

Effectiveness and safety of continuous neuromuscular blockade in trauma patients with an open abdomen: A follow-up study

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Background: Neuromuscular blocking agents (NMBA) have been associated with decreased time to fascial closure following damage control laparotomy (DCL). Changes in resuscitation over the last decade bring this practice into question.

Methods: A retrospective cohort study of adults who underwent DCL between 2009-2015 was conducted at an ACS-verified level 1 trauma center. The study group (NMBA+) received continuous NMBA within 24 hours of DCL. Data collected included demographics, resuscitative fluids, mortality, and complications. The primary outcome was time to fascial closure. Factors associated with abdominal closure were determined by ordinal logistic regression.

Results: There were 222 patients included (NMBA+ 125; NMBA- 97). Demographics were similar, including median age (NMBA+ 36; NMBA- 39 years) and ISS (NMBA+ 29; NMBA- 34). There was no difference in median time to closure (NMBA+ 2; NMBA- 2 days) or the incidence of complications (NMBA+ 64%; NMBA- 59%). In a regression model, NMBA exposure was not associated with time to abdominal closure.

Conclusions: In adult trauma patients requiring DCL, continuous NMBA did not affect the time to abdominal closure.

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