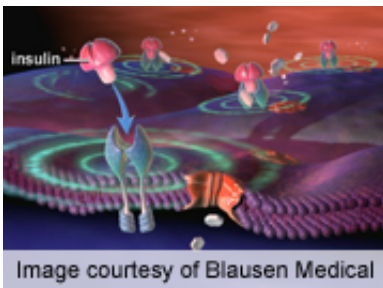


Chronic hyperglycemia tied to worse surgical outcomes

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(HealthDay)—Chronic hyperglycemia (A1C >8 percent) is associated with poor surgical outcomes, as measured by an increased hospital length of stay (LOS), according to a study published in the March issue of *Diabetes Care*.

Patricia Underwood, Ph.D., from Brigham and Women's Hospital in Boston, and colleagues utilized data from the National Surgical Quality Improvement Program database and the Research Patient Data Registry of the Brigham and Women's Hospital to identify patients admitted to the hospital for at least one day after undergoing noncardiac surgery (2005 to 2010). Patients with diabetes with an available A1C value within three months before surgery were divided into four groups: A1C \leq 6.5 percent (109 patients); >6.5 to 8 percent (202 patients); >8 to 10 percent (91 patients); and >10 percent (47 patients).

The researchers found that patients with A1C values between 6.5 and 8 percent had a hospital LOS similar to the matched control group (888 subjects; $P = 0.5$). For those with A1C values ≤ 6.5 or > 8 percent, the hospital LOS was significantly longer, compared with the [control group](#) (P body mass index, race, type of surgery, Charlson Comorbidity Index, smoking status, and glucose level on the day of surgery ($P = 0.02$)).

"Providing a preoperative intervention to improve glycemic control in individuals with A1C values > 8 percent may improve [surgical outcomes](#), but prospective studies are needed," the authors write.

More information: [Abstract](#)
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