



# LEGS: Laparoscopy in Emergency General Surgery

A UK Survey - Version 5

**North West Research Collaborative**



## **INSTRUCTIONS FOR COMPLETION**

**Please print out this questionnaire and complete ALL questions**

Once completed, the designated trainee for your site  
will input the data into the REDCap database

**PLEASE NOTE: IT IS NOT POSSIBLE TO ENTER A QUESTIONNAIRE  
INTO THE DATABASE IF ANY DATA FIELDS ARE LEFT BLANK**

Thank you very much for your time

## **Section A**

This section seeks to evaluate details about your training and experience of elective laparoscopic surgery.

1. In which year did you attain your primary medical qualification? (e.g. MBBS/MBChB)

2. In which year did you begin your first consultant post?

3. In which subspecialty do you work?

4. In which region did you complete your training?

Eastern		Oxford	
Kent, Surrey & Sussex		Scotland	
Leicestershire, Northamptonshire & Rutland		South Western	
London		South Yorkshire and South Humber	
Mersey		Wales	
Northern		West Midlands	
Northern Ireland		Wessex	
North West		Yorkshire	
Trent			

5. Did you complete a fellowship as part of your training? If yes, please provide details of nature of fellowship and duration.

Yes	No
-----	----



6. Which region do you currently work in?

Eastern		Oxford	
Kent, Surrey & Sussex		Scotland	
Leicestershire, Northamptonshire & Rutland		South Western	
London		South Yorkshire and South Humber	
Mersey		Wales	
Northern		West Midlands	
Northern Ireland		Wessex	
North West		Yorkshire	
Trent			

7. Are you aware that all laparoscopic emergency cases (excluding appendix and gallbladder surgery) should be entered into the National Emergency Laparotomy Audit (NELA) database?

Yes	No
-----	----

8. Do you routinely include emergency laparoscopic emergency cases in your NELA data?

Yes	No
-----	----

9A. In the year from 1<sup>st</sup> January 2016 to 31<sup>st</sup> December 2016, how many of the following procedures did you perform laparoscopically?

<u>Procedure</u>	<u>Quantity</u>				
	0	1-10	11-20	21-30	>30
Cholecystectomy					
Inguinal Hernia					
Other abdominal hernia					
Gastrectomy					
Oesophagectomy					
Hepatic resection					
Pancreaticoduodenectomy					
Nissen's Fundoplication					
Right Hemicolectomy					
Anterior Resection					
Abdominoperineal Resection					
Subtotal Colectomy					



9B. If there are any other procedures you perform laparoscopically, please could you list them below and indicate the approximate number you have performed.

Procedure	Quantity

Please add free text comments in the box below:



## **Section B**

This section seeks to evaluate which emergency procedures you perform laparoscopically.

How often would you initially approach the following procedures laparoscopically? Please enter any comments at the end.

### 1. Appendicectomy

Never	Rarely	Sometimes	Frequently	Always

### 2. Cholecystectomy

Never	Rarely	Sometimes	Frequently	Always

### 3. Perforated duodenal or gastric ulcer

Never	Rarely	Sometimes	Frequently	Always

### 4. Perforated diverticulum (Hinchey Grade 3)

Never	Rarely	Sometimes	Frequently	Always

### 5. Perforated diverticulum (Hinchey Grade 4)

Never	Rarely	Sometimes	Frequently	Always

### 6. Small bowel perforation

Never	Rarely	Sometimes	Frequently	Always

### 7. Colonic cancer causing bowel obstruction

Never	Rarely	Sometimes	Frequently	Always



8. Adhesional small bowel obstruction

Never	Rarely	Sometimes	Frequently	Always

9. Small bowel obstruction due to a small bowel lesion

Never	Rarely	Sometimes	Frequently	Always

10. Incarcerated inguinal hernia

Never	Rarely	Sometimes	Frequently	Always

11. Strangulated inguinal hernia

Never	Rarely	Sometimes	Frequently	Always

12. Ischaemic bowel (colon/small bowel)

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

13. Subtotal colectomy for refractory colitis

Never	Rarely	Sometimes	Frequently	Always
1	2	3	4	5

Please add free text comments in the box below:



### **Section C**

This section seeks to examine factors affecting your decision to perform laparoscopic surgery.

Please select your level of agreement with the following statements:

1. I am less likely to perform emergency laparoscopic procedures in patients with higher BMIs

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Comments				

2. I am less likely to perform emergency laparoscopic surgery in the elderly

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Comments				

3. I am less likely to perform emergency laparoscopic procedures in patients who have had previous abdominal surgery

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Comments				

4. I am less likely to perform emergency laparoscopic procedures in patients who have poorer performance statuses

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Comments				



5. I am less likely to perform emergency laparoscopic procedures in patients who have high ASA grades

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Comments				

6. I am less likely to perform emergency laparoscopic procedures in frail patients

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Comments				

7. I am less likely to perform emergency laparoscopic procedures in patients who are returning to theatre for management of complications from a recent operation

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Comments				

8. I am less likely to perform emergency laparoscopic procedures during the hours of 8pm-8am

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Comments				

9. I am less likely to perform emergency laparoscopic procedures at weekends

Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Comments				





Are there any other factors that you take into consideration on deciding your approach?  
Please add free text comments in the box below.



## **Section D**

This section seeks to evaluate your surgical practice in a number of different emergency scenarios. Please choose *how often you would approach the procedure laparoscopically* for each scenario.

**Question 1 – A patient with suspected appendicitis. They have no significant comorbidities. You decide to operate. How likely are you to approach this laparoscopically?**

a) 6 year old female

Never	Rarely	Sometimes	Frequently	Always

b) 12 year old male

Never	Rarely	Sometimes	Frequently	Always

c) 25 year old female

Never	Rarely	Sometimes	Frequently	Always

d) 65 year old male

Never	Rarely	Sometimes	Frequently	Always



**Question 2 - A 50 year male with a CT diagnosed perforated duodenal ulcer. You decide to operate. How likely are you to approach this laparoscopically?**

a) No significant co-morbidities

Never	Rarely	Sometimes	Frequently	Always

b) ASA grade 3

Never	Rarely	Sometimes	Frequently	Always

c) BMI 42

Never	Rarely	Sometimes	Frequently	Always

d) Previous abdominal surgery

Never	Rarely	Sometimes	Frequently	Always

e) Evidence of small bowel dilatation on CT scan

Never	Rarely	Sometimes	Frequently	Always



**Question 3 - A 60 year old female with Hinchey grade 3 diverticulitis diagnosed on CT scan. You decide to operate. How likely are you to approach this laparoscopically?**

a) No significant co-morbidities

Never	Rarely	Sometimes	Frequently	Always

b) ASA grade 3

Never	Rarely	Sometimes	Frequently	Always

c) BMI 42

Never	Rarely	Sometimes	Frequently	Always

d) Previous abdominal surgery

Never	Rarely	Sometimes	Frequently	Always

e) Evidence of small bowel dilatation on CT scan

Never	Rarely	Sometimes	Frequently	Always



**Question 4 - A 60 year old female with Hinchey grade 4 diverticulitis diagnosed on CT scan. You decide to operate. How likely are you to approach this laparoscopically?**

a) No significant co-morbidities

Never	Rarely	Sometimes	Frequently	Always

b) ASA grade 3

Never	Rarely	Sometimes	Frequently	Always

c) BMI 42

Never	Rarely	Sometimes	Frequently	Always

d) Previous abdominal surgery

Never	Rarely	Sometimes	Frequently	Always

e) Evidence of small bowel dilatation on CT scan

Never	Rarely	Sometimes	Frequently	Always



**Question 5 – You have performed a laparoscopic repair of a perforated duodenal ulcer. Two days later the patient deteriorates on the ward. A CT scan shows a large amount of free fluid and free air. You decide to operate. How likely are you to approach this laparoscopically?**

a) No significant co-morbidities

Never	Rarely	Sometimes	Frequently	Always

b) ASA grade 3

Never	Rarely	Sometimes	Frequently	Always

c) BMI 42

Never	Rarely	Sometimes	Frequently	Always

d) 50 year old male

Never	Rarely	Sometimes	Frequently	Always

e) 80 year old male

Never	Rarely	Sometimes	Frequently	Always



**Question 6 – A patient has had a laparoscopic anterior resection 4 days ago (primary anastomosis and NOT defunctioned). Today they have deteriorated and a CT scan shows a probable leak at the anastomosis. You decide to operate. How likely are you to approach this laparoscopically?**

a) No significant co-morbidities

Never	Rarely	Sometimes	Frequently	Always

b) ASA grade 3

Never	Rarely	Sometimes	Frequently	Always

c) BMI 42

Never	Rarely	Sometimes	Frequently	Always

d) 50 year old male

Never	Rarely	Sometimes	Frequently	Always

e) 80 year old male

Never	Rarely	Sometimes	Frequently	Always

If you have any comments on the above sections, please enter them here:



**Question 7 – A patient presents with small bowel obstruction confirmed on a CT scan. They have had no previous surgery and the radiologist reports an abrupt transition point in the pelvis. You decide to operate. How likely are you to approach this laparoscopically?**

a) No significant co-morbidities

Never	Rarely	Sometimes	Frequently	Always

b) ASA grade 3

Never	Rarely	Sometimes	Frequently	Always

c) BMI 42

Never	Rarely	Sometimes	Frequently	Always

d) 50 year old male

Never	Rarely	Sometimes	Frequently	Always

e) 80 year old male

Never	Rarely	Sometimes	Frequently	Always

f) A patient who has had previous open abdominal surgery

Never	Rarely	Sometimes	Frequently	Always

If you have any comments on the above sections, please enter them here:

