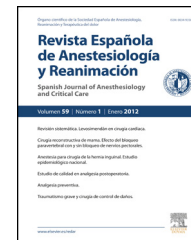




Revista Española de Anestesiología y Reanimación

www.elsevier.es/redar



ORIGINAL

Is obesity a risk factor for complications, hospital admissions, and surgical cancellations in ambulatory surgery?☆

M. Arance García^{a,*}, F. Docobo Durántez^b, C. Conde Guzmán^c, M.C. Pérez Torres^a, R. Martín-Gil Parra^d, P.E. Fernández Jiménez^a

^a Servicio de Anestesiología y Reanimación, Unidad de Cirugía Mayor Ambulatoria, Hospital Universitario Virgen del Rocío, Sevilla, Spain

^b Servicio de Cirugía General, Unidad de Cirugía Mayor Ambulatoria, Hospital Universitario Virgen del Rocío, Sevilla, Spain

^c Servicio de Urgencias, Hospital Juan Ramón Jiménez, Huelva, Spain

^d Servicio de Anestesiología y Reanimación, Hospital Virgen de la Arrixaca, Murcia, Spain

Received 3 September 2013; accepted 27 March 2014

KEYWORDS

Obesity;
Body mass index;
Outpatient surgery;
Postoperative complications;
Unanticipated admission;
Cancellations

Abstract

Objectives: To determine the incidence of outcomes, unanticipated admissions and cancellations in patients operated in an Ambulatory surgery unit, and to establish the relationships with their body mass index (BMI).

Subjects and methods: An observational descriptive prospective study was conducted in the Ambulatory surgery unit of the University Hospital Virgen del Rocío of Seville, on ASA I or II adult patients proposed for day case surgery with loco-regional or general anaesthesia. A cohort of 1088 patients was classified according to their body mass index into four groups: no obesity (BMI < 30), obesity I (BMI 30–34.9), obesity II (BMI 35–39.9), and morbid obesity III (BMI 40–49.9). Postoperative outcomes (48 h), inpatient admissions, and cancellations were calculated.

Results: The obesity II (BMI 35–39.9) group showed a higher incidence of postoperative complications (7.69%), unplanned admissions (7.69%), and surgical cancellations (4.87%), doubling, at least, the incidence of adverse events of the other study groups, even when no significant difference was found. Outcomes were similar in all study groups.

Conclusions: The results of this study suggest that moderate and severe obesity should be a risk factor for postoperative complications, unplanned admissions, and cancellations in outpatient surgery. Adequate patient selection and preoperative evaluation, as well as strategies for the

☆ Please cite this article as: Arance García M, Docobo Durántez F, Conde Guzmán C, Pérez Torres MC, Martín-Gil Parra R, Fernández Jiménez PE. ¿Es la obesidad un factor de riesgo de complicaciones, ingresos y suspensiones quirúrgicas en cirugía mayor ambulatoria? Rev Esp Anesthesiol Reanim. 2015. <http://dx.doi.org/10.1016/j.redar.2014.03.016>

* Corresponding author.

E-mail address: malenarance@hotmail.com (M. Arance García).

PALABRAS CLAVE

Obesidad;
Índice de masa corporal;
Cirugía mayor ambulatoria;
Complicaciones postoperatorias;
Ingreso no esperado;
Suspensiones quirúrgicas

prevention and control of the most frequent complications in obese patients are the key factors for their integration in major ambulatory surgery programmes.

© 2013 Sociedad Española de Anestesiología, Reanimación y Terapéutica del Dolor. Published by Elsevier España, S.L.U. All rights reserved.

¿Es la obesidad un factor de riesgo de complicaciones, ingresos y suspensiones quirúrgicas en cirugía mayor ambulatoria?

Resumen

Objetivo: Registrar la incidencia de complicaciones postoperatorias, ingresos inesperados y suspensiones quirúrgicas en pacientes intervenidos en una Unidad de Cirugía mayor ambulatoria estableciendo su relación con los índices de masa corporal (IMC) de los mismos.

Material y métodos: Se realizó un trabajo observacional descriptivo prospectivo en la Unidad de Cirugía mayor ambulatoria del Hospital Universitario Virgen del Rocío en Sevilla.

Se incluyó a todos los pacientes adultos ASA I o II propuestos para intervención quirúrgica en régimen de cirugía mayor ambulatoria que precisaban anestesia general o locorreional, con o sin sedación. Se seleccionó a 1.088 pacientes que se clasificaron según su IMC en 4 grupos: no obesidad (IMC < 30), obesidad tipo I (IMC 30-34,9), obesidad tipo II (IMC 35-39,9) y obesidad tipo III mórbida (IMC 40-49,9). Se analizaron las complicaciones en las 48 h posteriores a la intervención, los ingresos inesperados y las suspensiones quirúrgicas en cada grupo de estudio. **Resultados:** El grupo obesidad tipo II (IMC 35-39,9) registró la mayor incidencia de complicaciones postoperatorias (7,69%), ingresos (7,69%) y suspensiones quirúrgicas (4,87%), duplicando en el mejor de los casos el registro de estos eventos en el resto de grupos, aunque no se encontró asociación estadísticamente significativa entre la incidencia de estas variables y el grupo de estudio. El tipo de eventos registrados fue similar en todos los grupos de estudio.

Conclusiones: Grados de obesidad moderados y severos podrían estar asociados a un aumento de la incidencia de complicaciones postoperatorias, especialmente dolor y náuseas y/o vómitos postoperatorios, ingresos inesperados y suspensiones en los programas de cirugía mayor ambulatoria. Una adecuada selección y preparación preoperatoria por parte de profesionales especializados en programas de cirugía mayor ambulatoria y estrategias encaminadas a la prevención y el control de las complicaciones más prevalentes en este colectivo son las claves para la integración de pacientes con IMC altos en las unidades de cirugía mayor ambulatoria.

© 2013 Sociedad Española de Anestesiología, Reanimación y Terapéutica del Dolor. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Obesity is currently one of the main health problems in the developed world where, according to the World Health Organisation (WHO), it has reached pandemic proportions and is now the second major preventable cause of death after smoking. From a clinical perspective, obesity is frequently comorbid with other chronic diseases such as hypertension (HTN), diabetes mellitus (DM) or sleep apnoea, and can reduce life expectancy by between 8 and 10 years.

Obesity is currently considered a clinical factor for excluding patients with a high body mass index (BMI) from major day surgery (MDS) programmes. In its "Guidelines for day case surgery" (1992), the Royal College of Surgeons set the maximum BMI for MDS patients at 30,¹ although many day surgery units take a more relaxed attitude to this recommendation, above all those offering specific MDS programmes, as is the case in our hospital. The most common arguments for excluding patients with a high BMI from MDS programmes

are, on the one hand, possible association of obesity with a higher incidence of postoperative complications such as deep vein thrombosis,² and an increased number of respiratory infections³ or surgical wound infections,^{4,5} and on the other, the technical difficulties associated with surgical and anaesthesia procedures (difficult airway, venous catheterisation failure or difficulties in regional anaesthesia techniques). However, advances in MDS, the introduction of minimally invasive surgery, improvements in anaesthetic management, coupled with the steady increase in the incidence of obesity in developed countries, means that patients with a BMI over 30 are regularly treated in specialist MDS units⁶ on the basis of a case-by-case evaluation of their general health and the scheduled surgical and anaesthetic procedure.

The admission criteria for obese patients in MDS programmes has yet to be defined, and the decision to include or reject these patients depends on local management criteria, or even on the individual decision of the anaesthetist or

Download English Version:

<https://daneshyari.com/en/article/2769891>

Download Persian Version:

<https://daneshyari.com/article/2769891>

[Daneshyari.com](https://daneshyari.com)