



OP 5-3

Risk factors of failure to Rescue in Patients with complication \geq Clavien-dindo IV following elective pancreatectomy : Tertiary referral single center retrospective study

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Background : Failure to rescue (FTR) means death following a complication and it has been proved to be more important factor than overall complication rates in determining mortality rates after pancreatectomy. Hospital volume was the most studied proven factor in FTR after pancreatectomy, however, there have been few studies focusing on patient factors. And as far as we know, there have been no single studies about FTR focusing on subgroup of patients with complication \geq Clavien-dindo IV following pancreatic surgery which is likely to have distinct features.

Methods : This single center retrospective cohort study was conducted in Seoul Asan Medical Center. We enrolled patient s who required UIA following elective pancreatic surgery from January 1, 2014 to Oct 31, 2022. Those who underwent emergency surgery, were cooperated in another department, were readmitted in the hospital, underwent combined hepatic resection and admitted to ICU directly from the operation room or recovery room were excluded

Results : During the studied period, 5561 elective pancreatectomies were performed at the cent er, after excluding the patients by formetioned criteria, 113 patients experienced ICU care. 17 patients were not be able to be rescued despite critical care (15.0%, 17/113). In univariate analysis, bod y mass index, operative time, postoperative day at ICU admission and The APACHE IV score calculated using 24hrs data at immediate ICU admission period were statistically different in 2 groups. The rate of any complication at ICU admission was not different. In multivariate analysis, age > 80yrs (HR 5.580, C.I 1.195~26.051; p-value: 0.029), longer operative time (HR 1.011, C.I 1.003~1.019; p-value: 0.008) and higher APACHE IV score (HR 1.087, C.I 1.036~1.139; p-value: 0.001 were proven to be independent risk factor of FTR.

Conclusions : In patients experienced complication \geq Clavien-dindo IV after elective pancreatectomy, age>80, longer operative time and higher APACHE IV score meaning severe status at ICU admission seems to increase the risk of FTR while the type of complication does not.

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