

# Double surprise question preoperative anesthesia clinic

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<b>Registration date</b> 22/03/2026	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 24/02/2026	<b>Condition category</b> Surgery	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

Plain English summary of protocol not provided at time of registration

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## **Additional identifiers**

## **Study information**

**Scientific Title**  
Double surprise question preoperative anesthesia clinic

**Acronym**  
DSQ-PAC

### **Study objectives**

The primary research question is: What is the prognostic accuracy of the DSQ to predict 1-year mortality for patients  $\geq$  ASA 3 undergoing non-cardiac, non-emergency surgery consulted at the PAC?

Secondary research questions are:

1. What is the incidence of inappropriate care (as defined in the Rationale) in surgical patients with a DSQ group 1, and 2 & 3 at the PAC?
2. In how many patients with group 1, 2 and 3 DSQ answers (and patients who died in group 4 DSQ) is an ACP or consultation of a palliative team accessible through the EPD?
3. What are anesthesia providers' experiences and attitude towards the DSQ at the PAC?
4. A subgroup analysis: What is the prognostic accuracy of the DSQ to predict 1-year mortality for patients  $\geq$  ASA 3 undergoing cardiac, surgery consulted at the PAC?
5. What is the 1-year mortality in the  $\geq$  ASA 3 patients in whom the DSQ was not filled?

**Ethics approval required**  
Ethics approval required

**Ethics approval(s)**  
approved 24/02/2026, METC Oost-Nederland (METC East Netherlands (WMO)) (Philips van Leydenlaan 25, Nijmegen, 6525EX, Netherlands; +3124361 31 54; METCoost-en-CMO@radboudumc.nl), ref: 2025-18457

## Primary study design

Observational

## Secondary study design

Longitudinal study

## Study type(s)

## Health condition(s) or problem(s) studied

Predicting 1-year mortality in surgical  $\geq$  ASA 3 patients at the preanesthesia consultation clinic

## Interventions

Anesthesia healthcare providers were trained to complete the DSQ during the pre-anesthesia consultation for patients with ASA classification  $\geq$  III undergoing elective non-cardiac surgery (and inclusion of cardiac surgery in Amsterdam). The DSQ was incorporated into the anesthesia questionnaire but was not mandatory, similar to other optional elements of the questionnaire. Consequently, anesthesia providers could finalize the consultation without completing the DSQ. All other steps of the pre-anesthesia consultation were performed as per routine practice.

Patients of whom the DSQ is filled presenting at the anesthesia clinic in Amsterdam and Nijmegen during an approximately six-month period in 2024 will be included in the analysis. The following demographic and perioperative data will be collected: age (years), weight (kg), ASA classification (III, IV, V), type of surgery, expected and actual duration of surgery, expected and actual blood loss, expected ICU stay, type of anesthesia (general, procedural sedation and analgesia (PSA), neuraxial, locoregional, general/PSA combined with locoregional or neuraxial anesthesia and length of postoperative hospital stay. The consultation of a palliative care team or availability of an ACP in the electronic patient file at the time of the anesthesia consultation or postoperatively will also be recorded.

One year after the PAC, the following data will be collected:

- Survival status of all patients  $\geq$  ASA 3 presented for elective non cardiac surgery.
- For patients in group 1, 2, 3 and patients who died in group 4 the following outcomes will be retrieved from the medical records: provision of chemotherapy or immunotherapy,  $\geq 2$  emergency department visits,  $\geq 1$  hospital readmission, hospitalization  $>14$  days,  $\geq 1$  unplanned intensive care unit admission, and in-hospital death during one-year follow-up or until death, necessity for a new surgery during the same hospital admission, was a palliative consultation or ACP done.

Of the  $\geq$  ASA 3 patients presenting at PAC of whom the DSQ is not filled, we will collect the survival status, age and type of surgery.

## Intervention Type

Other

## Primary outcome(s)

1. Oneyear survival probability measured using oneyear followup data collected, during the corresponding sixmonth period in 2025, from patients with ASA classification  $\geq$  III undergoing elective non-cardiac surgery recruited from the list of PAC consultations and analysed using a Fisher exact test at one time point

## Key secondary outcome(s))

## Completion date

31/12/2026

## Eligibility

### Key inclusion criteria

1.  $\geq$  ASA 3
2. elective non-cardiac surgery in Nijmegen and in Amsterdam cardiac surgery patients
3. DSQ is filled during consultation at the PAC

### Healthy volunteers allowed

No

### Age group

All

### Lower age limit

0 years

### Upper age limit

120 years

### Sex

All

### Total final enrolment

0

### Key exclusion criteria

1. ASA < 2
2. No pre-anesthesia consultation
3. Emergency surgery
4. Cardiac surgery in Nijmegen
5. Explicit statement to use of patient data
6. Protected patient file for privacy reasons

### Date of first enrolment

24/02/2026

### Date of final enrolment

05/10/2026

## Locations

### Countries of recruitment

Netherlands

### Study participating centre

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## Sponsor information

**Organisation**

Radboud University Medical Center

**ROR**

<https://ror.org/05wg1m734>

## Funder(s)

**Funder type****Funder Name**

Radboud Universitair Medisch Centrum

**Alternative Name(s)**

Radboudumc, Radboud University Medical Center, Radboud University Nijmegen Medical Center, RUNMC

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Universities (academic only)

**Location**

Netherlands

# Results and Publications

Individual participant data (IPD) sharing plan

**IPD sharing plan summary**

Not expected to be made available