Frailty associated with failure to rescue after inpatient surgery

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Frailty is associated with failure to rescue (FTR), according to a study published online March 21 in *JAMA Surgery*. Rupen Shah, M.D., from the Henry Ford Health System in Detroit, and colleagues examined the correlation of frailty, assessed using the Risk Analysis Index (RAI), with FTR in a cohort of 984,550 patients undergoing inpatient surgery.

The researchers found that major complication rates after low-risk surgery were 3.2, 8.6, 13.5, 23.8, and 36.4 percent for patients with RAI scores of ?10, 11 to 20, 21 to 30, 31 to 40, and >40, respectively. The corresponding rates were 13.5, 23.7, 31.1, 42.5, and 54.4 percent after high-risk surgery. After both low- and high-risk procedures, and after stratification by the number of complications, there were significant increases in FTR across RAI categories. Compared to patients with RAI scores of ?10, those with scores of 11 to 20 had an increased risk of FTR after one major complication and after a low-risk procedure (odds ratio, 5.3). For patients with RAI scores of 21 to 30, 31 to 40, and >40, the odds ratios were 8.1, 22.3, and 43.9, respectively. For patients undergoing a high-risk procedure, the corresponding odds ratios were 2.5, 5.1, 8.9, and 18.4, respectively.

"Frailty has a dose-response association with complications and FTR, which is apparent after low-risk and high-risk inpatient surgery," the authors write.

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