



[Abstract:0223]
**PREOPERATIVE ELECTROCARDIOGRAM IN
PREDICTION OF 90-DAY POSTOPERATIVE
MORTALITY**

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Background: There are conflicting data on the relationship between preoperative electrocardiogram and postoperative mortality. We aimed to assess the predictive value of preoperative ECG on postoperative all-cause mortality in patients undergoing non-cardiac surgery (NCS).

Methods: We retrospectively reviewed records of hospitalized patients who underwent an internal preoperative examination and subsequent NCS in the years 2015–2021. We recorded patient comorbidities, vital functions, results of biochemical tests, ECG. The primary end point was 90-day postoperative all-cause mortality, acquired from the hospital records and the nationwide registry run by the Institute of Health Information and Statistics of the Czech Republic.

Results: We enrolled a total of 2219 patients of mean age 63 years (48% women). Of these, 152 (6.8%) died during the 90-day postoperative period. There were statistically significant associations between increased 90-day postoperative all-cause mortality and abnormal ECG findings in resting heart rate (≥ 80 bpm, relative risk [RR] = 1.82, and ≥ 100 bpm, RR = 2.57), presence of atrial fibrillation (RR = 4.51), intraventricular conduction delay (QRS > 0.12 s, RR = 2.57), ST segment changes and T wave alterations, left bundle branch hemiblock (RR = 1.64), and right (RR = 2.04) and left bundle branch block (RR = 4.13), but not abnormal PQ and QT intervals, paced rhythm, incomplete right bundle branch block, or other ECG abnormalities.

Conclusions: Patients with abnormal preoperative ECG findings have an increased risk of 90-day postoperative all-cause mortality. The highest risk of death was found in patients with atrial fibrillation and left bundle branch block.

Keywords: preoperative electrocardiogram, heart rate, atrial fibrillation, bundle branch block, mortality

Variable		
Age	Mean (\pm SD)	63 (\pm 15)
Sex	Men	1227 (51.9%)
	Women	1135 (48.1%)
Hypertension		1332 (56.4%)
Dyslipidemia		604 (25.6%)
Atherosclerosis		271 (11.5%)
Chronic coronary syndrome		390 (16.5%)
Chronic heart failure		63 (2.7%)
Chronic kidney disease		140 (5.9%)
Ischemic or hemorrhagic stroke		205 (8.7%)
Atrial fibrillation		193 (8.2%)
Diabetes mellitus		538 (22.8%)
Pulmonary disease	COPD	133 (5.6%)
	AB	100 (4.2%)
	ACOS	14 (0.6%)
	Other	62 (2.6%)
Oncologic disease, malignancy		336 (14.2%)
BMI	Mean (\pm SD)	28 (\pm 6)
Smoking	Smoker	702 (29.7%)
	Ex-smoker	279 (11.8%)
Potassium (mmol/l)	Mean (\pm SD)	4.24 (\pm 0.48)
CRP (mg/l)	Median (IQR)	8 (3–43)
Systolic blood pressure	Mean (\pm SD)	139 (\pm 21)
Diastolic blood pressure	Mean (\pm SD)	80 (\pm 12)
Heart rate	Mean (\pm SD)	79 (\pm 16)

SD = standard deviation; COPD = chronic obstructive pulmonary disease; AB = bronchial asthma; ACOS = asthma-COPD overlap syndrome; CRP = C-reactive protein; IQR = interquartile range.

Table 1. Clinical and other characteristics of patients.

Any findings on ECG other than the values listed below were recognized as abnormal.	
Parameter	Normal Values
Rhythm	sinus rhythm including respiratory arrhythmia
Rate	below 100 bpm
PQ interval	120–200 ms
QRS interval	below 120 ms
QT interval	below 450 ms
ST segment	no changes in ST segment
T wave	negative T wave in leads III, aVR, V1

bpm = beats per minute; ms = milliseconds.

Table 2. Values of ECG characteristics considered physiological.

Characteristics		Control N = 2067	Death N = 152	P
Age	Mean (±SD)	62 (±15)	77 (±10)	<0.001
Rhythm	Sinus	1968 (95.2%)	120 (78.9%)	<0.001
	Atrial fibrillation	80 (3.9%)	28 (18.4%)	
	Pacemaker	16 (0.8%)	2 (1.3%)	
	Other	3 (0.1%)	2 (1.3%)	
Heart rate (bpm)	Mean (±SD)	79 (±16)	86 (±19)	<0.001
PQ interval	<0.2 s	1970 (95.3%)	144 (94.7%)	0.711
	0.2–0.3 s	96 (4.6%)	8 (5.3%)	
	>0.3 s	1 (0.0%)	0 (0.0%)	
QRS interval	<0.12 s	1969 (95.3%)	133 (87.5%)	<0.001
	0.12–0.13 s	98 (4.7%)	19 (12.5%)	
	>0.13 s	1 (0.0%)	0 (0.0%)	
Left bundle branch hemiblock	No	1834 (88.7%)	125 (82.2%)	0.044
	LAH	231 (11.2%)	27 (17.8%)	
	LPH	2 (0.1%)	0 (0.0%)	
Bundle branch block	No	1762 (85.2%)	120 (78.9%)	<0.001
	iRBBB	207 (10.0%)	12 (7.9%)	
	RBBB	67 (3.2%)	10 (6.6%)	
	LBBB	28 (1.4%)	10 (6.6%)	
	Non-specific	3 (0.1%)	0 (0.0%)	
QT interval	<0.45 s	2,045 (98.9%)	149 (98.0%)	0.243
	0.45–0.47 s	22 (1.1%)	3 (2.0%)	
	>0.47 s	1 (0.0%)	0 (0.0%)	
ST segment changes	No	1,673 (80.9%)	112 (73.7%)	0.003
	Depressions (>0.5 mm)	43 (2.1%)	5 (3.3%)	
	Elevations	8 (0.4%)	1 (0.7%)	
	Depressions and elevations	10 (0.5%)	5 (3.3%)	
	Early repolarization ST elevations	203 (9.8%)	13 (8.6%)	
	Depressions (<0.5 mm)	130 (6.3%)	16 (10.5%)	
	Other	1 (0.0%)	0 (0.0%)	
T wave changes	No	1518 (73.4%)	88 (57.9%)	<0.001
	Yes	549 (26.6%)	64 (42.1%)	
Other ECG abnormalities*	No	1585 (76.7%)	107 (70.4%)	0.093
	Yes	482 (23.3%)	45 (29.6%)	
ECG overall	Normal	619 (29.9%)	20 (13.2%)	<0.001
	Abnormal	1448 (70.1%)	132 (86.8%)	

SD = standard deviation; bpm = beats per minute; LAH = left anterior hemiblock; LPH = left posterior hemiblock; iRBBB = incomplete right bundle branch block; RBBB = right bundle branch block; LBBB = left bundle branch block; * including but not limited to hypertrophy signs, supraventricular extrasystoles (SVES) and ventricular extrasystoles (VES), Q wave pathologies, R wave pathologies, P pulmonale, P mitrale, pre-excitation.

Table 3. Relationship between abnormal ECG and postoperative 90-day all-cause mortality.

ECG variables	90-day mortality	
	RR (95% CI)	P
Heart rate [bpm]	≥80 (ref. < 80)	1.82 (1.33–2.50)
	≥90 (ref. < 90)	2.16 (1.59–2.93)
	≥100 (ref. < 100)	2.57 (1.83–3.60)
Rhythm	Sinus	Reference
	Atrial fibrillation	4.51 (3.14–6.49)
	Pacemaker	1.93 (0.52–7.22)
PQ interval	Other	6.96 (2.35–20.6)
	<0.2 s	Reference
	0.2–0.3 s	1.13 (0.57–2.24)
QRS interval	>0.3 s	-
	<0.12 s	Reference
	0.12–0.13 s	2.57 (1.65–4.00)
Left bundle branch hemiblock	No	Reference
	LAH	1.64 (1.10–2.44)
	LPH	-
Bundle branch block	No	Reference
	iRBBB	0.86 (0.48–1.53)
	RBBB	2.04 (1.14–3.72)
	LBBB	4.13 (2.36–7.22)
QT interval	Non-specific	-
	<0.45 s	Reference
	>0.45 s	1.77 (0.6–5.17)
ST segment changes	No	Reference
	Depressions (>0.5 mm)	1.66 (0.71–3.88)
	Elevations	1.77 (0.28–11.34)
	Depressions and elevations	5.31 (2.54–11.11)
	Early repolarization ST elevations	0.96 (0.55–1.67)
	Depressions (<0.5 mm)	1.75 (1.06–2.87)
T wave changes	No	Reference
	Yes	1.91 (1.40–2.59)
Other ECG abnormalities *	No	Reference
	Yes	1.34 (0.96–1.87)
ECG overall	Normal	Reference
	Abnormal	2.67 (1.68–4.23)

RR = relative risk; CI = confidence interval; LAH = left anterior hemiblock; LPH = left posterior hemiblock; iRBBB = incomplete right bundle branch block; RBBB = right bundle branch block; LBBB = left bundle branch block; * including but not limited to hypertrophy signs, supraventricular extrasystoles (SVES) and ventricular extrasystoles (VES), Q wave pathologies, R wave pathologies, P pulmonale, P mitrale, pre-excitation.

Table 4. Relative risk at 90-day postoperative all-cause mortality by ECG abnormally.

[Abstract:1071]

IMPROVEMENT IN THE MANAGEMENT OF PERIOPERATIVE ANEMIA IN HIP FRACTURE AFTER IMPLEMENTATION OF A SHARED ASSISTANCE PROGRAM

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Objectives: To compare the use of red blood cell concentrates and intravenous iron in patients undergoing hip fracture surgery before and after the implementation of a Shared Care Program

between Internal Medicine and Traumatology in a second-level hospital.

Materials and Methods: An observational retrospective study was conducted on patients over 60 years consecutively admitted for hip fracture between January-April 2022 (pre-Shared Care) and January-April 2023 (post-Shared Care). Sociodemographic, analytical characteristics, red blood cell concentrate, and intravenous iron data were extracted. Transfusion indication was haemoglobin <7 g/dL or <8 g/dL with comorbidities, and iron indication was <13 g/dL in males, <12 in females, with ferritin <100 ng/mL or transferrin saturation index (TSI) ≤20%. Descriptive analysis, chi-square tests, and Student's T-tests were conducted using IBM SPSS Statistics.

Results: 205 patients were included, with no significant age differences between pre- and post-Shared Care periods. Red blood cell concentrate usage showed no significant differences (0.57 and 0.59 concentrates on average, respectively), but the indication differed significantly (59.3% not indicated vs. 9.1%, $p<0.001$). Intravenous iron use increased post-Shared Care (28% vs. 56.3%, $p<0.001$), with improved monitoring of ferritin and TSI levels. Post-Shared Care saw better adherence to iron administration guidelines (4% vs. 88.1%, $p<0.001$) and a reduction in unnecessary administrations (11.9% vs. 8%, $p=0.037$).

Conclusions: Shared Care improves perioperative anaemia management in hip fracture patients, optimizing blood product usage and enhancing intravenous iron utilization, thereby positively impacting clinical outcomes and hospital resource management.

Keywords: hip fracture, perioperative anaemia, blood transfusion, ferrotherapy

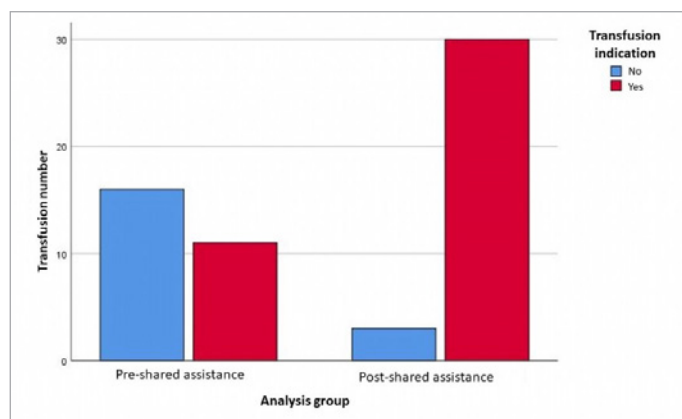


Figure 1. Red blood cells transfusion indication.

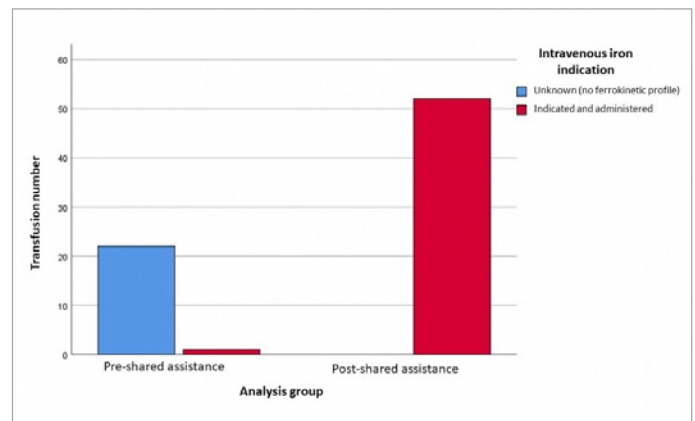


Figure 2. Intravenous iron indication

[Abstract:1095]

PREVALENCE AND CHARACTERIZATION OF ANAEMIA IN ELECTIVE SURGERY AT A UNIVERSITY HOSPITAL IN URUGUAY

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Introduction: Despite compelling evidence and strong recommendations, the implementation of Patient Blood Management programs is far from being realized. The aim of this study is to conduct a situational analysis that encourages the implementation of these measures in Uruguay.

Methods: An observational, longitudinal, retrospective cohort study was conducted at a single centre. All patients undergoing non-cardiac elective surgery from 01/01/2022 to 01/04/2022 were included. Exclusion criteria: absence of a complete blood count three months prior to surgery.

Results: 329 surgeries were analysed. 52 out of 100 procedures were performed on patients with anaemia. A statistically significant association was found between preoperative anaemia and receiving RBC transfusion during hospitalization OR 11.746 (4.518 – 30.540); also, between receiving RBC units and dying during hospitalization OR 17.182 (3.360 – 87.872). Anaemia and RBC transfusions significantly prolonged hospital stay. Only 49 (28.6%) of the 171 patients with anaemia had iron metabolism assessed before surgery. Solely 2.8 % received specific treatment to optimize Hb. 42.5% of transfused patients received 3 or more RBC units. The average pre-transfusion haemoglobin was 7.0 +/- 0.1.

Conclusions: A situational analysis was conducted, revealing a high prevalence of preoperative anaemia, scarce study and treatment of anaemia before surgeries, and an excessive amount of blood transfusions received by some patients. This work establishes the need to implement Patient Blood Management programs to reduce the prevalence of preoperative anaemia and improve our transfusion practices. It also sets a comparative framework to evaluate the progress of these measures.

Keywords: anaemia, preoperative care, red blood cell transfusion

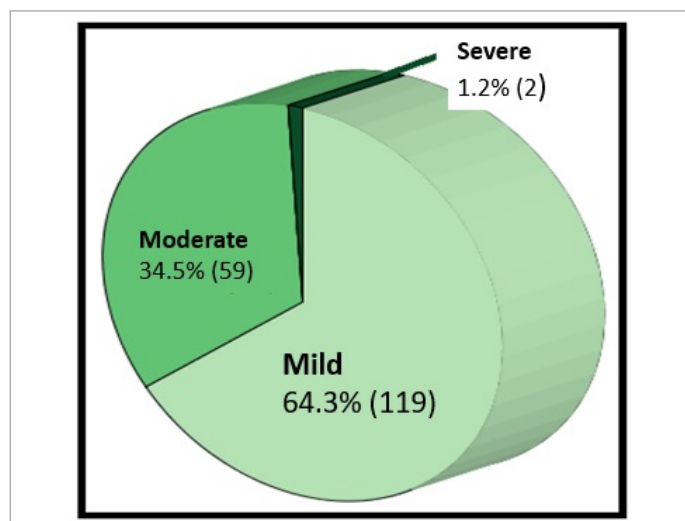


Figure 1. Anaemia severity.

Classification of the severity of anemia based on preoperative hemoglobin levels: 64.3% (110) mild anemia, 34.5% (59) moderate anemia, 1.2% (2) severe anemia

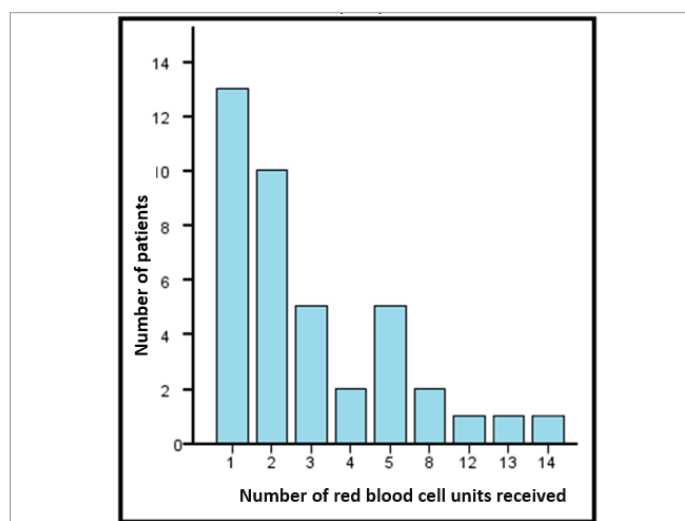


Figure 2. Distribution of the number of transfusions received per patient.

Graphical representation of the number of patients who received a specific number of RBC units during their hospitalization. Only RBC transfusions indicated in the context of clinical stability were counted. The excessive number of transfusions received by some patients is a cause for concern.

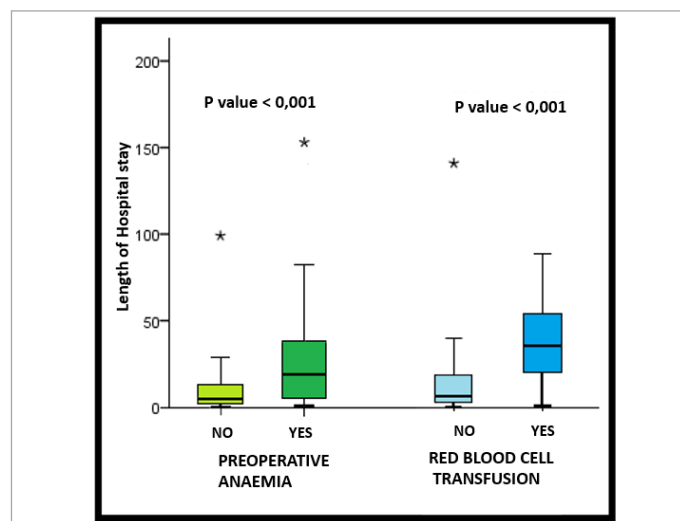


Figure 3. Impact of Preoperative Anaemia and Red Blood Cell Transfusions on Hospital Length of Stay.

Length of hospital stay based on patient condition: Without anemia 10.1 +/- 1.1 days. With anemia 27.2 +/- 2.3 days. P-value < 0.001. Not transfused 14.5 +/- 1.3 days. Transfused 41.8 +/- 4.4 days. P-value < 0.001. *Outliers represent 3 patients whose hospitalization was extended due to social reasons.

[Abstract:1676]

ASSESSING OAC3PAD SCORE SCALE PERFORMANCE FOR PATIENTS UNDERGOING DISTAL REVASCULARIZATION SURGERY FOR CRITICAL LIMB ISCHEMIA

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OAC3PAD risk score has recently been included as bleeding risk assessment tool in the European Society for Vascular Surgery 2023 guidelines. Nevertheless, patients undergoing distal revascularization surgery have not yet been studied as a separate entity.

Purposes: To describe OAC3PAD performance among patients undergoing distal revascularization surgery for critical limb ischemia as prediction tool for haemorrhagic events at 1 year follow-up.

Methods: Observational study of routine clinical care data of 108 patients undergoing distal revascularization surgery within the year 2022. We calculated OAC3PAD score and monitored haemorrhagic adverse events in the first year after surgery.

Results: 75.9% were men and the median age was 73 years old. 18.5% of patients underwent open surgery versus 81.5% endovascular surgery. OAC3PAD was calculated assigning a high haemorrhagic risk to 63.9% of patients. After one year follow-up, all 15 patients who had suffered a major haemorrhagic event were

from the “high risk” group according to OAC3PAD score (21.7% vs 0.0%; $p=0.002$). 18 (16.7%) patients died in the first year after surgery, 15 of them from the OAC3PAD “high risk” group (2.7% vs 13.8%; $p=0.046$). OAC3PAD score was also associated to increased blood transfusion need during hospitalization (28.7% vs 7.4%; $p=0.013$). There were no significant differences between open and endovascular surgery for the onset of haemorrhagic events.

Conclusions: OAC3PAD risk score seems to be an accurate tool for predicting a major bleeding during the first year after distal revascularization surgery and might be also associated to the need of blood transfusion during hospitalization and mortality.

Keywords: OAC3PAD score scale, OAC3PAD, distal revascularization surgery, limb ischemia

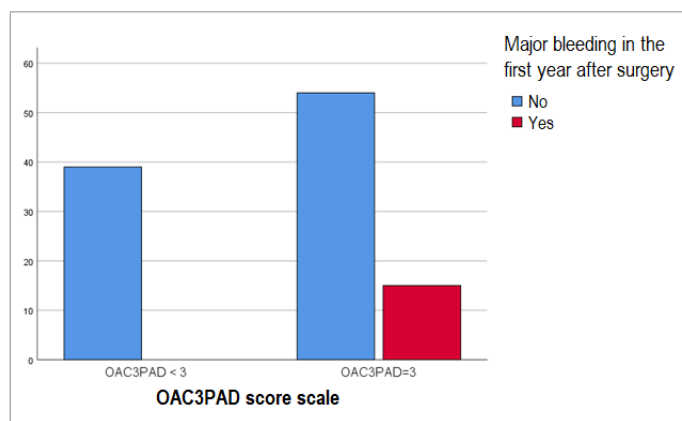


Figure 1. Bleeding in the first year after surgery according to OAC3PAD score scale.

15 major bleedings in the first year after surgery were registered, all of them among patients categorized as “high risk” of bleeding according to OAC3PAD score scale (OAC3PAD=3).

[Abstract:1761]

GRANULOMATOUS REACTION TO EMBOLIZATION MATERIAL

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A 58-year-old woman with allergy to metals such as nickel and palladium with positive skin tests. In arteriography incidental finding of saccular aneurysm in right and left ICA. No neurological focality at that time. It was embolized with coils of platinum-tustene coils precisely because of her documented allergy to nickel. Three weeks after the intervention the patient returned with left hemiparesis with mild-moderate brachial predominance of 36 hours of evolution with slight left dysidiadochokinesia and difficulty in fine manoeuvres. Cranial CT angiography showed multiple subcentric lesions with ring contrast uptake, bilateral cortical and subcortical (predominantly in cortical white matter).

The described findings suggest a differential diagnosis between inflammatory-infectious process vs. metastatic lesions. Rest of complementary tests without findings. The case was discussed in session with neurosurgeons and interventional neuroradiologists who determined that the lesions did not appear to be of tumour origin. According to the patient’s cerebral angiography, the bilateral lesions could be due to a granulomatous reaction to the embolization material previously used, since the lesions follow the embolization territory. Biopsy of the lesion or surgical treatment was ruled out due to symptomatic improvement and low yield. At discharge, dexamethasone 8 mg was prescribed with a descending regimen with subsequent significant radiological improvement of the brain lesions. An intracranial foreign body granuloma, is a chronic post neurosurgical inflammatory reaction rarely reported in the medical literature. It should be considered in the differential diagnosis of a post-operative neurological condition, in order to reach an early diagnosis and timely treatment.

Keywords: gossypiboma, textiloma, neurosurgical inflammatory reaction

[Abstract:1854]

PATIENT BLOOD MANAGEMENT: 3 MONTHS OF SINGLE CENTER EXPERIENCE

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Introduction: Patient Blood Management is a treatment model that intends to reduce transfusion of blood and blood components by optimization of the patient’s own blood. In this study, we aimed to share our 3-month single centre experience in patients with preoperative iron deficiency anaemia by giving oral and intravenous iron treatment, with no transfusion treatment, in terms of cost and mortality.

Methods: This study was performed as a single centre, prospective and cross-sectional study between September 2023-November 2023. Of the patients with preoperative anaemia, those with iron deficiency were treated with oral and IV iron, without erythrocyte transfusion. Cost of an unit of erythrocyte suspension, a box of oral ferrous (II) glycine sulphate complex, and a flacon of IV iron carboxymaltose were accepted according to Turkish Social Security Institution (SSI), as, in order; 1,519 Turkish lira (TRY), 94.95 TRY, and 1,176 TRY.

Results: 44 patients with preoperative iron deficiency anaemia were included in this study. None of the patients had a need for erythrocyte transfusion before or during operation. During postoperative follow-up, 2 patients were given a total of 3 units

of erythrocyte suspension. Thus, 57,026,45 TRY was saved for Turkish SSI. None of the patients had postoperative mortality.

Conclusions: Blood is a vital fluid that's only resource is humans. In addition, blood transfusion is considered as an equivalent of organ transplantation. Needless transfusions bring a serious load on health system both in terms of complications and cost-effectiveness. We conclude that if the treatable cause of anaemia is known, patients should be treated without unnecessary transfusion and rational transfusion practices should be adopted.

Keywords: cost-effectiveness, erythrocyte transfusion, iron therapy, patient blood management

[Abstract:1890]

INTERNAL PICTURE OF THE DISEASE AND QUALITY OF LIFE IN OLDER PATIENTS TRAUMATOLOGICAL PROFILE WITH COMORBIDITY

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Background and Aims: Comorbidity negatively affects the clinical condition, quality of life and prognosis. The aim of this study was to investigate the internal picture of the disease and the quality of life of older trauma patients with comorbidity.

Methods: The study involved 50 patients of trauma hospital (14 men and 36 women, mean age 71.5 ± 8.1 years) who were inpatient treatment in a trauma hospital. All patients had bone skeletal trauma, which led to prolonged bed rest. Comorbidity was assessed using the Charlson comorbidity index (IC) and was regarded as high if $IC \geq 6$ points. To assess the internal picture of the disease, quality of life and cognitive status were assessed.

Results: CI in patients was 5 [4;7] points. There were combinations of maladaptive types of attitudes to the disease: anxious (45.4%), paranoid (36.9%), neurasthenic (27.8%). Patients with high comorbidity had sensitive type of attitude to the disease (38.3% and 16.9%, respectively, $\chi^2 = 9.5$; $P = 0.002$) compared with low comorbidity. The quality-of-life profile of patients with a high comorbidity was significantly lower than patients with low comorbidity on physical and psychological components of health, $p < 0.01$. Most of the patients had pre-dementia cognitive impairment - 30 (60%) patients, and 18 (36%) had mild dementia. In patients, memory impairment (75%) and attention (67%) prevailed.

Conclusions: Older patients of traumatological profile are characterized by maladaptive internal picture of the disease, pre-dementia cognitive impairment. Comorbidity worsens the quality of life of traumatological patients who are on prolonged bed rest.

Keywords: trauma of the musculoskeletal system, comorbidity, elderly and senile patients

[Abstract:1987]

PROTOTYPE OF PATIENTS CONSULTED IN PERIOPERATIVE MEDICINE. OBJECTIVES ACHIEVED

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A database of patients treated in perioperative internal medicine at the hospital in Jerez de la Frontera, admitted to the Otorhinolaryngology, Urology, Traumatology and General Surgery departments, was created.

Since the start of data collection we have a total of 51 patients. In this descriptive study we want to analyse the prototype of the patient consulted, as well as the outcome of this patient and the objectives achieved using Perioperative Medicine. Of all the patients seen, 15.7% were under 60 years of age and 84.3% were over 61 years of age. We can see that most of the patients consulted were elderly people with multiple pathologies. Of these patients, 60.8% were independent for activities of daily living prior to admission and 39.2% were dependent.

With respect to hospital stay, it was less than or equal to 14 days in 66.6% and more than 14 days in 33.3%.

One conclusion that could be drawn from these data is that, thanks to the joint intervention of the specialist teams, the length of stay could be reduced, as well as the associated comorbidities. The complete resolution of complications and hospital discharge occurred in 90.2% of patients, only 5 patients ended in exitus (9.8%), with all of them belonging to the general surgery patient group.

With regard to the need for transfer to Internal Medicine for a better approach, this only occurred in 5.9% of patients. Perioperative medicine is becoming increasingly necessary, with co-management of surgical patients being beneficial for patients, minimising risks.

Keywords: perioperative medicine, elderly patients, comorbidities

[Abstract:2009]

DESCRIPTIVE ANALYSIS OF PERIOPERATIVE MEDICINE PATIENTS AND MOST FREQUENT REASONS FOR CONSULTATION

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A descriptive analysis of perioperative medicine in the internal medicine service of the hospital of Jerez de la Frontera from August to November 2023, including 51 patients, was carried out. 2 patients in charge of Otorhinolaryngology (3.92%), 1 patient in charge of Urology (1.96%), 19 patients in charge of Traumatology (37.26%) and 29 patients in charge of General Surgery (56.86%). Of these, 31 patients (60.78%) were independent for basic activities

of daily living and in terms of cardiovascular risk factors 39 of them had hypertension (76.47%), 30 patients had dyslipidaemia (58.82%) and 15 patients had diabetes mellitus (29.41%). The age of the population ranged from 55-93 years, with 8 patients aged 40-60 years (15.69%), 22 patients aged 61-80 years (43.14%) and 21 patients over 80 years (41.18%). Among the most frequent complications for which referrals were made were anaemia (16 cases, 31.37%), decompensated heart failure (8 cases, 15.69%), respiratory failure (7 cases, 13.73%), paralytic ileus (14 cases, 27.45%), renal failure (6 cases, 11.77%). After evaluation by perioperative medicine, a total of 3 patients required admission to internal medicine, two of them from general surgery and the third from urology, as well as a total of 5 exits and 4 referrals to the ICU service, all from the general surgery service.

Perioperative medicine is a very important link in the evolution of the surgical patient as it avoids multiple complications and longer hospital stays.

Keywords: medicine, perioperative, internal, anaemia, heart failure, cardiac insufficiency

[Abstract:2116]

PERSONAL STATUS OF OLDER TRAUMA PATIENTS WITH COMORBIDITY

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Background and Aims: An increase in life expectancy is associated with high comorbidity, which determines the importance of patient-centered approach in trauma patients. The aim of this study was to investigate the personal status of older trauma patients with comorbidity.

Methods: The study involved 50 patients of traumatological hospital (14 men and 36 women, average age 71.5 ± 8.1 years). All patients had bone skeletal trauma, which led to prolonged bed rest. Comorbidity was assessed using the Charlson comorbidity index (IC) and was regarded as high if $IC \geq 6$ points. The Tsung Scale, the Self-Assessment Scale for Reactive and Personal Anxiety, and the MMPI were used to assess the personality profile.

Results: CI in patients was 5 [4;7] points. Mild depression of situational or neurotic genesis was observed in 16 (32%) patients, sub depressive state - in 9 (18%) patients.

Every second patient had a high level of reactive anxiety - 25 (50%). Most of patients had a high level of personal anxiety - 35 (70%). An inverse relationship was observed between CI and the level of reactive anxiety ($r = -0.4$, $p = 0.04$).

Patients with higher comorbidity had higher level of reactive anxiety. Averaged profile Mini-multit of patients on prolonged bed rest - depressive-hypochondriacal character with peak on the hypochondria scale (74.4 ± 10.6 points), less pronounced rise on the depression scale (61.3 ± 10.9 points) and psychasthenia (68.4 ± 11.3 points).

Conclusions: Older trauma patients are characterized by high

level of reactive and personal anxiety, depressive-hypochondriacal syndrome.

Keywords: depressive-hypochondriacal syndrome, older trauma patients, comorbidity

[Abstract:2285]

PAPER OF GLYCEMIC CONTROL IN POSTOPERATIVE MORBIDITY AND MORTALITY IN VASCULAR SURGERY PROCEDURES

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Purpose: Diabetes mellitus is a common comorbidity found in a high percentage of patients with peripheral vascular disease who require surgical intervention. The aim of this study is to analyse the postoperative mortality and complications of patients having vascular surgery and to identify the complications related to a poorer control.

Methods: Observational study of routine clinical care data of patients operated from peripheral arterial disease by Vascular Surgery in our hospital from January to March of 2023. We have collected their diabetic status prior to the surgery and the HbA1c value before the surgery and after 6 months. The primary outcomes were mortality during the admission and secondary outcomes were complications and reintervention.

Findings: 67 patients were included (14.9% female), with a mean age of 71 years. 70% were diabetic, of whom 40% required insulin for their treatment. Patients characteristics, diabetes or not, insulin requirement, recanalization rate, complication rate, need for reintervention, length of hospital stay and mortality were analysed among those patients with poor glycaemic control (defined as $HbA1c \geq 7$) versus those with good control ($HbA1c < 7$).

The poorly controlled glycaemic group showed a significantly higher reintervention rate ($p=0.05$), particularly among insulin-dependent diabetics ($p=0.02$); as well as certain positive trend towards developing more complications ($p=0.08$).

Conclusions: Suboptimal glycaemic control could be a good predictor of developing complications in patients undergoing vascular surgery, with a higher rate of reintervention according to our findings. Future studies with a larger number of patients will be necessary to confirm these hypotheses.

Keywords: glycaemic control, vascular, complications