

CARE DURING SURGERY (Para G-I)

3.4 The reviewers were asked to consider three aspects of surgical care: surgical procedure; perfusion and anaesthetic.

G. Surgical procedure

Grades other than 4 (less than adequate care) were given for twenty-one procedures. Of these, for eleven procedures, the reviewers did not consider that the surgical care affected outcome; whereas in seven procedures, i.e. those with a grade of 2, different management might have made a difference to outcome, and in only two, i.e. those with an grade of 1, was it considered that different care would reasonably be expected to have made a difference to outcome.

H. Perfusion (applies to open heart surgical procedures only)

Perfusion, which is largely the responsibility of the anaesthetist, was questioned in twelve procedures. In three of these, different management might have improved outcome. One of the most frequent comments concerned acidosis, i.e. an unacceptable build up of acid in the bloodstream of the patient during the operation.

I. Anaesthetic

In eighteen cases there were grades less than 4; in four of these cases different anaesthetic care might have or would have made a difference to outcome.

POST OPERATIVE INTENSIVE CARE AND ASSESSMENT (Aspects J,K,L)

3.5 Reviewers were asked to consider three aspects of post operative care and assessment: ITU/Medical care; surgical care and paediatric cardiological care.

3.6 Although the clinical case note review of post-operative management in intensive care was set up to be sub-divided between anaesthetists, surgeons and paediatric cardiologists, it was usually not possible to attribute primary responsibility for less than adequate care to specific members of the clinical team. It became apparent to the authors that reviewers had often graded "Medical" (or intensivist/anaesthetist) care as "Surgical", and vice-versa, because of difficulties in discerning separation of the roles of these respective disciplines in the ITU. However we continue to comment on the grades as they were allocated and, with some reservation, separate them out as follows:

3.7 There was a grading for less than adequate care in relation to medical care, which we take to mean anaesthetic care, (Aspect J) following nineteen procedures, including nine instances where care was graded as 1 or 2.

3.8 Surgical post-operative care (Aspect K) was graded as less than adequate in twelve instances, of which seven grades were 1 or 2, and paediatric cardiological post-operative care (Aspect L) was deemed less than adequate in eleven instances, of which three were grades 1 or 2.

3.9 Reviewers' comments on the intensive care touched on a range of issues including poor control of ventilation; early extubation; failure to undertake echocardiography; problems with fluid balance; failure to