

Mrs A Pember HM Senior Coroner for Northamptonshire 110 Whitworth Road Northampton NN1 4HJ

8 August 2017

Dear Mrs Pember,

I am writing in response to your letter dated 16 June 2017 regarding an inquest held on 17 and 18 May 2017 and the Regulation 28 report you enclosed. It was saddening to learn of the death of Mrs Macrae following elective spinal surgery but I thank you for sharing this information with us.

The College has followed your direction to consider what actions it could take to try to help to prevent future deaths of this kind. We have shared your letter with our colleagues in the Society for British Neurological Surgeons (SBNS) and the British Association of Spinal Surgeons (BASS) and discussed with them how best to do this. The Presidents of SBNS and BASS have jointly prepared a letter to send to their members, highlighting a number of learning points.

I have enclosed a copy of this letter for you information.

Yours Sincerely

President, Royal College of Surgeons

The Royal College of Surgeons of England

35-43 Lincoln's Inn Fields London WC2A 3PE

T: 020 7869 6009

E: president@rcseng.ac.uk
W: www.rcseng.ac.uk





31st July 2017

To all BASS and SBNS members and trainees

Dear Colleagues

In response to a recent regulation 28 Coroner's report concerning major vascular damage during lumbar discectomy, we are writing to confirm the position of the SBNS and BASS in relation to the awareness and management of this rare and recognised event. It is recognised that this event occurs rarely with an incidence of approximately 1-4000 cases, but is associated with significant morbidity and mortality.

We recommend:

- 1. That during the consent procedure for lumbar discectomy the risk of major vascular injury is **disclosed and discussed**.
- Regular educational programmes to emphasise that the risk of major vascular injury anterior to the vertebral column should be considered within the differential diagnosis of peri/post operative hypotension during or after apparently straightforward lumbar discectomy . This should involve all staff engaged in the assessment and management of patients undergoing spinal surgery.
- 3. We recommend that all providers of spinal surgery have clearly agreed and established protocols for the provision of the appropriate access to urgent vascular imaging and acute vascular services, so that in the rare event of a major vascular injury during lumbar discectomy, expeditious access/transfer to these services are present.

SBNS President

NB:

President BASS