GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ysbyty Glan Clwyd, Y Rhyl,
Sir Ddinbych, LL18 5UJ

Glan Clwyd Hospital, Rhyl,
Denbighshire, LL18 5UJ

Mr. D. Pritchard jones
HM Senior Coroner
North West Wales.
37 castle square,
Caernarfon,
Gwynedd,
LLS5 2NN

Ein cyf / Our ref: [redacted]
Eich cyf / Your ref: [redacted]
☎: [redacted]
Gofynnwch am / Ask for: [redacted]
Ffacs / Fax: [redacted]
E-bost / Email: [redacted]
Dyddiad / Date: **Tuesday, June 16, 2015**

Dear Mr. Pritchard Jones

Re: Regulation 28 Letter 29th April 2015, with respect to Barry Wilson (Deceased)

As most correctly observed by [redacted] anastomotic breakdown is a recognized risk of the surgery Mr. Wilson underwent prior to his unfortunate death. Further elaboration I feel would be helpful, and seeking this I have sought the advice of [redacted] Consultant Colo-Rectal surgeon, which he sets out as follows –

Anastomotic leak is a recognised complication of all colonic resections, including right hemicolectomy. The rates of anastomotic leak are reported very widely and variably something in the region of approximately 2% – 17%. The incidence of anastomotic leak is increased in emergency patients and depends on patient factors, as well as technical factors. Even if an anastomosis is made at the time of surgery without any apparent technical problems, it is still possible that the patient can develop an anastomotic leak. An anastomotic leak can occur any time from immediately after the procedure to sometime afterwards, perhaps up to 2 weeks later. An anastomotic leak can present sub-clinically with no symptoms or can present with severe symptoms immediately such as peritonitis etc. The presentation of anastomotic leak is variable and difficult to predict.

As the time at which an anastomotic leak is variable it may occur after the patient is discharged from hospital. This is particularly so with the new enhanced recovery programs where people are kept in hospital for a lesser amount of time following surgery than previously. It is common for

patients to be discharged early following surgery (2 -3 days post op being common practice nationally) when they are feeling well and it may be that an anastomotic problem can happen after they have been discharged. All patients are advised about anastomotic leak in the pre-operative procedures and during consenting, (as was the patient in question, and as indicated on the consent form) and given verbal advice about what to do if they are unwell following discharge. They receive written information about the operation and potential complications before the procedures.

Through this Regulation 28 you require I take to action to "prevent future deaths". These I see as

a. That we put in place mechanisms which ensure prior to and at the point of discharge we confirm and document key assessments have been made (e.g. pain control),and advice provided as information sheets
b. As part of this process follow up arrangements, to include direct contact within 48 hours, by a Colo-Rectal Nurse specialist bringing the service these emergency patients receive in-line with that already in place for those under-going colonic procedures on an elective / scheduled basis.

This being the case we will by (unless otherwise specified) the 6th July ensure the following are in place

- Pre-Discharge check-list- (example enclosed). Consistent with normal current practice for patients undergoing day case surgery, a checklist will be completed on discharge of all patients from the Colo-Rectal Ward
- All other Surgical Wards in Glan Clwyd required to develop and put in place appropriate check-lists by end July.
- Patients to be provided with clear information leaflet (by end July 2015) which will outline
    - Symptoms and signs of concern
    - Those which may occur, yet not of concern
    - The direct dial contact numbers for the Ward in the event of concern
    - The expectation where instructed by ward staff, patients return directly to the colo-rectal ward for assessment, initially by ward Nursing Staff, and

thereafter by the surgical registrar communicating his / her findings to the Consultant who performed the surgery & /or On-Call

- Care of these patients to align with that of planned surgery (start by the 6th July)
    - Patients required to report by telephone to ward daily until contact by Colo-Rectal Nurse Specialist
    - Colo-Rectal Nurse specialist to contact within 48 hours, or as soon as return to normal work after a week-end.

Anastomotic breakdown a known complication, our team believe Mr. Wilson is likely to have been told who and when to contact with any concerns. However, prompted to look more closely we have identified gaps in our processes and documentation which have made such beliefs difficult to confirm. Committing to these actions, though specific to emergency bowel resection, we note the wider lessons. I hope through this letter you are re-assured, and trust you will contact me directly should you require anything further.

Yours sincerely

[redacted]

[redacted]

Site Medical Director

Glan Clwyd Hospital