

MELD-Na (the new MELD) and peri-operative outcomes in emergency surgery

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Abstract

Background: The new Model for End-Stage Liver Disease includes serum sodium (MELD-Na). To evaluate its predictive power in non-transplant surgery, we analyzed emergency surgery outcomes of cirrhotic patients, hypothesizing that negative outcomes could be associated with discrete MELD-Na score thresholds.

Methods: Retrospective chart review was conducted of patients with cirrhosis undergoing emergency surgery at our institution from 2001 to 2013 (n = 85). Risk thresholds and predictors of peri-operative outcomes were identified using univariate and multivariate regression.

Results: MELD-Na scores of 19, 17, and 12 were identified as predictors of 30-day mortality (OR=3.44), post-operative complications (OR=3.08), and discharge to home (inverse relationship, OR=0.31). Post-operative complications were independent negative predictors of discharge to home (OR=0.21).

Conclusion: Although emergency surgery in patients with cirrhosis can be life-saving, knowledge of the significant peri-operative risk should drive decision-making, informed by the increased risk associated with these score thresholds. Further study is needed to establish definitive MELD-Na thresholds.

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