

Local anaesthetic thoracoscopy survey

Dear Colleagues,

We wish to gather some information about current local anaesthetic thoracoscopy (LAT) practices across the UK. The following questions relate to the LAT service offered at your centre and should take approximately 5 minutes to complete.

Many thanks in advance.

Duneesha de Fonseka, Rahul Bhatnagar and Nick Maskell (Bristol)

***Required**

1. Email address *

2. Your name

3. Name of your Trust *

Standard diagnostic approach

4. In your centre, what is the preferred method for investigating an undiagnosed pleural effusion?

Mark only one oval.

- ☐ LAT
- ☐ VATS/other thoracic surgery
- ☐ Drainage and radiological biopsy
- ☐ Other:

LAT service

5. How many trained thoracoscopists work in your Trust? *

6. Do you have access to a dedicated procedure list to perform LATs? *

Mark only one oval.

- ☐ Yes
- ☐ No

7. What's the frequency of these lists? **Mark only one oval.*

- ☐ Weekly
- ☐ Twice a week
- ☐ Alternate weeks
- ☐ Ad-hoc

8. Where do you perform thorascopies? **Mark only one oval.*

- ☐ Dedicated procedure room
- ☐ Endoscopy
- ☐ Theatre
- ☐ Other: _____

9. Do you routinely admit patients overnight following a thoracoscopy? **Mark only one oval.*

- ☐ Yes
- ☐ No

Pre-procedure

10. Are patients required to be 'nil by mouth' (NBM) prior to the procedure? **Mark only one oval.*

- ☐ Yes
- ☐ No

11. If 'yes', for how long?*Mark only one oval.*

- ☐ 4 hours
- ☐ 6 hours
- ☐ 12 hours
- ☐ Not applicable
- ☐ Other: _____

12. Would you perform an elective thoracoscopy on Clopidogrel? **Mark only one oval.*

- ☐ Yes
- ☐ No

13. If 'No' to question above, when would you stop the Clopidogrel?*Mark only one oval.*

- ☐ 2 days prior to LAT
- ☐ 5 days prior to LAT
- ☐ 7 days prior to LAT
- ☐ 10 days prior to LAT
- ☐ Not applicable
- ☐ Other: _____

14. Do you routinely administer prophylactic antibiotics for thoracoscopy? **Mark only one oval.*

- ☐ Yes - oral antibiotics
- ☐ Yes - IV antibiotics
- ☐ No - I don't give any antibiotics

15. If 'yes' to above, which antibiotics do you routinely prescribe pre-thoracoscopy?

16. Do you routinely use sedation when performing LATs? (e.g. Midazolam, Fentanyl, Alfentanil etc) **Tick all that apply.*

- ☐ No
- ☐ Yes - Midazolam
- ☐ Yes - Fentanyl
- ☐ Yes - Midazolam and Fentanyl
- ☐ Other: _____

17. Any other pre-medication? *

18. Do you routinely use point-of-care ultrasound when performing LAT for pleural effusion? **Mark only one oval.*

- ☐ Yes
- ☐ No

19. Where the amount of fluid is minimal, would you induce a pneumothorax to perform a LAT?*Tick all that apply.*

- ☐ Yes. I would induce a pneumothorax
- ☐ No. I would abandon procedure

Skip to question 19.

Procedure

20. Do you routinely follow a formal safety checklist or sign-in/sign-out procedure?*Mark only one oval.*

- ☐ Yes
- ☐ No

21. Type of thoracoscope(s) available*Mark only one oval.*

- ☐ Rigid
- ☐ Semi-rigid
- ☐ Both

22. Usual number of access ports*Mark only one oval.*

- ☐ Single port
- ☐ Dual port

23. How frequently are observations performed? Select all that apply*Tick all that apply.*

- ☐ At the beginning of the procedure
- ☐ At the end of the procedure
- ☐ During the procedure

24. What type of monitoring is performed? Select all that apply*Tick all that apply.*

- ☐ Heart rate
- ☐ Oxygen saturations
- ☐ Blood pressure
- ☐ Blood sugar level
- ☐ Temperature
- ☐ Other: _____

25. Do you routinely administer intravenous fluid to LAT patients? Select all that apply*Tick all that apply.*

- ☐ Yes - before procedure
- ☐ Yes - during procedure
- ☐ Yes - after procedure
- ☐ No
- ☐ Other: _____

Interventions

26. Would you perform any of the following at the time of LAT?*Tick all that apply.*

- ☐ Adhesiolysis
- ☐ Electrocautery
- ☐ Cryobiopsy
- ☐ IPC insertion
- ☐ Pleural lavage
- ☐ Other: _____

27. Do you routinely pleurodesse at the time of or immediately-post thoracoscopy? **Mark only one oval.*

- ☐ Yes
- ☐ No

28. What is your preferred method of talc pleurodesis? **Mark only one oval.*

- ☐ Talc - slurry
- ☐ Talc - poudrage
- ☐ No preference

Post-procedure

29. Size of drain inserted at the end of procedure?*Mark only one oval.*

- ☐ 16F
- ☐ 18F
- ☐ 20F
- ☐ 22F
- ☐ 24F
- ☐ 28F
- ☐ Other: _____

30. Is thoracic suction routinely applied post procedure?*Mark only one oval.*

- ☐ Yes - immediately/in recovery
- ☐ Yes - when back on ward
- ☐ No
- ☐ Other: _____

31. How are LATs documented at your trust?*Tick all that apply.*

- ☐ Written in the case notes
- ☐ Written procedure/operation note to be filed in the medical records
- ☐ Electronic recording system (e.g. Inflex, CISS etc)
- ☐ Other: _____

32. Do you have access to a database of LATs performed at your centre?*Mark only one oval.*

- ☐ Yes
- ☐ No

Complications

33. Do you have thoracic surgical support on-site if needed for any major complications?*Mark only one oval.*

- ☐ Yes
- ☐ No

34. Do you have 'standard operating procedures' in place for LAT associated complications listed below: (tick if SOP in place)*Tick all that apply.*

- ☐ Intercostal arterial bleeding
- ☐ Venous pleural bleeding
- ☐ Persistent air leak
- ☐ Surgical emphysema
- ☐ Severe intra-LAT pain
- ☐ Severe post-LAT pain
- ☐ Talc pleurodesis associated complications
- ☐ Other: _____

Survey is complete!

Thank you for taking part in the survey.

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