Freedom of Information Request: Our Reference CTHB_165_19

You asked:

 Various incident and mortality rates for acute bowel ischemia for each year over the period 2007 - 2018 (the table to be completed is attached).

I can confirm that the Health Board does not hold the data in a format that would enable us to fully respond to your request to the level of detail required. The only way in which we could identify the detailed information requested would be to review the individual patient case notes for all patients who have had an inpatient stay with a diagnosis of Acute Bowel Ischemia for the period requested.

As this is not information that the Health Board routinely compiles, we would have to carry out a specific exercise to collate this data. From our preliminary assessment, we estimate that to comply with your particular request would exceed the appropriate costs limit under section 12 of the Freedom of Information Act 2000. This is currently £450. In reaching this decision we estimate that it would take staff in excess of 80 hours to locate and review the individual patient case notes. This figure is based on a timescale of 15 minutes per record, there being 322 patient case notes to review. Therefore, to obtain the data would work out at approximately 80 hours @ £25.00 per hour (cost permitted under the Act) = £2,000.

However, we are able to provide the number of inpatients who have been coded with Acute Bowel Ischemia for the period 2010 to 2018 and the number of incidences of developing acute bowel ischaemia following extended hemicolectomy by open surgery/laproscopic surgery. Please note that Cwm Taf Health Board was formed on 1 October 2009, therefore, due to disparate systems used within predecessor organisations, we are only able to provide information from this date onwards.

Please see attached.

2. An explanation of how the rates have been calculated.

We are unable to confirm that Acute Bowel Ischemia was the cause of death and therefore we are unable to calculate mortality rate for this condition. Please see response to question 1.

Please note, the Health Board conduct mortality reviews. However, the review process would not hold any information on cause of death only if the death was avoidable or unavoidable.

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)?

I can confirm that there are no formal pathways or other means of diagnosing Acute Bowel Ischemia used by the Health Board.

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)?

The means of diagnosing Acute Bowel Ischaemia would be by clinical assessment. We would undertake blood tests and blood gas analysis and CT scanning. However, sometimes a diagnosis is only made at the time of a laparomy or post mortem.

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Number of incidences of acute bowel ischaemia by any cause	23	30	16	25	46	40	37	32	34	39
Mortality rate for acute bowel ischaemia by any cause	n/a									
Number of incidences of death during an extended hemicolectomy by open surgery	n/a									
All mortality rates during an extended hemicolectomy by open surgery	n/a									
Number of incidences of death during an extended hemicolectomy by lapriscopic surgery	n/a									
All mortality rates during an extended hemicolectomy by lapriscopic surgery	n/a									
Number of incidences of developing acute bowel ischaemia following extended hemicolectomy by open surgery	0	0	0	0	**	**	0	0	0	0
Rate of developing acute bowel ischaemia following extended hemicolectomy by open surgery	n/a									
Number of incidences of developing acute bowel ischaemia following extended hemicolectomy by laproscopic surgery	0	0	0	0	0	0	0	0	0	0
Rate of developing acute bowel ischaemia following extended hemicolectomy by laproscopic surgery	n/a									
Number of incidences of death from acute bowel ischaemia following extended hemicolectomy by open surgery	n/a									
Mortality rate from acute bowel ischaemia following extended hemicolectomy by open surgery	n/a									
Number of incidences of acute bowel ischaemia following extended hemicolectomy by laproscopic surgery	0	0	0	0	0	0	0	0	0	0
Mortality rate from acute bowel ischaemia following extended hemicolectomy by laproscopic surgery	n/a									
Number of incidences of death from acute bowel ischaemia following any surgery to the bowel by open surgery	n/a									
Mortality rate from acute bowel ischaemia following any surgery to the bowel by open surgery	n/a									
Number of incidences of death from acute bowel ischaemia following any surgery to the bowel by laproscopic surgery	n/a									
Mortality rate from acute bowel ischaemia following any surgery to the bowel by laproscopic surgery	n/a									

Please note, where the figures are less than 5, this has been denoted by **. The exact figures have been withheld due to the low numbers involved.