

media release



Attn: Newsdesks
Health Correspondents

ALCOHOL ABUSE IS A FACTOR IN 1 IN 15 SURGICAL DEATHS

CONSULTANT INVOLVEMENT IN SURGERY CONTINUES TO RISE

Alcohol abuse was a factor in 1 in 15 reported deaths that occurred during 2008 while patients were under the care of a surgeon. This is the key finding in the first interim report produced by the Scottish Audit of Surgical Mortality (SASM) and the first time that SASM has included data on the involvement of alcohol in surgical deaths.

The role of SASM is to review the deaths in hospital of patients who are under the care of a surgeon, irrespective of whether they have undergone surgery, and to use the information to improve surgical care. A full annual report will be published in November of this year and will allow for comparisons with the data published in previous annual reports.

The report finds that alcohol (acute and chronic use) was implicated in the deaths of 194 patients, representing about 1 in 15 of all surgical deaths. It had a significant impact in certain specialities – for example, 17% in Ear, Nose and Throat (ENT). Most of these deaths (7 patients) were oro-laryngeal malignancies related to chronic alcohol use. Of the 194 patients, alcohol played a significant role in 147 patients, with alcohol either contributing to (112 patients) or causing (35 patients) the patient's death. Acute alcohol intoxication was implicated in the deaths of 31 patients.

The report also found that in 2008:

- The total number of deaths identified by SASM was 3,461. The overall return rate of completed forms was 84% for surgery, and 85% for anaesthesia (as at 1st July 2009). We would expect the return rate in the full report in November to be comparable with previous years.
- There has been a welcome increase in the number of cases discussed at local clinical governance meetings.
- Consultant involvement in the management of patients continues to increase.
- Fluid balance in the surgical patient remains problematic, often managed by relatively junior staff – continuing education and use of appropriate guidance is to be encouraged.
- In 2008, 30% (395/1,323) had a healthcare associated infection (HAI) which was a factor in the death of the patient, which compares closely with the figures over the preceding 4 years of 29%, 26%, 22% and 24%. Separate questions showed 58 patients transferred to surgical care with an HAI, 284 patients developed an HAI after transfer to surgical care. There were 231 (14.5%) cases where HAI was a factor in the death of the non-operative patients (1,591). This is the first year we have been able to report on this data.

Commenting on the report, Chairman of the SASM Board, Mr John Orr, said:

“This year, we report for the first time on alcohol abuse. Our report shows that 1 in 15 surgical deaths reported to SASM have alcohol abuse as a factor in the patient’s death. It is well known that alcohol abuse has a significant impact on NHSScotland, now we can see for the first time that it also impacts on the work of surgeons.

“In addition, this year we have attempted to speed up the whole process of reporting. We have prepared this interim report three months earlier than the normal annual report. Some data contained within this interim report may therefore change when the full report is published in November.

“However, so far results demonstrate improved outcomes for patients under surgical and anaesthetic care in Scotland.

“SASM continues to maintain that the best driver for change in practice is the local discussion of cases, an area where we have seen a significant increase this year.”

Editors Note:

- **Mr John Orr and Dr Nick Pace of SASM will be available for interview on Wednesday 02 September between the hours of 11.30am and 12.30pm via telephone – call Stephen Ferguson on 07779 329 689 to arrange.**
- The Scottish Audit of Surgical Mortality (SASM) reviews the deaths in hospital of patients who are under the care of a surgeon, irrespective of whether they have undergone surgery. The report is compiled by NHS National Services Scotland (NHS NSS) and media enquiries are handled by NHS Quality Improvement Scotland (NHS QIS).
- The Audit is voluntary and confidential, and every case is peer reviewed by a consultant from a different health board. The Audit covers virtually all surgeons and anaesthetists in Scotland. The only exception is the cardiac surgeons who have their own audit.
- Copies of the report are available in PDF format by visiting www.sasm.org.uk

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