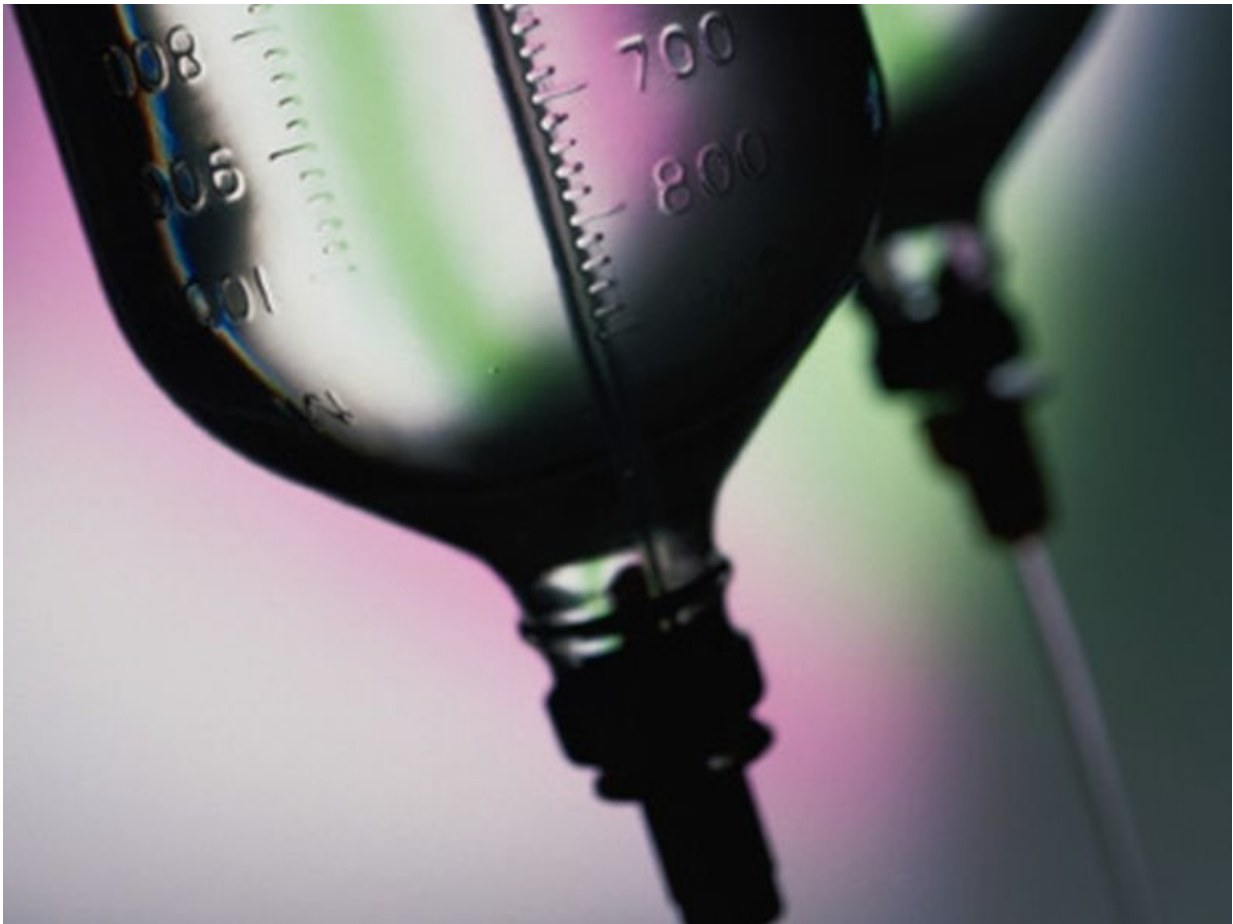


Restricting fluids post abdominal surgery doesn't up survival

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(HealthDay)—A restrictive fluid regimen is not associated with

increased disability-free survival for patients at increased risk of complications during major abdominal surgery, but is associated with increased acute kidney injury, according to a study published online May 10 in the *New England Journal of Medicine*. The research was published to coincide with the annual meeting of the Australian and New Zealand College of Anaesthetists, held from May 7 to 11 in Sydney.

Paul S. Myles, M.P.H., D.Sc., from Monash University in Melbourne, Australia, and colleagues randomized 3,000 patients who had an increased risk of complications while undergoing major abdominal surgery to receive a restrictive or liberal intravenous-[fluid](#) regimen during and up to 24 hours after surgery (1,490 and 1,493 patients, respectively).

The researchers found that at one-year, the rate of disability-free survival was 81.9 and 82.3 percent in the restrictive and liberal fluid groups, respectively (hazard ratio for death or disability, 1.05; 95 percent confidence interval, 0.88 to 1.24; $P = 0.61$). The rate of [acute kidney injury](#) was 8.6 and 5.0 percent in the restrictive and liberal fluid groups, respectively (P

"Among [patients](#) at increased risk for complications during major abdominal [surgery](#), a restrictive fluid regimen was not associated with a higher rate of disability-free survival than a liberal fluid regimen and was associated with a higher rate of acute kidney injury," the authors write.

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