Re-intubations and Pneumonia are More Common Than Cardiac Complications after Surgery, Vascular Study Finds

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CHICAGO, Illinois, Feb. 23, 2017 – A higher number of vascular surgery patients develop a respiratory complication within 30 days of surgery than develop a cardiac complication, according to a new study published in the Journal for Vascular Surgery, the official publication of the Society for Vascular Surgery (SVS).

“Respiratory adverse events (RAEs) are one of the most common postoperative adverse event in vascular patients, with the overall rates of RAEs exceeding that of acute coronary adverse events (overall rate of 3.1 percent),” said lead author Dr. Elizabeth Genovese, a vascular surgeon at the University of Pittsburg Medical Center, “and we often focus more on preventing coronary events in our pre-operative work up on patients.”

As surgeons, she noted, “we tend to risk-stratify our vascular patient population based on cardiac risk factors, but this study highlights the impact that respiratory complications can have on the overall outcome for our patients.”

To assist physicians with assessing the level of risk of respiratory complications before surgery, Dr. Genovese and her co-authors developed an app that has had more than 100,000 users since it went live in March, 2016. It offers an 11-question format that calculates a patient’s risk and take about 30-40 seconds to use, she said. The risk prediction app is available here: http://vsweb.org/RAEapp.
The risk of respiratory complications varied with the type of vascular procedure, the study found. Based on nationwide data on more than 52,000 patients from the Vascular Quality Initiative, which is affiliated with the SVS, adverse respiratory events occurred more often in patients who received thoracic endovascular aortic repairs (9.6 percent) and open abdominal aortic aneurysm repairs (17.6 percent).

The news that respiratory complications are so prevalent can inspire surgeons to require more pre-operative optimization, she added, and improving lung function or overall nutrition should make a difference in patient outcomes.

*The JVS article, “Risk stratification for the development of respiratory adverse events following vascular surgery using the Society of Vascular Surgery's Vascular Quality Initiative,” is open source and available at this link:* http://vsweb.org/JVS-RAE.

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