

Prevalence of postoperative morbidity in patients undergoing major thoraco-abdominal oncosurgery

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Background: Due to rapidly advancing surgical techniques and perioperative management more patients with comorbidities and poor physical condition are considered for surgical treatment for thoraco-abdominal cancers leading to increased incidence of postoperative morbidity. Postoperative morbidity has significant impact on length of hospital stay, cost of health care and long term survival. We evaluated incidence, types and risk factors of postoperative morbidity after thoracoabdominal oncosurgery.

Methods: Patients scheduled for elective major thoraco-abdominal oncosurgery that was expected to last more than or equal to two hours and/or with anticipated blood loss more than 500 ml were included in the study. On the 3rd and 5th postoperative day postoperative morbidity survey (POMS) was administered by questioning the patients and their care-givers, examination of the patient and review of patients' charts, investigations and other records.

Results: Total 323 patients were recruited in the study. POMS-defined morbidity was present in 60.4% patients on postoperative day (POD) 3 and in 18.9% patients on POD 5. Most common morbidity on POD 3 was pain (34.8%) followed by gastrointestinal (24.2%) and pulmonary (14.3%) complications. On POD 5, three most common complications were gastrointestinal (7.8%), pulmonary (6.2%) and pain (5.9%). In multivariate analysis female sex, hypertension, duration of surgery, intraoperative urine output and delayed extubation were found to be independent predictors of POMS-defined morbidity on POD 3. However, on POD 5 multivariate analyses showed that intraoperative inotrope requirement, delayed extubation and ICU stay were independent predictors of POMS-defined morbidity.

Conclusion: Postoperative morbidity is a potential problem after thoraco-abdominal oncosurgery. The incidence of postoperative morbidity after thoracoabdominal oncosurgery was 60.4% and 18.9% on postoperative day 3 and 5 respectively. Most common complications were postoperative pain, gastrointestinal and pulmonary complications.

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