

## ISSUE E

## PRE-OPERATIVE MANAGEMENT OF CASES

- E1: The arrangements and services available to manage the transfer of sick children from referring hospitals to the BRI.**
- E2: Where children were managed, pre-operatively; and under which clinical speciality.**
1. Neonates were managed at Bristol Children's Hospital under the care of the paediatricians and/or paediatric cardiologists. Infants and older children were managed on ward 5A at BRI under the care of the cardiac surgeons.
- E3: The re-assessment of the clinical condition of children admitted for elective surgery, following admission.**
2. I always visited the patient on the afternoon or evening prior to surgery. I attempted to coincide my visit with the child's parents or guardians, although this was not always possible. I did not see it as my role, nor did I have the experience, to re-assess the patient's cardiac condition, with a view to determining whether the proposed operation was still indicated, nor whether this was the optimum time for the surgical intervention. This I assumed to be performed by the cardiac surgeons in conjunction with the paediatric cardiologists. During the visit I assessed the general medical fitness of the patient, reviewed the medication being taken, and assessed any specific anaesthetic problems. I developed an anaesthetic care plan in my mind and explained to the parents the basics of my plan for pre-operative starvation, pre-medication, anaesthetic induction, invasive monitoring and intensive care. I always invited questions from parents or guardians. I did not specifically cover issues of operative risk, although if asked directly I covered it in general terms

and referred the parents to their surgical consultant for further discussion. The approach I have always taken to pre-operative visits is encompassed by the standards subsequently published by the Royal College of Anaesthetists (RCA Guidance for Purchasers 1994). There were no information booklets on anaesthesia for parents, similar to that produced by AAGBI (Anaesthesia and Anaesthetists - Information for Patients and their Relatives), available within the BRI. Consequently no literature was provided for the parents concerning anaesthesia.

- E4: The manner in which decisions to recommend surgery for a child were discussed between paediatric cardiologists and paediatric cardiac surgeons, and other members in the cardiac surgery team; and the means by which such decisions were taken.**
- E5: Who bore the ultimate responsibility of deciding whether and what surgery was appropriate for a child, who should perform it, and when it should take place.**
3. The consultant surgeons.
- E6: The organisation and management of theatre lists.**
- E7: The mechanisms in place in order to ensure that surgery (whether elective, urgent or emergency) took place at a time regarded by the clinicians at the time as clinically optimal or appropriate.**
- E8: Whether operations (particularly elective ones) were carried out at a time regarded by the clinicians in charge of the child's care as appropriate; or whether the timing of operations was affected by matters such as limitations in the number of beds available in the ICU, availability of nursing staff or other staff, or the requirements of adult cardiac surgery.**
- E9: If there were delays in surgery, the effect (if any) of such delays upon the outcome for the children affected.**
- E10: The qualifications, training, experience and skills of the paediatric cardiologists.**