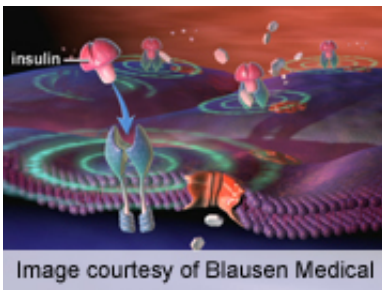


# Poorer outcomes after non-cardiac surgery in DM

September 11 2013

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For patients undergoing non-cardiac surgery, diabetes is associated with adverse perioperative complications and mortality, according to a study published online Aug. 29 in *Diabetes Care*.

(HealthDay)—For patients undergoing non-cardiac surgery, diabetes is associated with adverse perioperative complications and mortality, according to a study published online Aug. 29 in *Diabetes Care*.

Chun-Chieh Yeh, M.D., from the China Medical University in Taiwan, and colleagues used reimbursement claims from the Taiwan National Health Insurance system to compare perioperative complications and mortality for patients with and without diabetes undergoing non-cardiac surgery.

The researchers found that the odds of 30-day postoperative mortality were significantly increased for patients with diabetes (odds ratio [OR],

1.84), particularly for those with type 1 or uncontrolled diabetes, as well as for patients with preoperative diabetes-linked comorbidities, including eye involvement, peripheral circulatory disorders, ketoacidosis, renal manifestations, and coma. For patients with diabetes, coexisting medical conditions, including renal dialysis (OR, 5.17), [liver cirrhosis](#) (OR, 3.59), stroke (OR, 2.87), mental disorders (OR, 2.35), ischemic heart disease (OR, 2.08), chronic obstructive pulmonary disease (OR, 1.96), and hyperlipidemia (OR, 1.94), correlated with mortality, compared to controls without diabetes. The risk of postoperative [acute renal failure](#) and [acute myocardial infarction](#) were significantly increased for patients with diabetes (OR, 3.65 and 2.30, respectively). In addition, there were significant correlations for diabetes with prolonged hospital stay and increased medical expenses (OR, 2.30 and 1.32, respectively).

"Diabetes increases postoperative 30-day mortality, complications, and medical expenditures in patients undergoing in-hospital non-cardiac surgeries," the authors write.

**More information:** [Abstract](#)  
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