

Ref: FOI/GS/ID 5509

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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Acute Bowel Ischaemia.

You asked:

- 1. Various incident and mortality rates for acute bowel ischemia for each year over the period 2007 2018 (the table to be completed is attached).
- 2. An explanation of how the rates have been calculated.
- 3. Details of the formal processes, procedures, pathways and other means of diagnosing acute bowel ischemia used by the hospital and its health professionals (including but not limited to those used by the surgical team, nurses, radiologists, intensive care)?
- 4. Details of any informal processes, procedures, pathways and other means of diagnosing acute bowel ischemia used by the hospital and its health professionals (including but not limited to those used by the surgical team, nurses, radiologists, intensive care)?

Trust response:

Please see the following table.

Maidstone and Tunbridge Wells NHS Trust	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Number of incidences of acute bowel ischaemia by any cause	Unable t	o provide	data prior t	o 2011	17	27	34	19	18	32	29	25
Mortality rate for acute bowel ischaemia by any cause					32.0%	35.7%	20.9%	34.5%	35.7%	36.0%	23.7%	35.9%
Number of incidences of death during an extended hemicolectomy by open surgery					1	0	2	1	0	2	1	0
All mortality rates during an extended hemicolectomy by open surgery				:	3.0%	0.0%	7.7%	4.2%	0.0%	7.4%	5.3%	0.0%
Number of incidences of death during an extended hemicolectomy by lapriscopic surgery				:	0	0	0	0	0	0	0	0
All mortality rates during an extended hemicolectomy by lapriscopic surgery				:	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of incidences of developing acute bowel ischaemia following extended hemicolectomy by open surgery Rate of developing acute bowel ischaemia following extended hemicolectomy by open surgery	* Unable to answer these questions as it is not possible to identify if a patient went on to develop a diagnosis after having had a certain procedure. If the diagnosis and procedure are in the same spell, we are unable to determine if they had the procedure becasue they had that diagnosis, or if the diagnosis was given after having had the surgery. If they had a later hospital spell, unable to tell if the diagnosis given then was due to the procedure done in a pervious hospital spell.											
Number of incidences of developing acute bowel ischaemia following extended hemicolectomy by laproscopic surgery	*											sert*
Rate of developing acute bowel ischaemia following extended hemicolectomy by laproscopic surgery	*											sert*
Number of incidences of death from acute bowel ischaemia following extended hemicolectomy by open surgery	had a c	ertain prod	cedure. If t	he diagnos	is not possib	lure are in t	he same sp	oell, we are	unable to	determine	if they had	sert*
Mortality rate from acute bowel ischaemia following extended hemicolectomy by open surgery					iagnosis, or if diagnosis giv							
Number of incidences of acute bowel ischaemia following extended hemicolectomy by laproscopic surgery	*											sert*
Mortality rate from acute bowel ischaemia following extended hemicolectomy by laproscopic surgery												sert*
Number of incidences of death from acute bowel ischaemia following any surgery to the bowel by open surgery	had a cer	tain proce	dure. If the	diagnosis	not possible and procedur gnosis, or if th	e are in the	same spel	l, we are ur	nable to de	termine if t	they had	insert*
Mortality rate from acute bowel ischaemia following any surgery to the bowel by open surgery	•		•	-	agnosis given	-	_		-		•	insert*
Number of incidences of death from acute bowel ischaemia following any surgery to the bowel by laproscopic surgery												insert*
Mortality rate from acute bowel ischaemia following any surgery to the bowel by laproscopic surgery	*insert*	*insert*	*insert*	*insert*	*insert*	*insert*	*insert*	*insert*	*insert*	*insert*	*insert*	*insert*