Analysis or Intra-operative scanning day.

Present, PG, AC, CR, SM, JB

Apologies MY.

MDT book- discussion points recorded.

QA team delivered a power point presentation summarising QA/audit for 2015/2016, including results of intra-operative scanning day.

Discussion on SFJ thrombus flush to junction? How is it treated? Need to review protocol. To be discussed at next audit meeting.

Discussed with RMP and PSG

RMP- does not ligate generally, however if thrombus is flush to junction, waits until at least 5cm clear/recanalization of junction.

PSG- was of the same opinion. Suggested that patients were reviewed by the vascular surgeons in a RAC clinic, where the SFJ could be scanned and reassessed, 1 week on treatment.

MAU to be contacted to ask what their policy is. (Action QA team)

AC- raised the point that certain labs audit 5% of all of their scans. It was felt that if we did this a lot of scans would be within normal limits. It was decided to create a peer support form, which could be filled in when a colleague is required to give their advice or opinion on a scan. Annual audit of randomly selected scans will still be performed. (Action: QA team)

AC- AC requested that pie chart be altered to reflect if management of patient would be altered with the diagnostic differences highlighted. (Action: QA team/JB)

How to review the quality of reports was discussed- decided that QA team would perform a general check to see if images reflected the report. (Action: QA team)

Aelon 2-2-17.