

عنوان مقاله:

Prediction of care after surgery using surgical Apgar score during surgery by surgeons and anesthesiologists

محل انتشار:

فصلنامه بین المللی تحقیقات پزشکی، دوره 6، شماره 4 (سال: 1396)

تعداد صفحات اصل مقاله: 8

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خلاصه مقاله:

Background: Medical providers continue to maintain a decreased frequency of major hazards after surgery for patients undergoing any surgery. Variable postoperative outcomes can be due to differences in patients' preoperative risks. The intraoperative surgical Apgar score may predict postoperative one month hazards. **Objective:** To show the influence of applying the surgical Apgar score by surgeons and anesthesiologists together on clinical outcome after surgery. **Methods:** Our prospective, double blind and randomized included 166 patients, of both sexes, aged 35-62 years, classed I-IV physical status by the American society of anesthesiologists and scheduled for different elective or emergency general surgical procedures with routine outpatient or inpatient follow up after surgery at Prince Hashim (Zarqa) and King Hussein (Amman) hospitals, Jordan, during the period June 2015-June 2016, after obtaining written informed consent from all participants. Patients were divided into a group I (n=83) with standard outcome after surgery and a group II (n=83) with outcome affected by the surgical Apgar score. In the second group, the surgical Apgar score was calculated by grouping patients into three classes (0-3, 4-7 and 8-10). The ten-point surgical Apgar score is recorded at the end of any surgery from the average blood loss, least mean arterial pressure and least heart rate during the surgery. The score is the sum of the points (0, 1, 2, 3 and 4) from each category. The primary outcome included a one month hazards after surgery. Secondary outcome included immediate admissions to the intensive care unit during one month of the primary surgery. Continuous variables were analyzed using Mann-Whitney U test. Categorical variables were analyzed using chi-squared test. Univariate logistic regression was used to compare outcomes in the two groups. **Results:** Frequency of hazards was comparable in both groups (GI: 24/83 (28.9%), GII: 27/83 (32.5%), although it was more in the second group, $P > 0.05$). Immediate admissions to the intensive care unit was more but not significant in the second group (22/83 (26.5%)) than in the first group (16/83 (19.3%)), ($P > 0.05$). **Conclusions:** The surgical apgar score may show a discrepancy in postoperative outcome, especially if differences in clinical outcome are to be implemented, using a quality enhancement method.

کلمات کلیدی:

hazards after surgery; intensive care unit admission; surgical Apgar score

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