

Understanding deaths from post-surgical complications

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Death after surgery may follow a complication, but understanding which complications or co-morbidities are associated with death is challenging.

Robert Freundlich, MD, and colleagues used the National Surgical Quality Improvement Program database to determine the attributable [mortality](#)—death that could have been prevented if a complication had

not occurred—of 21 common postoperative complications. The investigators analyzed records for nearly 1.2 million patients and found a complication independently associated with mortality for 20 percent of patients who died within 30 days of surgery.

They reported in the July issue of *Anesthesia & Analgesia* that the largest sources of attributable mortality were bleeding, respiratory failure, septic shock and renal failure. They also found that the attributable mortality of complications varied with age.

The team concluded that resources should be focused on preventing and better treating complications associated with the largest attributable mortality, particularly those complications that disproportionately impact younger patients.

More information: Robert E. Freundlich et al. Complications Associated With Mortality in the National Surgical Quality Improvement Program Database, *Anesthesia & Analgesia* (2018). [DOI: 10.1213/ANE.0000000000002799](https://doi.org/10.1213/ANE.0000000000002799)

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