GALA GENERAL ANAESTHESIA vs LOCAL ANAESTHESIA FOR CAROTID SURGERY

HOSPITAL DISCHARGE OR 7 DAY POST-SURGERY FOLLOW-UP FORM

To the surgeon and anesthetist: Please complete questions 1-29 (pages 1, 2 & 3) as soon as you have finished the operation. The other questions should be answered at hospital discharge, or seven days post-surgery or death whichever is soonest. If this patient is no longer going to have surgery please give details of any anaesthetic given and complete questions 1 to 4 (page 1). and 30 to 38 (page 3) together with the contact details (page 4).

HOSPITAL CODE NUMBER: ☐☐☐ or Hospital name |_____|

PATIENT DETAILS:

Family name: |_____|

First names: |_____| Hospital number |_____|

Date of birth: _____/_____/_____ *(dd/mm/yyyy)*

SURGERY DETAILS:

1. Was this patient admitted for surgery? YES ☐ NO ☐ *Please tick one box* ➔ If NO please give reason: ☐

2. Date of admission for surgery *(dd/mm/yyyy)* |_____/_____/_____|

3. Has the patient taken any of the following in the 48 hours before surgery? *Please tick appropriate box(s)*

Aspirin	☐
Clopidogrel	☐
Dipyridamole	☐
Warfarin	☐
Other antiplatelet	☐ ➔ Name of drug: _____
None of the above taken	☐

4. Was carotid surgery carried out? YES ☐ NO ☐ *Please tick one box*

If NO please give the reason below: (then please answer questions 30 – 38 on p 3 and the contact details on p 4)

☐

5. Date of carotid surgery: *(dd/mm/yyyy)* |_____/_____/_____|

6. Side of carotid surgery: Right ☐ Left ☐ *Please tick one box*

7. Type of surgery: Conventional ☐ Eversion ☐ Other ☐ *Please tick one box* *If Other please say surgery type* |_____|

8. Duration of surgery: (skin to skin time) |_____| minutes

		YES	NO	
9.	Shunt used?	☐	☐	If shunt was used please give reason below: ☐
10.	Patch used?	☐	☐	
11.	Intraoperative heparin used?	☐	☐	➔ Dose: |_____| units
12.	Heparin reversed?	☐	☐	➔ Dose: |_____| mgs Protamine

13. Weight of patient: |_____| pounds or |_____| kgs Actual weight/ Estimated weight *(delete as appropriate)*

Please turn over/

GENERAL ANAESTHESIA:

Please Note: ONLY answer questions 14 to 18 if this was the principal method of anaesthesia.

		YES	NO
14.	General anaesthesia used?	☐	☐
	(If YES complete questions 15 to 18 below)	YES	NO
15	Pre-medication?	☐	☐
16.	Maintenance technique:		
	- total IV anaesthesia?	☐	☐
	- use of volatile agents?	☐	☐
	- use of nitrous oxide?	☐	☐
	- use of muscle relaxants?	☐	☐
17.	Did blood pressure require manipulation up?	☐	☐
18.	Did blood pressure require manipulation down?	☐	☐

LOCAL ANAESTHESIA:

Please Note: ONLY answer questions 19 to 28 if this was the principal method of anaesthesia.

		YES	NO
19.	Local anaesthesia used?	☐	☐
	If YES complete questions 20 to 28 below		
		YES	NO
20.	Pre-medication?	☐	☐
21.	Local infiltration used for anaesthesia?	☐	☐
22.	Cervical plexus block used?	☐	☐
23.	Additional intra-operative local anaesthetic?	☐	☐
24.	Did blood pressure require manipulation up?	☐	☐
25.	Did blood pressure require manipulation down?	☐	☐
26.	Intra-operative sedative?	☐	☐
27.	Intra-operative analgesia?	☐	☐
28.	Conversion to general anaesthesia?	☐	☐

FOR ALL PATIENTS:

		YES	NO
29.	Was the type of anaesthesia used the same as allocated at trial entry?	☐	☐

If NO please give the reasons in the space below:

NAME OF SURGEON CARRYING OUT THE OPERATION |_____|

PLEASE INDICATE THE OPERATING SURGEON'S GRADE (tick one box)

Trainee ☐

Consultant ☐ (Consultant = an individual who has completed their training and is capable of doing the procedure with no supervision, and who has an appropriate specialist qualification.)

Other ☐ If you tick OTHER please say what grade below:

|_____|

NAME OF MOST SENIOR SURGEON PRESENT AT THE OPERATING TABLE |_____|

PLEASE INDICATE THE GRADE OF THE MOST SENIOR SURGEON PRESENT AT THE OPERATING TABLE (tick one box)

Trainee ☐

Consultant ☐ (Consultant = an individual who has completed their training and is capable of doing the procedure with no supervision, and who has an appropriate specialist qualification.)

Other ☐ If you tick OTHER please say what grade below:

|_____|

NAME OF ANAESTHETIST ADMINISTERING ANAESTHESIA |_____|

PLEASE INDICATE THE ADMINISTERING ANESTHETIST'S GRADE (tick one box)

Trainee ☐
Consultant ☐ (Consultant = an individual who has completed their training and is capable of doing the procedure with no supervision, and who has an appropriate specialist qualification.)

Other ☐ Please state what grade |_____|

NAME OF MOST SENIOR ANAESTHETIST PRESENT IN THE OPERATING THEATRE |_____|

PLEASE INDICATE THE GRADE OF THE MOST SENIOR ANAESTHETIST PRESENT IN THE OPERATING THEATRE (tick one box)

Trainee ☐
Consultant ☐ (Consultant = an individual who has completed their training and is capable of doing the procedure with no supervision, and who has an appropriate specialist qualification.)

Other ☐ Please state what grade |_____|

Please complete the rest of this form at hospital discharge, or 7 days post-surgery or death, whichever occurs first.

COMPLICATIONS:
Since randomisation has the patient had any of the following? *(Please tick all that apply)*

		YES	NO	For any YES answers please give the date below:
30.	Stroke of any type (> 24 hours)? *	☐	☐	|____/____/____| (dd/mm/yyyy)
31.	Transient ischaemic attack (brain) (< 24 hours)? *	☐	☐	|____/____/____| (dd/mm/yyyy)
32.	Retinal infarction (> 24 hours)? *	☐	☐	|____/____/____| (dd/mm/yyyy)
33.	Amaurosis fugax (< 24 hours)? *	☐	☐	|____/____/____| (dd/mm/yyyy)
34.	Myocardial infarction? *	☐	☐	|____/____/____| (dd/mm/yyyy)
35.	New or worsening angina?	☐	☐	|____/____/____| (dd/mm/yyyy)
36.	New arrhythmia requiring treatment?	☐	☐	|____/____/____| (dd/mm/yyyy)
37.	New or worsening heart failure?	☐	☐	|____/____/____| (dd/mm/yyyy)
38.	Has this patient died? *	☐	☐	|____/____/____| (dd/mm/yyyy)

If this patient has died please give cause of death below:

Cause of death:

* If you have answered Yes to any question above with an asterisk (*) please complete a MAJOR EVENT FORM and send it to the GALA Trial Office

Between the induction of anaesthesia and today's date did the patient have any of the following?

		YES	NO
39.	Deep vein thrombosis?	☐	☐
40.	Pulmonary embolism?	☐	☐
41.	Retention of urine?	☐	☐
42.	Chest infection?	☐	☐
43.	Wound haematoma?	☐	☐
44.	Wound infection?	☐	☐
45.	Any other medical or surgical complication?	☐	☐

Q45 - If YES please describe below ➘

46. Did this patient require re-operation? YES ☐ NO ☐

If YES please give the reason ➘

Please turn over/

PLACE AND DURATION OF HOSPITAL STAY:

47. Number of hours spent in recovery room after surgery ☐ hours

48. Number of hours spent in Intensive Therapy Unit after surgery (Level 3) ☐ hours

49. Number of hours spent in High Dependency Unit after surgery (Level 2, Level 1) ☐ hours

Level 3 - Intensive Care. Nurse patient ratio 1:1, with dedicated senior and trainee medical staff.

Level 2 - High Dependency with organ support, but not mechanical ventilation. Nurse patient ratio 1:2, with dedicated senior and trainee medical staff.

Level 1 - HDU. Close monitoring. Nurse patient ratio 1:4. No dedicated medical staff.

50. Has this patient been discharged from hospital? YES ☐ NO ☐

51. If YES give Date of discharge *(dd/mm/yyyy)* |_____/_____/_____|

OR

If still in hospital, give Ward number or name: Ward |_____|

If still in hospital, give the name of the doctor responsible for their care Dr |_____|

CONTACT DETAILS: PATIENT'S FULL POSTAL ADDRESS

(Please print clearly or attach a sticky label)

Post code	
Telephone	

PATIENT'S FAMILY DOCTOR DETAILS

Family Doctor's name	
Family Doctor's full postal address	
Post code	
Telephone	

NAME OF CENTRE COLLABORATOR COMPLETING THIS FORM |_____|

TODAY'S DATE |___/___/_____| dd/mm/yyyy

Please post or fax this form to:

GALA Trial Co-ordinator, Neurosciences Trials Unit, Bramwell Dott Building,
Western General Hospital, Crewe Road, Edinburgh EH4 2XU.
Fax: + 44 131 332 5150
(an envelope is provided)