

Shared Decision Making

Background Scenario - Elective surgery, Abdominal Aortic Aneurism (AAA)

Objective:

Create a typical use case for elective surgery, which would look at how the anaesthesia options are discussed “on the day” with the anaesthetist.

Shared Decision Making

Background Scenario - Elective surgery, Abdominal Aortic Aneurism (AAA)

Scenario

John is a 70-year-old man and has been found to have an incidental AAA as part of another routine scan. John has no symptoms from his aneurysm. He is worried by stories about AAAs as his father died of a ruptured aneurysm. He is referred to see the consultant vascular surgeon. He is quite active, drinks about 12 units of alcohol a week, has high blood pressure and is taking medication for this, and he used to smoke moderately but quit 5 years ago. He has a slightly high BMI but is not obese.

The outline of the sequence of events, appointments are shown below:

1st Appointment

Information given to the patient includes : the nature of aneurysmal disease, why it is important, and potential treatment options with risks and benefits.

"It is possible that after this initial consultation that the patient will never be suitable for intervention and after discussion with the patient he is discharged".

Actions for the person include (Initial management):

- medications e.g. aspirin and cholesterol lowering,
- general health advice including continuing to exercise

Investigations and assessments arranged:

CT imaging, CPX testing, Anaesthetic review discussion of anaesthetic options including risks

Patient returns for investigations and assessments. *Patient is discussed at MDT as to best treatment option clinically. Note this is a clinical decision.*

2nd Appointment

SDM discussion, preference provisionally agreed, but “paused” for patient to consider further

3rd Appointment

SDM discussion and shared decision finalised

Pre-Op Assessment Clinic

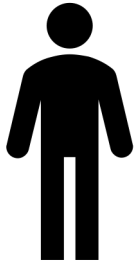
Patient assessed as fit for surgery and is provided with local hospital standard information leaflets about his anaesthesia options, blood transfusions and general information for what happens on the day of surgery.

Day of Surgery

Anaesthesia options discussed and option chosen

Shared Decision Making

Background Scenario - Elective surgery, Abdominal Aortic Aneurism (AAA)



John is a 70-year-old keen to enjoy his retirement with his grandchildren. An **asymptomatic AAA** was found during a routine scan. He is **worried** about the AAA as his father died of a ruptured aneurysm. He also has concerns about not being able to drive. He wants to make the **right choice** about how to proceed.



He is referred to see the **consultant vascular surgeon** who lets John know what was found in the scan. They agree to **discuss the choices** John has at their second appointment and come to a **shared decision** on what is right for John. John is also given some **information leaflets** to look at before the next appointment.

Treatment Options

John's wife, **Janice**, joins him at his next appointment. He understands that **all options carry risk**, but due to his age **delaying treatment** and **having no treatment** could lead to further problems with the AAA if it enlarges as he ages. An **open operation** has higher immediate risks and longer-term benefits, but these benefits are usually seen after 10 years when **John would be 80**.

Treatment Decisions

John opts for the less invasive **stent operation**, understanding that it may require further interventions in the future. He is then offered the choice of **general, regional (with or without sedation), or local anaesthetic**. John understands the risks and would prefer to be asleep under **general anaesthetic**. He felt reassured in his decision after learning about the **alternatives, risks, and benefits**.

Recording Shared Decision Making - AAA
1st Appointment



Recorded Data



System Generated Data



Drop Down Selection

The problem for Shared Decision Making

Problem	Date	Location
Aneurysm of infrarenal abdominal aorta (SNOMED CT 444569004)	12/12/2019	Code for Southend Hospital

Shared Decision Status
In Progress

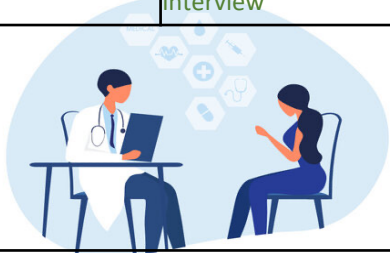
Contacts with professionals

Date	Consultant Name & Responsible Consultant	Location	Role	Use of Interpreter	Video recording	Consent for recording	Copy of video recording	Consultation method	Speciality
13 th Feb 2021	James Brown	Code for Southend Hospital	Consultant Surgeon	04.No	282733006 Video recording of patient interview	Patient consent given	Link to copy	01 Face to face	107 Vascular Surgery Service

Shared Decision Discussion

Clinicians Agenda
To let the patient know what was found in the scan

Patient Agenda
To find out why I am here



What matters to the person

The patient is keen to enjoy his retirement with his grandchildren. He is worried about not being able to drive and that his father died of a ruptured aneurysm.

Options	Risks	Benefits
1. Open operation 2. Stent operation 3. Leave alone 4. Delay treatment 5. General cardiovascular management (aspirin and statin)	All the options carry risk. General risks associated with procedures were discussed such as cardiac, respiratory and renal dysfunction. We discussed the different risks which includes the risks of doing nothing. The risk of doing nothing is about 5% per year for an aneurysm of this size. However, the aneurysm could enlarge and the risk would therefore increase. 1. Open operation carries higher immediate risk but has longer term benefits, however these benefits are not realised until 10 years later. The patient will need to go to ITU afterwards and will have many tubes in place. There is a prolonged recovery and he is likely to feel low. However, the plan would be that he should return to having a performance status the same as to pre-operatively. 2. The stent is less invasive but may require interventions in the future. (endo leaks) 3. As a fit younger man conservative is less appropriate 4. Delayed treatment would confer no benefit as the patient would only be older and the aneurysm would be no easier and potentially more difficult to treat.	Treating the aneurysm will prevent death from aneurysm rupture. This may reduce the patient's ongoing anxiety as he clearly worried about rupture (father) and wishes to spend good time with his grandchildren. Having an aneurysm does not cause the patient symptoms

Post Appointment Actions

Clinicians Actions
Arrange investigations and assessments for CT imaging, CPX testing and anaesthetic review

Person/carer Actions
Aspirin, stay active

Recording Shared Decision Making - AAA

2nd Appointment



System Generated Data



Drop Down Selection



Recorded Data



Previously entered data

Pre-appointment
Information Shared

Information shared
The first appointment had set the scene and information leaflets were given

Contacts with
professionals

Date	Seen by & Responsible Professional	Location	Role	Use of Interpreter	Video recording	Consent for recording	Copy of video recording	Consultation method	Person accompanying the patient	Speciality
20 th Feb 2021	James Brown	Southend Hospital (Code)	Consultant Surgeon	04.No	282733006 Video recording of patient interview	Patient consent given	Link to copy	01 Face to face	Janice Adams - Wife	107 Vascular Surgery Service

Shared Decision
Discussion

Clinicians Agenda	Patient Agenda	Shared Decision Status
The initial appointment stated that decisions would be made at the second appointment. At the SDM appointment a formal introduction was made "now we need to discuss choices and make a decision together	To understand my options and make a decision.	In Progress

Options	Risks	Benefits
1. Open operation 2. Stent operation 3. Leave alone 4. Delay treatment 5. General cardiovascular management (aspirin and statin)	All the options carry risk. General risks associated with procedures were discussed such as cardiac, respiratory and renal dysfunction. We discussed the different risks which includes the risks of doing nothing. The risk of doing nothing is about 5% per year for an aneurysm of this size. However, the aneurysm could enlarge and the risk would therefore increase. 1. Open operation carries higher immediate risk but has longer term benefits, however these benefits are not realised until 10 years later. The patient will need to go to ITU afterwards and will have many tubes in place. There is a prolonged recovery and he is likely to feel low. However, the plan would be that he should return to having a performance status the same as to pre-operatively. 2. The stent is less invasive but may require interventions in the future. (endo leaks) 3. As a fit younger man conservative is less appropriate 4. Delayed treatment would confer no benefit as the patient would only be older and the aneurysm would be no easier and potentially more difficult to treat.	Treating the aneurysm will prevent death from aneurysm rupture. This may reduce the patient's ongoing anxiety as he clearly worried about rupture (father) and wishes to spend good time with his grandchildren. Having an aneurysm does not cause the patient symptoms

Post
Appointment Actions

Clinicians Actions	Person Actions
Arrange Appointment	Consider the options

Recording Shared Decision Making - AAA

3rd Appointment



System Generated Data



Drop Down Selection



Recorded Data



Previously entered data

Contacts with professionals

Date	Seen by & Responsible Professional	Location	Role	Use of Interpreter	Video recording	Consent for recording	Copy of video recording	Consultation method	Person accompanying the patient	Speciality
27 th Feb 2021	James Brown	Southend Hospital (Code)	Consultant Surgeon	04.No	282733006 Video recording of patient interview	Patient consent given	Link to copy	01 Face to face		107 Vascular Surgery Service

Shared Decision Discussion

Clinicians Agenda	Patient Agenda
To achieve a decision	To check and make my decision

Options	Risks	Benefits
1. Open operation 2. Stent operation 3. Leave alone 4. Delay treatment 5. General cardiovascular management (aspirin and statin)	All the options carry risk. General risks associated with procedures were discussed such as cardiac, respiratory and renal dysfunction. We discussed the different risks which includes the risks of doing nothing. The risk of doing nothing is about 5% per year for an aneurysm of this size. However, the aneurysm could enlarge and the risk would therefore increase. 1. Open operation carries higher immediate risk but has longer term benefits, however these benefits are not realised until 10 years later. The patient will need to go to ITU afterwards and will have many tubes in place. There is a prolonged recovery and he is likely to feel low. However, the plan would be that he should return to having a performance status the same as to pre-operatively. 2. The stent is less invasive but may require interventions in the future. (endo leaks) 3. As a fit younger man conservative is less appropriate 4. Delayed treatment would confer no benefit as the patient would only be older and the aneurysm would be no easier and potentially more difficult to treat.	Treating the aneurysm will prevent death from aneurysm rupture. This may reduce the patient's ongoing anxiety as he clearly worried about rupture (father) and wishes to spend good time with his grandchildren. Having an aneurysm does not cause the patient symptoms

Post Appointment Actions

Shared Decision Repair of abdominal aortic aneurysm with insertion of endovascular stent graft SCTID: 699667004	Shared Decision Review Date 	Decision Issues Flag: No If Yes, Issue/Reason:	Shared Decision Valid
Clinicians Actions Arrange operation	Person Actions Aspirin, stay active		

Recording Shared Decision Making - AAA

Day OF OPERATION - STENT



System Generated Data



Drop Down Selection



Recorded Data



Previously entered data

Contacts with professionals

Date	Seen by & Responsible Professional	Location	Role	Use of Interpreter	Video recording	Consent for recording	Copy of video recording	Consultation method	Person accompanying the patient	Speciality
27 th Feb 2021	Mary Smith	Southend Hospital (Code)	Consultant Anaesthetist	04.No	282733006 Video recording of patient interview	Patient consent given	Link to copy	01 Face to face	Janice Adams - Wife	Anaesthetist

Shared Decision Discussion

Clinicians Agenda	Patient Agenda
To review the general information about anaesthesia provided at the pre-op assessment clinic and confirm a shared care decision about conduct of anaesthesia on the day	To understand his options and make a decision

Options	Risks	Benefits
1. General anaesthetic 2. Regional anaesthetic (sedation) 3. Local anaesthetic (arterial line, CVC, urinary catheter, blood transfusion/cell salvage, HDU/ICU)	1. Common risks include sickness, bruising, a sore throat, pain at the injection site, minor lip or tongue injury, and temporary memory loss (mainly in over 60s). Rare risks include minor nerve injury, corneal abrasion, anaphylaxis, damage to teeth requiring treatment and permanent peripheral nerve damage. Very rare risks such as awareness during anaesthetic, loss of vision, and death are less common than the risks we all take in normal life, such as road travel. 2. Potential risks include damage to the nervous system, infections, and death Sedation is an additional option to consider for regional anaesthetic. The risks are the same as GA, however, surgeons usually prefer fully awake or GA as it is difficult for patients to breath hold during imaging. 3. Risks include minor discomfort and bleeding at injection site, dizziness, and headaches – these will usually pass. Rarely causes seizures and anaphylaxis. Additional options for local anaesthetic to consider are an arterial line (risks include vascular injury, haematoma, and infection); CVC (risks include vascular injury, pneumo/haemothorax, and infection); Urinary catheter (risks include infection and urethral trauma); blood transfusion/cell salvage (risks include infection, transfusion reaction, transfusion related acute lung injury, transfusion association circulatory overload, and immunosuppression); HDU/ICU (risk tool indicates low risk [0.6% chance of death] and <u>interim life table</u> shows, based on age, a 1.8% chance of dying this year and an average life expectancy of 14.9 years)	1. Asleep, comfort during long/complex surgeries, keeps patients still during imaging. 2. Awake, avoids GA complications. Sedation provides comfort during long/complex surgeries. 3. Awake, avoids GA complications. Arterial line provides haemodynamic stability and blood gas analysis. CVC gives inotropes. Urinary catheter monitors urine output, avoids retention/obstructive nephropathy, and provides fluid management. Blood transfusion/cell salvage avoids anaemia and death.

Post Appointment Actions

Shared Decision	Shared Decision Review Date	Decision Issues Flag: No	Shared Decision
Use of general anaesthetic		If Yes, Issue/Reason:	Valid
Clinicians Actions	Person Actions		