward.

EXTRAS

In the event of a problem during the perioperative period (indicated by a 'yes' answer to the 'any problems' questions in intubation and extubation sections of the proforma) a 'yellow card' need to be completed. This 'yellow card' document can be downloaded on bigaa.co.uk. You should take a picture of the proforma and email it together with the yellowcard to BIGAA2018@gmail.com. The 'yellowcard' can be filled in electronically or printed and filled out by hand. It is acceptable to take a photo/scan the handwritten form in order to email it. Free scanning apps e.g Genius Scan are recommended.

The problem may have been minor and self-limiting with minimal consequences but a yellow card still needs to be completed. A very simple explanation will suffice. In more serious problems, a more thorough review of the notes may be required in order to accurately complete the 'yellow card'. Over 2 days we do not anticipate that many 'yellow cards' will be generated by 1 centre and thus this task should not be too arduous. BIG-

AA does not require any patient identifiable data but it may be useful for you to keep the details of any patients who encountered problems highlighted by this project.

SENDING YOUR DATA TO BIGAA

You will be provided a unique login to the secure web-based application redcap to upload your data. This will be provided by REDCap (<https://projectredcap.org>). This database will remain open for 4 weeks post-data collection to allow any outstanding data to be uploaded. After this time, you will not be able to submit data for your centre. Following this the database access will be to the research team only. No directly patient identifiable data will be recorded during this study. Data will be sent securely via redcap.

INFORMATION GOVERNANCE

It is important that information governance rules are adhered to throughout the project. Please ensure proformas only include the hospital number and no other patient identifying information.

Any correspondence containing patient data project should be sent between nhs.net email addresses.

Important dates for your diary

Jan 15th Official Launch of BIGAA
March 1st Last date for clinical governance approval
March 12th- 16th Data collection week. You will pick 2 days.
March 12th Survey Monkey Opens
March 16th Data submission opens
April 16th Survey monkey and Data Submission Closes

CONTACT DETAILS

If you have any questions or would like to register your interest in BIGAA please do not hesitate to contact the study organisers at BIGAA2018@gmail.com.

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