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**Multicentre Audit of Cholecystostomy and Further interventions (MACAFI) – Frequently Asked Questions (FAQs)**

**What is the best way to search in order to find all of the patients who have had a cholecystostomy?**

The coding of IR procedures can often be quite variable. A CRIS (or equivalent radiology system) search is the most effective way to bring up the procedures from the date range. It is worth going to ask one of the IR radiographers what codes are often used for a cholecystostomy. They may be coded as an Ultrasound Guided Drain or as a Percutaneous Drainage for example. If the only code is for Ultrasound Guided Drain then to help filter through these you can ask your radiology IR team to search for keywords in the clinical information and report for example “cholecystostomy”, “gallbladder”, “cholecystitis” and “gallstone”. This will avoid having to manually filter through al the drainage procedures. Many hospitals will have more than one way that cholecystostomies are coded and we recommend combining all possible search methods to avoid missing cases.

**Could you clarify if the data should be anonymised prior to submitting?**

We have updated the columns within the MACAFI workbook so that it now includes ‘Days from admission to….’ rather than including dates of investigations/interventions. All patient identifiable information should be removed prior to submission of the data. This includes patients IDs, date of birth, etc. We would advise initially collecting data including the patient IDs within the local workbook for ease of accessing relevant information, but this information must be removed before submission. We would also advise setting a password within you Excel spreadsheet to increase safety which could be ‘MACAFI2021’.

**What should we do if a patient has more than one of an investigation prior to cholecystostomy? (eg:, CT, ultrasound)?**

This is likely to be the case for many of our patients so if you do come across this, simply list the different investigation dates/findings followed by a comma or slash within the workbook.

**What should we do if a patient has more than one tubogram following the cholecystostomy?**

If this is the case, then only include the earliest post-procedure tubogram as this will provide us with the required information we need for analysis.

**The data collection period is for 2 years, however 6 month follow up data is not yet available for patients who underwent their procedure in November/December 2020**

This is not a problem at all as we will be taking this into consideration during the final analysis. Just input all of the other available information for these patients, including in hospital and 90 day mortality and last follow-up date, and leave the 6 month follow up blank.

**There is an area within the key listing co-morbidities. Do these need to be collected?**

We felt that the collecting of co-morbidities would be both challenging and unreliable, so we decided to exclude this from the data collection points. If the patient has a recorded or available ASA grade then please include this within the relevant column.

**The patient is scheduled/listed to have a cholecystectomy but this has not been performed. How should we document this?**

If this is the case then simply place a 2 within the relevant column *(Underwent Cholecystectomy: 0 = No, 1 = Yes, 2 = awaiting)* and then we will be able to include this within the analysis

**What should we do if the access route for cholecystostomy was not documented?**

If the access route for cholecystostomy was not documented within the procedure report then please place a 3 within the relevant column (Access route for cholecystostomy: 1 = transhepatic, 2 = transperitoneal, 3 = unknown).

**What is the difference between the Cholecystostomy and the ‘IR Percutaneous Stone Removal’ columns?**

The ‘IR Percutaneous Stone Removal’ column refers to additional procedures performed following cholecystostomy. Some centres may be offering further procedures via the transcystic (through the cholecystostomy tract) or transhepatic route in order to remove bile duct stones or gallbladder stones.

**What does ‘Date of last follow up’ mean? Is this surgical or IR follow up?**

This means clinical follow-up so this may be in the form of a clinic letter, blood test or scan. We are aware that many of these patients will not have surgical follow-up following discharge.

**The indication for cholecystostomy is not clear – what should I document for this?**

We are aware that the ‘request forms’ for a cholecystostomy do not always contain the clinical information in terms of whether the cholecystostomy is a definitive treatment or a bridge to eventual surgery. A degree of a discretion can be used in many cases if the request forms are pointing clearly in the direction of the patient not being a surgical candidate. However, if it is unclear, then please leave this section blank.

**What do we do if the patient was diagnosed on numerous imaging modalities prior to cholecystostomy?**

We are aware that many patients will have multiple imaging investigations prior to the decision to proceed with a cholecystostomy in order to confirm the diagnosis or as a response to a clinical deterioration. If this is the case, please write all modalities that were used to diagnose separated by a comma (e.g. 1, 2). When completing the ‘imaging diagnosis date’ column, document the first modality that provided a conclusive diagnosis.

**What do we do if the tubogram shows a dislodged cholecystostomy tube?**

In this case, please place an option 2 within this box which we will take to represent a dislodged tube.

**How will the eventual publication policy of MACAFI work?**

Authorship will involve named individuals involved in study design/ set-up/manuscript preparation and the 'UNITE collaborative' which will include all local collaborators (up to 4 per hospital site) involved with study set-up/ data collection at local hospital sites. All collaborators will therefore be able to cite this work on their CV as a result. There will be a list of all local collaborators on the appendix at the end of the paper which links in to the UNITE collaborative contributors.

**Who should we contact if we have any queries?**

If you have any questions at all then please don’t hesitate to contact one of the MACAFI Study Management Group via the BSIRT email or personal emails.

*BSIRT (bsirt@bsir.org)*

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**Most importantly, thank you so much for your support and contribution to MACAFI so far. It is great to see such enthusiasm for this IR collaborative study so hopefully this can be the first of many!**