

Perioperative 30 day postsurgical adverse events in Gynaecology Oncology in Australia – a preliminary report from a tertiary cancer centre



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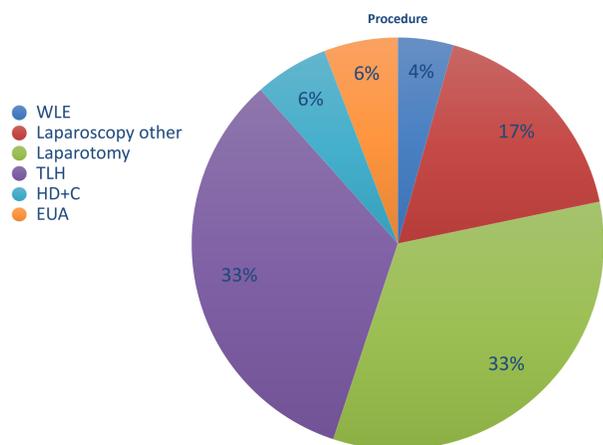
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Introduction

There is large gap on benchmarking for clinical quality in Gynae oncology and especially in the Australian setting

Objectives

To determine the intra-operative and post-operative adverse event rate in a tertiary gynaecology oncology centre.



Methodology

Data (Clinical quality indicators- CQIs) were collected prospectively at weekly meetings on all surgical procedures within a tertiary gynaecology oncology centre from the procedure date up to 30 days post operatively. Data included routine intra- and post-operative data such as urinary, bowel, cardiac events plus febrile morbidity and wound complications. Hospital stay events such as unplanned readmission to hospital, unplanned return to OT, DVT/PE and post op length of stay >7d was also collected.

Results

CQI – Intra-operative

Indicator		Comment
Blood loss > 500ml	6/69 = 8.7%	
Damage to internal organ	3/69 = 4.3%	Branch of internal iliac Ureteric injury Superficial injury to large bowel
Conversion from lap -> open	2/69 = 2.8%	Both due to disease extent
Anesthetic complication	2/69 = 2.8%	
Intra op blood trans >2 units	0	
Intra-op Other	1/69 = 1.4%	Procedure abandoned
Peri-op cardiac event / stroke	0	
Renal failure / AKI	0	
DVT /PE	1/69 = 1.4%	
Peri-op Other	1/69 = 1.4%	Hyponatremia

CQI – Post-operative

Indicator		
Wound complication	4/69 = 5.8%	2 x Superficial breakdown w/o infection 1 x Breakdown 1 x Breakdown of distal part of vulval flap
Febrile morbidity	4/69 = 5.8%	1x Pneumonia 1x UTI 1x Systemic sepsis 1x Presumed intra-abdominal
Bowel complication	2/69	Prolonged ileus >7d SMA Thrombosis
Urinary complication	2/69	Delayed return to bladder function (>7d)
Post op blood transfusion >2 units	1/69	4x units Post op
Other	6/69 =	HFNP T1 Resp Failure R buttock claudication T2 Resp failure Postural hypotension requiring metaraminol for 4 days Re-suturing of vulval wound

Post op LOS >7d	4/69 = 5.8%
Unplanned readmit (<30d)	6/69 = 8.7%
Death within 30days of surgery	1/69 = 1.4%
Unplanned admission to ICU	2/69 = 2.8%
Unplanned return to OT	3/69 = 4.3%
Other	1/69 = 4.3%

From February 1st 2022 to 13th of April 2022, 69 procedures were performed. 88% of these were major procedures. Intra-operatively there were 6 cases (8.7%) of blood loss >500ml (including one case >2500ml) and 3 cases of injury to an internal organ (4.3%). Post-operatively there were 4 (5.8%) wound complications, 2 bowel complications (2.8%) including one SMA thrombus and one prolonged ileus >7 days, and 2 (5.8%) cases of a delay in return to bladder function. Overall there were 53 total events that occurred to 24 patients, averaging 2.2 events/patient.

Discussion & Conclusion

There is very limited published Australian data on CQIs after surgery within Gynae Oncology. These indicators are being actively prospectively collected in our centre and as our data set grows it will help contribute to setting the standard regarding perioperative adverse events within Gynae Oncology in Australia.

References

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Disclosure

No conflicts of interest to disclose