

CLINICAL SUMMARY

Perioperative hypothermia in oncology surgeries

Hypothermia and quality of recovery in surgical cancer patients

AUTHORS

Silva D, Braga A., Sousa M, Azevedo J, Santos A, Abelha F

TYPE OF STUDY

Retrospective cohort study

CENTER AND COUNTRY

Portugal

STUDY OBJECTIVE

The study aimed to determine the incidence of hypothermia during curative surgery for cancer and its impact on recovery after surgery.

METHODS

Patients who underwent elective curative cancer surgery from June 2016 to October 2016, were included. Auricular temperature $<35^{\circ}\text{C}$ during admission to PACU admission was defined as hypothermia. Post operative Quality of Recovery Scale-15 (QoR-15) was used to determine quality of recovery. The parameters were measured before surgery (T0), at 15 and 40 minutes, 24 hours and 72 hours after surgery.

STUDY RESULTS

A total of 123 patients were included. The incidence of hypothermia was 30%. The QoR-15 at T0 was identical in both groups, but at T24 hours hypothermic patients had lower median global scores (107 vs 115, $P = 0.039$). Hypothermic patients showed lower scores in Richmond Agitation Sedation Scale (RASS) ($P = 0.044$), besides a longer median length of stay at PACU (180 vs 124 min, $P = 0.011$) and at hospital (7 vs 6 days, $P = 0.001$).

CONCLUSION

In this study hypothermia was common in the postoperative period. QoR-15 revealed a poor quality of recovery in hypothermic patients. PQRS showed no differences in overall rate of recovery when considering all domains together. Hypothermia had an impact in length of PACU and hospital stay influencing postoperative recovery.

ARTICLE AVAILABLE AT

http://journals.lww.com/rapm/Fulltext/2017/09001/Abstracts_and_Highlight_Papers_of_the_36th_Annual.1.aspx

YEAR OF PUBLICATION

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The Impact of intraoperative hypothermia on early postoperative adverse events after radical esophagectomy for cancer: A retrospective cohort study

AUTHORS

Hiroyuki Yamasaki, Katsuaki Tanaka, Yusuke Funai, Koichi Suehiro, Kazutake Ikenaga, Takashi Mori, Harushi Osugi, and Kiyonobu Nishikawa

TYPE OF STUDY

Retrospective cohort study

STUDY OBJECTIVE

This study aimed to evaluate the correlation between intraoperative body temperature and its relationship with adverse effects after surgery, in patients who underwent esophagectomy.

METHODS

Records of 121 consecutive patients who underwent esophagectomy for cancer between April 2010 and February 2012, under the same surgical team were evaluated. Patient body temperature was measured in the urinary bladder.

STUDY RESULTS

53 of 121 (43.8%) patients developed early post operative complications, and 51 (42%) developed intraoperative hypothermia. The analysis revealed that sex, BMI, ASA classification, prior chemoradiotherapy, operative time, and use of epidural anesthesia were not related to the development of complications. Intraoperative hypothermia was identified as a significant independent predictor for the development of early perioperative complications (odds ratio 2.57; 95% confidence interval 1.09-6.08).

CONCLUSION

Intraoperative hypothermia was identified as an independent risk factor for early postoperative adverse events following esophagectomy.

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<https://www.ncbi.nlm.nih.gov/pubmed/25107714>

YEAR OF PUBLICATION

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