

Colic Research Questionnaire

Please complete the questionnaire online.

[A paper \(PDF\) copy is available to assist entering the data onto the online questionnaire.](#)

'SET PROTOCOLS' are defined as protocols that are written down or if not written down, are explicitly known by clinic personnel;

SECTION A: HOSPITAL FACILITIES AND CLINICAL STAFF

- 1 **When do you offer colic surgery?**
 At all times (365 days per year, 24 hours a day)
 Some of the time (e.g. depending on which staff are working)

- 2 **Who do you offer colic surgery to?**
 Your practice clients and referral clients
 Practice clients only
 Referral clients only

- 3 **How many horses were admitted to your clinic for investigation of colic in 2019 (exact or approximate)?**

- 3.2 **3.2 Exact or Approximate**

- 4 **How many exploratory laparotomies for signs of colic were performed at your clinic in 2019 (exact or approximate)?**

- 4.2 **4.2 Exact or Approximate**

- 5 **How many clinicians undertake colic surgery as the primary surgeon at your clinic?**

- 6 **For each of these clinicians please complete the following information, ticking all that apply. We do not require any names. For any additional surgeons please fill their details in the 'Notes' section (question 57) under the heading 'Question 6'.**

	Residency training in surgery	Residency training in another discipline	RCVS Advanced Practitioner Status or equivalent qualification in surgery	Diplomate in equine surgery	Diplomate in another equine specialty
Clinician 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician 1 - Approximate years experience performing colic surgery

Clinician 2 - Approximate years experience performing colic surgery

Clinician 3 - Approximate years experience performing colic surgery

Clinician 4 - Approximate years experience performing colic surgery

Clinician 5 - Approximate years experience performing colic surgery

Clinician 6 - Approximate years experience performing colic surgery

7 **How many clinicians who perform colic surgery share the out-of-hours rota?**

8 **Do you have any staff dedicated to emergency cases only during normal working hours (i.e. kept free of routine appointments)?**

Yes

No

9 **Do you have any dedicated out-of-hours staff (i.e. shift-based night cover instead of 'on call' after a normal working day)?**

9.1 **9.1 Nurses/technicians**

Yes

No

9.2 **9.2 Interns**

Yes

No

9.3 **9.3 Surgeons**

Yes

No

9.4 **9.4 Anaesthetists**

Yes

No

9.5 **9.5 Students**

Yes

No

9.6 **9.6 Other**

Yes

No

10 **How many clinicians share the anaesthesia out-of-hours rota?**

11 **How many of the following work full time at your clinic?**

11.2 **11.1) Diploma-holding specialists in large animal/equine internal medicine**

11.3 **11.2) Diploma-holding specialists in emergency and critical care**

11.4 **11.3) Diploma-holding specialists in anaesthesia and analgesia**

11.5 11.4) Diploma-holding specialists in imaging

11.5 11.5) Certificate-holders in any of the above disciplines (who do not also have a diploma)

11.6 11.6) Qualified veterinary nurses or technicians (e.g. RVN/EVN/ET or equivalent)

11.7 11.7) Student veterinary nurses or technicians

11.8 11.8) Intern veterinarians

11.9 11.9) Veterinarians enrolled in specialist residency training programmes

11.10 11.10) Ambulatory veterinarians

11.11 11.11) Veterinarians who do not fit into any of the above categories

12 **How many operating theatres are at your clinic?**13 **How many of these theatres are routinely used for colic surgery?**14 **How many stables/stalls at your clinic are suitable for housing colic patients on intravenous fluid therapy?**15 **Do you have a dedicated intensive care unit/barn for the care of critical patients?** Yes No16 **Do you have camera monitoring in stables/stalls used for colic patients?** No Some stables used for colic patients All stables used for colic patients17 **Do you have isolation stables/stalls available at your clinic?** None Normal stables are adapted for isolation use One specific isolation stable More than one specific isolation stable**SECTION B: ADMISSION AND INVESTIGATION**18 **Who has primary responsibility for the admission and initial investigation of colic cases at your clinic?**

	Never	Sometimes	Most Often	Always
Intern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal medicine or Critical care specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other hospital veterinarian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Ambulatory veterinarian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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19 **Who makes the decision that a horse with colic requires surgery?**

	Never	Sometimes	Most Often	Always
Intern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal medicine or Critical care specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other hospital veterinarian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambulatory veterinarian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20 **What is the minimum number of staff present for every colic admission?**

	No minimum	1	2	3 or more
Veterinarians and nurses/technicians combined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinarians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses/technicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21 **For each diagnostic test listed, please indicate how often it is used in colic investigations at your clinic. Please assume immediate surgery due to uncontrollable pain is not indicated.**

	Never	Sometimes	Most Often	Always
Packed cell volume and total protein	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Full haematology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine biochemistry profile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood lactate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood gas analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrolytes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal ultrasonography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasogastric intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominocentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal radiography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peritoneal fluid lactate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Peritoneal fluid total protein

Peritoneal fluid nucleated cell count

22 **Do you have a set protocol for the order of diagnostic processes used when investigating colic cases?**

 Yes No

23 **Do you have a specific recording sheet/document for colic admissions (i.e. for history and clinical findings)?**

 Yes No

24 **Do you use a set protocol for abdominal ultrasonography of colics?**

 Full abdominal scan FLASH protocol (fast localised abdominal sonography of horses) No protocol Not performed Other protocol, please specify

25 **Do you have a set protocol regarding the number of people performing a rectal examination on one horse?**

 No protocol Maximum 1 person Maximum 2 people Maximum 3 people

26 **Do you have a set protocol regarding medication administration prior to rectal examination?**

 No protocol All cases receive butylscopolamine All cases receive sedation All cases receive butylscopolamine and sedation Butylscopolamine and sedation are not co-administered Other protocol, please specify

27 **Do you have a set protocol regarding location of abdominocentesis?**

 No protocol Midline Right of midline Always ultrasound-guided Other, please specify

28 **Do you have a set protocol regarding method of abdominocentesis?**

 Hypodermic needle (1-2 inches) Spinal needle Teat cannula No set protocol Other, please specify

29 **Question 30 relates to financial estimates. Please type out the currency you will be using to answer it (e.g. Euro, US dollar, British pound e.t.c.)**

30 **For the following case scenarios, please indicate what you would be likely to estimate as the cost of complete surgical treatment (until discharge with no unforeseen complications) at your clinic**

surgical treatment (until discharge with no untorseen complications) at your clinic.

Left dorsal displacement of the large colon, nonresponsive to medical therapy and uncontrollable with analgesia, in a systemically well horse (packed cell volume < 40%, blood lactate < 2mmol/L, no clinical signs of endotoxaemia)	-- Please <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Strangulating small intestinal lesion with no resection required, in a systemically well horse (packed cell volume < 40%, blood lactate < 2mmol/L, no clinical signs of endotoxaemia)	-- Please <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Strangulating small intestinal lesion requiring resection and a jejunocaecal anastomosis in a sick horse (packed cell volume > 45%, blood lactate > 4mmol/L, with or without signs of endotoxaemia)	-- Please <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION C: PERIOPERATIVE PERIOD

31 **What is the minimum number of employed members of staff (or veterinary student assistants) in theatre for every colic surgery?**

	No minimum	1	2	3 or more
Veterinarians and nurses/technicians combined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinarians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses/technicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32 **How many members of staff scrub into each colic surgery in addition to the primary surgeon?**

	None	Sometimes none, sometimes more if required	Always 1 or more if required	Always 2 or more if required
Working hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out-of-hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33 **Who is responsible for general anaesthesia of colic patients? This should be the person actually present and directly overseeing the anaesthetic. If this is variable please tick all potential answers.**

	Intern veterinarian	Experienced veterinarian (>2 years equine experience)	Veterinary nurse or technician	Diploma holder in Veterinary Anaesthesia and Analgesia	Certificate holder in Veterinary Anaesthesia
Out-of-hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34 **Which of the following anaesthetic equipment is available at your clinic? Please tick all that apply.**

	Available	Regularly Used
Electrocardiogram monitor (ECG)	<input type="checkbox"/>	<input type="checkbox"/>
Non-invasive blood pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>

Invasive blood pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Blood gas analysis	<input type="checkbox"/>	<input type="checkbox"/>
Fluid pumps for controlled constant rate infusion administration	<input type="checkbox"/>	<input type="checkbox"/>
Controlled mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>
End tidal carbon dioxide monitoring	<input type="checkbox"/>	<input type="checkbox"/>
End tidal anaesthetic gas monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>

35

Do you have any set anaesthesia protocols for the following at your clinic?

	Set protocol always followed	Set protocol in most cases with few exceptions	Set protocol sometimes followed	No specific protocols
Induction of anaesthesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of anaesthetic drugs for colics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluid therapy during colic anaesthesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intraoperative prokinetic therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted anaesthetic recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36

Do you have any set surgical protocols for the following at your clinic?

	Set protocol always followed	Set protocol in most cases with few exceptions	Set protocol sometimes followed	No specific protocols
Pre-surgical checklists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preoperative antimicrobial treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closure of the prepuce in male horses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catheterisation of the bladder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methods of resection and anastomosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Method of abdominal closure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Method of incisional protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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37 **Which of the following surgical equipment (or other materials) is available at your clinic? Please tick all that apply.**

	Available	Regularly Used
GIA stapler	<input type="checkbox"/>	<input type="checkbox"/>
ILA-100 stapler	<input type="checkbox"/>	<input type="checkbox"/>
TA-90 stapler	<input type="checkbox"/>	<input type="checkbox"/>
Active gas suction	<input type="checkbox"/>	<input type="checkbox"/>
Surgical diathermy (monopolar or bipolar)	<input type="checkbox"/>	<input type="checkbox"/>
Visceral retainer	<input type="checkbox"/>	<input type="checkbox"/>
Sodium carboxymethylcellulose	<input type="checkbox"/>	<input type="checkbox"/>

38 **Have you ever had to significantly delay (by more than 30 minutes) colic surgery on a horse due to:**

	Yes	No
Lack of an available theatre?	<input type="radio"/>	<input type="radio"/>
Lack of equipment?	<input type="radio"/>	<input type="radio"/>
Lack of available staff?	<input type="radio"/>	<input type="radio"/>

SECTION D: POSTOPERATIVE CARE

39 **Are any staff required to be present at the clinic out-of-hours? Please tick all that apply.**

- Intern veterinarian
- Nurse/technician
- Surgeon
- Other veterinarian

40 **Who is responsible for overseeing decision-making regarding postoperative care of colic patients at your clinic?**

- Intern
- Resident
- Ambulatory veterinarian
- Surgeon who performed surgery on that horse
- Another surgical clinician covering a certain service (e.g. 'Soft Tissue')
- Internal medicine or Critical care specialist
- Other hospital veterinarian
- Other, please specify

41 **How is handover of postoperative patient care managed?**

- Informal discussion between veterinarians
- Formalised handover time/rounds with scheduled time in the working day
- Other, please specify

42 **Who is responsible for the practical postoperative care of colic patients i.e. performing checks and routine care?**

	Senior surgeon/clinicians	Nurses/technicians	Intern veterinarians	Other veterinarians	Students
Working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43 **How often are clinical examinations performed on postoperative colic patients in the first 24 hours after surgery as standard (excluding unusual cases that may require more frequent monitoring)?**

- Every 12 hours or less frequently
- Every 8 - 12 hours
- Every 5 - 7 hours
- Every 3 - 4 hours
- Every 1 - 2 hours
- More frequently than every hour

44 **How often is stomach tubing performed on postoperative colic patients in the first 12 hours after surgery?**

- Done only if required (based on clinical signs)
- Every 4 hours or less frequently
- More frequently than every 4 hours
- Varies depending on lesion found at surgery
- Other, please specify

45 **Which of the following are used routinely (at least once daily) in the early postoperative monitoring of colic surgery patients (first 48 hours after surgery)? Please tick all that apply.**

- Packed cell volume
- Total protein
- Peripheral blood lactate
- Abdominal ultrasonography
- Blood gas analysis
- Electrolyte measurement
- Pain scoring using a defined scale
- Other, please specify

46 **If pain scoring is used at your clinic for colic patients please state which scale is used.**

47 **Do you have any set protocols for any of the following postoperative management factors at your clinic?**

	Set protocol always followed	Set protocol in most cases with few exceptions	Set protocol sometimes followed	No specific protocols
Intravenous fluid therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering of oral fluids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Method of fluidation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Method of incision protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of incision protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prokinetic therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48 **How many weeks do you recommend horses remain on box/stall rest after colic surgery?**

49 **How many weeks after colic surgery do you recommend horses are able to begin a gradual return to exercise, assuming there have been no complications?**

SECTION E: CLINICAL GOVERNANCE AND AUDIT

50 **Do you undertake any form of internal audit of colic surgery at your clinic?**

- No (please go to question 53)
- Yes, every 12 months or less frequently
- Yes, every 6 - 12 months
- Yes, more frequently than every 6 months

51 **If you answered yes to question 50, who is responsible for carrying out this audit?**

- Senior clinicians
- Other veterinarians
- Nursing/technician staff
- Administrative staff

52 **If you answered yes to question 50, is this information made available to the public, for example on your website or to an external organisation?**

- Yes
- No

53 **Do you conduct follow-up telephone calls to assess progress of discharged patients?**

- No
- Occasionally
- Routinely for every colic surgery discharged from the clinic
- Only at follow up appointments for practice clients

54 **Do you hold regular morbidity and mortality rounds at your clinic?**

- No (please go to question 57)
- Once every 12 months or less frequently
- Every 7 - 11 months
- Every 4 - 6 months
- Every 2 - 3 months
- Monthly or more frequently

55 **Which staff attend morbidity and mortality rounds?**

	Compulsory	Optional	Not invited
Senior clinicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses/technicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intern veterinarians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other veterinarians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other support staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56 **How are cases selected for discussion at morbidity and mortality rounds?**

- All deaths and complications discussed
- All deaths and selected complications discussed
- Selected cases as chosen by clinicians
- Other, please specify

57 **Please fill in any notes for any questions that require additional information (for example question 6)**

58 **Please fill in any additional information you would like to provide regarding colic surgery at your clinic**

59 **Please give any thoughts you have on ways we can make clinical audit of colic surgery easier to perform in practice.**

ADDITIONAL SECTION F: COVID-19 PANDEMIC

Q60. Has the COVID-19 pandemic affected the ability of your clinic to offer colic surgery at some point between January and September in 2020?

- No – the provision of colic surgery has been completely unaffected at our clinic.
- Yes – we have been unable to offer colic surgery at some points during the pandemic due to staffing or other constraints (e.g. some nights have not been covered on the OOH rota).
- Yes – our ability to offer colic surgery has been greatly reduced for sustained periods (longer than 1 week) during the pandemic.
- Other – please describe.

Q61. Have colic admissions been markedly affected compared to numbers expected to be seen during the COVID-19 pandemic?

- No – colic admissions unaffected (anecdotal)
- No – colic admissions unaffected (based on actual data)
- Yes– colic admissions reduced (anecdotal)
- Yes – colic admissions reduced (based on actual data)
- Yes– colic admissions increased (anecdotal)
- Yes– colic admissions increased (based on actual data)

Q62. In your experience, has the COVID-19 pandemic impacted the likelihood of owners proceeding with colic surgery when indicated?

- No – unaffected.
- Yes – more surgery declined due to economic concerns.
- Other – please describe.

Q63. In your experience, has the COVID-19 pandemic impacted the stage at which horses are referred by referring veterinary surgeons?

- No – unaffected.
- Other – please describe.
- Yes – delayed referrals in some instances.
- Yes – quicker referrals due to decreased capacity to manage colic cases as ambulatory patients.

Q64. Has the COVID-19 pandemic resulted in a more difficult OOH rota for any of the following staff members?

	Yes	No
Interns	<input type="checkbox"/>	<input type="checkbox"/>
Residents	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory vets	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthetists	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>
Surgeons	<input type="checkbox"/>	<input type="checkbox"/>

Q65. Have the number and type of personnel involved in the initial investigation of colic cases been affected?

- Yes – increased number due to absence of owner or lack of student assistants
- Yes – decreased number due to staffing restrictions or social distancing
- No
- Type of personnel involved has changed – Please describe.

Q66. Have the number and type of personnel in theatre for surgical colic cases been affected?

- Yes – increased number due to absence of owner or lack of student assistants
- Yes – decreased number due to staffing restrictions or social distancing
- No
- Type of personnel involved has changed – Please describe.

Q67. Have the number and type of personnel who undertake aftercare of surgical colic cases been affected?

- Yes – increased number due to absence of owner or lack of student assistants
- Yes – decreased number due to staffing restrictions or social distancing
- No
- Type of personnel involved has changed – Please describe.

Q68. Has the COVID-19 pandemic affected the way in which cases are handed over to colleagues?

- No – as before with social distancing face-to-face discussions/rounds
- Yes – fewer people are present at rounds/case handovers
- Yes – rounds/handovers are done using emails or other text messaging/paper formats
- Yes – rounds/handovers are done by video-call
- Other – please describe

Q69. Have you made any changes to clinic protocols relating specifically to colic cases such as colic aftercare (i.e. not general biosecurity)? If yes, please describe.

- Yes - please describe
- No

Q70. Do you have any other comments on how the COVID-19 pandemic has impacted on colic cases or surgery up to September 2020?

Save

