

IP Survey IP2042

This report was generated on 01/09/25. Overall 3 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'. A total of 3 cases fall into this category.

The following charts are restricted to the top 12 codes. Lists are restricted to the most recent 100 rows.

I have read the information above which explains the purpose of the project and how any information I provide will be used



I consent (agree) to NICE using the information I have given in the ways described above



How did you hear about this survey?



Are you (the person completing the questionnaire)



Your age

- 56
- 75
- 42

In years

- 2

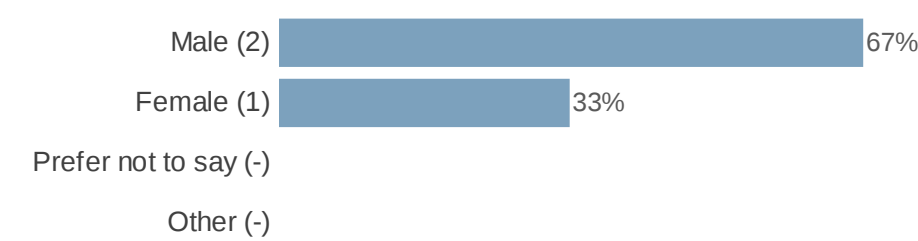
In months

2
20
3

in weeks

1

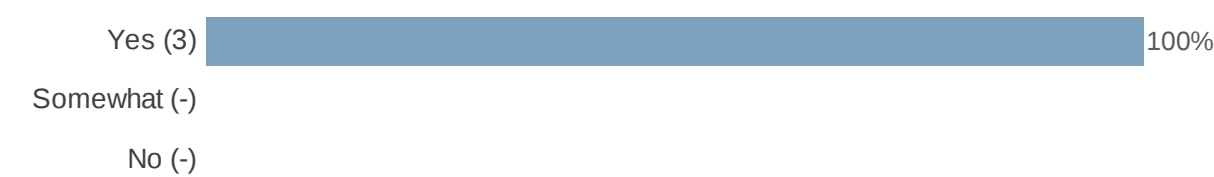
To which gender identity do you most identify?



What other treatment options did you consider, and why did you choose this one?

I was in critical situation admitted in to Queen Elizabeth hospital Birmingham with massive cardiogenic shock ,with 40% of survival rate in that situation I under went this procedure I'm very much thankful to [REDACTED]

Did the procedure work?



Did you have any side-effects following your procedure?



How long did it take you to recover from the procedure?

2 week
less than a month

How did the procedure positively affect your condition and/or your quality of life?
Please consider things such as:

- Your physical symptoms
- Your ability to perform daily activities
- Your quality of life, lifestyle and/or social life
- Your state of mind, emotional health and/or wellbeing
- The effect on family, friends and others

Just as normal

it positively affected my physical condition before this procedure if I walk for some distance or climb staircase i used to feel breathless but now I don't feel any more overall I m feeling better in terms of daily activities, quality of life, state of mind/social life emotional health/wellbeing effect of family ,friends and others

How did the procedure negatively affect your condition and/or your quality of life?
Please consider things such as:

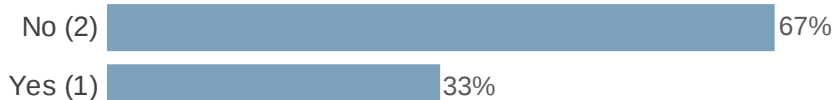
- Your physical symptoms
- Your ability to perform daily activities
- Your quality of life, lifestyle and/or social life
- Your state of mind, emotional health and/or wellbeing
- The effect on family, friends and others

Nine

No symptoms

no negative remarks

Did you require anymore treatment, including procedures or surgery after this procedure?



If **yes**, please provide further details.

I m waiting for my CABG

Would you recommend this procedure to another patient with your condition?



If **yes**, what might you tell them?

To have it

if you are in the same condition as I was go for it the cardiac care is excellent you will be in the safe hands

If the procedure had an impact on any other areas of your life that are not covered by the questions above please tell us about them here.

sexual life