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Guidelines and consensus

Evidence-based clinical practice manual: Postoperative controls[☆]



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ABSTRACT

Introduction: Post-anesthetic care reduces the anesthesia-related postoperative complications and mortality, shortens the length of stay at the postoperative care units and improves patient satisfaction.

Objective: To establish a set of recommendations for immediate post-anesthetic care of patients that received general/regional anesthesia or profound/moderate sedation at the postoperative care units.

Methodology: This is a process of “rapid” clinical practice guidelines adaptation, including systematic search. The illegible guidelines for adaptation were rated using AGREE II. The guideline selected to be adapted as the clinical practice handbook was *Practice guidelines for post-anesthetic care of the American Society of Anesthesiologists*. The manual was evaluated in terms of implementation ability, up-to-date information, relevancy, ethical considerations and patient safety by the group of anesthesiologists and epidemiologists based on Delphi.

Result: The manual kept the recommendations on evaluation and monitoring, pharmacological management of postoperative nausea and vomiting, antagonistic actions for sedatives and analgesics and neuromuscular block agents, emergency management and anesthesia recovery, as well as the criteria for discharge from the unit. Indications about the conditions and requirements of the unit and patient admission were also included.

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Conclusions: This handbook comprises the basic guidelines for primary management of patients at the postoperative care unit. It may be amended or adapted according to the institutional requirements and for specific patient groups and is not intended to replace the existing protocols at the particular institution and does not define outcomes or prognosis.

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Manual de práctica clínica basado en la evidencia: controles posquirúrgicos

R E S U M E N

Palabras clave:

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Introducción: El cuidado posanestésico disminuye las complicaciones y mortalidad posoperatorias inmediatas relacionadas con la anestesia, acorta la estancia en las unidades de cuidado posoperatorio y mejora la satisfacción de los pacientes.

Objetivo: Establecer un conjunto de recomendaciones para el cuidado posanestésico inmediato de los pacientes que recibieron anestesia general/regional o sedación profunda/moderada en las unidades de cuidado posoperatorio.

Metodología: Un proceso de adaptación "rápida" de guías de práctica clínica, que incluyó búsqueda sistemática. Se calificaron las guías elegibles a adaptar, mediante AGREE II. La guía seleccionada para su adaptación como manual de práctica clínica fue *Practice guidelines for postanesthetic care* de la *American Society of Anesthesiologists*. El manual fue evaluado por un grupo de anestesiólogos y epidemiólogos mediante Delphi, en términos de implementabilidad, actualización, pertinencia, consideraciones ética y seguridad del paciente.

Resultado: El manual mantuvo las recomendaciones sobre evaluación y monitorización, manejo farmacológico de náuseas y vómito posoperatorio, antagonismo de los efectos de sedantes, analgésicos y agentes de bloqueo neuromuscular, el manejo de la emergencia y recuperación anestésica, y los criterios para egreso de la unidad. Se incluyeron indicaciones sobre condiciones y requisitos de la unidad y el ingreso del paciente a esta.

Conclusiones: Este manual es una guía básica sobre el manejo primario de los pacientes en la unidad de cuidado posoperatorio, puede ser modificado o adaptado según los requerimientos institucionales y para grupos específicos de pacientes; no pretende reemplazar los protocolos existentes en cada institución ni puede definir desenlaces ni pronósticos.

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Introduction

The practice of anesthesiology has made considerable progress in terms of patient safety. The drop in surgery, anesthesia and perioperative care-associated mortality has been possible through mechanisms such as improved monitoring techniques, the development and dissemination of clinical practice guidelines and other systematic approaches aimed at reducing the number of errors.¹

A meta-analysis including 87 trials measuring mortality in over 3000 patients – out of 21.4 million that received general anesthesia for a surgical procedure – found that the anesthesia-related mortality has decreased from 357 per million (95% CI=324–394) from 1960 to 1969 to 52 per million during the first decade of this current century. The contribution of anesthesia to perioperative mortality prior to 1980 was 3.4% and dropped to 2.9% between 2000 and 2009. The least developed countries exhibit a 5.49 fold risk of dying from anesthesia.² Another meta-analysis reported

a reduction in perioperative mortality between 1954 and 2006 and when comparing Brazil's perioperative mortality against the developed countries, no differences were found.³

The registry trial of 1.37 million elective surgeries in Germany (ASA I and II), from 1999 to 2010, indicated that 26.2 of every million patients operated on, experienced a serious complication or died (95% CI=19.4–34.6). Of these latter patients, 7.3 of every million could be associated with anesthesia or with problems related to the anesthesiologist care (95% CI=3.9–12.3). Only one case out of eighty was due to post-anesthesia care problems.⁴

The most frequent complications in postoperative care units are nausea and vomiting, with an incidence rate between 10 and 30%.⁵ A retrospective trial including 18,473 patients detected 23% complications: 6.9% of upper respiratory tract problems; 2.7% hypotension; 1.4% dysrhythmias; 1.1% hypertension; 0.6% altered mental status and 0.6% of major cardiac events.⁶ Oxygen desaturation is one of the most frequent major problems.⁷

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