



Ref: FOIA Reference 2023/24-701

Date: 21st May 2024

Email foi@uhnm.nhs.uk

Dear

I am writing to acknowledge receipt of your email dated 22nd December 2023 requesting information under the Freedom of Information Act (2000) regarding Emergency Robotic Surgery in General Surgery.

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1 I am a medical student currently working on a project on the theme of Emergency Robotic Surgery in General Surgery.

If possible, I would like to make an FOI request to obtain the following information email for the time period of 2019-2022:

The total numbers of Emergency general surgery operations performed between January 1st 2019-January 1st 2023. Broken down by: Open, laparoscopic and robotic

A1 To identify the cohort of patients we have looked where the admission was a Non Elective and where the admitting specialty is General Surgery - 100.

Some of the operations given in the example are too generic for clinical coding to advise on OPCS coding, so we have included all records that have OPCS coding applied to them.

Cal Years	Laparoscopic	Robotic	Open	Grand Total
2019	1129	1	7249	8379
2020	943	1	6478	7422
2021	1047		6618	7665
2022	1001	6	6807	7814
Grand Total	4120	8	27152	31280

Q2 Type of robot available in your Trust and used in emergency general surgery cases (Examples include Da Vinci, Versius, Freehand, Soloassist, Microhand S, AESOP, Zeus).

A2 Da Vinci Xi system from intuitive surgical

Q3 Number of robotic general surgery cases performed between January 1st 2019-January 1st 2023. (this includes both emergency and non-emergency operations)

A3 To identify the cohort of patients we have looked where the where the admitting specialty is General Surgery – 100 and the inpatient record has OPCS coding Y753 - ROBOTIC MINIMAL ACCESS APPROACH TO ABDOMINAL CAVITY

382 total patients for the period requested.

Q4 Number the following performed between January 1st 2019-January 1st 2023. Broken down by: Open, laparoscopic and robotic

1. hot cholecystectomies
2. laparotomies
3. appendectomies
4. hernia repairs
5. abscess
6. scrotal explorations (which may be under torsions or orchidopexy)

Regarding the abscess questions we are interested in all incision and drainages of abscesses in perianal, truncal, buttock and limb areas.

A4 There is no information for abscesses we would need to know the site of the abscess and what procedure is being performed ie drainage

procedure	2019	2020	2021	2022	Grand Total
appendectomies	671	570	536	513	2290
LAP	625	518	492	451	2086
OPEN	45	52	44	56	197
ROB	1			6	7
hernia repairs	2150	986	1246	1978	6360
LAP	412	222	288	422	1344
OPEN	1738	764	952	1542	4996
ROB			6	14	20
hot cholecystectomies	964	677	760	784	3185
LAP	928	657	740	765	3090
OPEN	35	20	19	18	92
ROB	1		1	1	3
laparotomies	43	39	59	35	176
LAP	4	5	7	4	20
OPEN	39	33	50	29	151
ROB		1	2	2	5
scrotal explorations	71	53	83	93	300
LAP	4		3	2	9

OPEN	67	53	80	91	291
Grand Total	3899	2325	2684	3403	12311

Q5 Mean length of stay of patients who have undergone the following performed between January 1st 2019-January 1st 2023. Broken down by: Open, laparoscopic and robotic.

1. hot cholecystectomies
2. laparotomies (number of times open abdomens are done)
3. appendectomies
4. hernia repairs
5. abscess
6. scrotal explorations (which may be under torsions or orchidopexy)

A5 There is no information for abscesses we would need to know the site of the abscess and what procedure is being performed ie drainage. To note the below is in days.

procedure	2019	2020	2021	2022	Grand Total
appendectomies	3.8	3.3	4.3	4.3	3.9
LAP	3.5	3.1	3.4	3.4	3.3
OPEN	7.8	6.3	14.0	11.3	9.7
ROB	6.0			7.8	7.6
hernia repairs	3.6	3.9	3.6	2.6	3.3
LAP	3.1	3.0	3.1	2.9	3.0
OPEN	3.7	4.2	3.8	2.5	3.4
ROB			8.3	8.7	8.6
hot cholecystectomies	4.5	4.7	4.6	4.7	4.6
LAP	4.0	4.5	4.4	4.5	4.3
OPEN	16.7	12.2	14.7	15.2	15.0
ROB	7.0		4.0	4.0	5.0
laparotomies	23.3	22.6	32.9	14.1	24.5
LAP	30.8	31.6	18.6	15.3	23.6
OPEN	22.6	21.8	35.7	14.1	25.1
ROB		1.0	12.5	12.5	10.2
scrotal explorations	0.2	0.5	0.3	0.2	0.3
LAP	0.3		0.0	0.5	0.2
OPEN	0.2	0.5	0.3	0.2	0.3
Grand Total	4.0	4.2	4.6	3.4	4.0

Q6 The number and type of complications that occurred in robotic emergency general surgery cases between January 1st 2019-January 1st 2023. Including but not limited to conversions to another type of surgery, device-related complications, injury to surrounding structures or tissue, serums, infection, leakage, hernias.

A6 No complication related to Robotic Emergency surgery

Q7 Number of staff trained to assist with robotic cases.

- A7 Colorectal surgery- 8 trained consultant surgeon, 2 trained Surgical1st assistant, 5 trained colorectal fellows/ registrar, colorectal theatre team fully trained. We have been carrying out robotic colorectal surgery since 2017
- Q8 **The average (Over 4 weeks) number of staff trained to assist in robotic surgery available out of hours (weekends/nights).**
- To elaborate emergency general surgery would include robotic assisted operations in any of: Acute surgical diseases of the abdomen, mesenteric ischaemia, appendectomies, cholecystectomies, hernias, bowel obstruction, adhesiolysis, diverticular disease, diverticulitis, incarceration, perforation, peritonitis, and acute conditions of the gastrointestinal tract.**
- A8 Colorectal team have access to 18 all day operating weekday list out of 20 in a 4-week period. All these lists are fully staffed, and we undertake 2 major colorectal cancer resections on a standard list and 3 major resection on extended list. There is also weekend operating for long waiter. The theatre is fully staffed to cater to the needs of robotic surgery.

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

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This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are

still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

Yours,



Rachel Montinaro
Data Security and Protection Manager - Records