



Postoperative management key questions

CARDIOVASCULAR

1. Is there any evidence that keeping HR/BP within certain parameters postoperatively improves survival or decreases morbidity?
2. Is there any evidence that HR/BP influence the occurrence of ischaemia or infarction postoperatively?
3. Does the recognition of ischaemia, or treating evidence of ischaemia affect outcome?
4. What factors predispose patients to postoperative arrhythmias (e.g. atrial fibrillation, sepsis, left ventricular failure)?
5. Does the occurrence of arrhythmias have any adverse effect on morbidity or mortality?
6. Which drug treatments improve outcome following postoperative arrhythmia?
7. How should heart failure be diagnosed postoperatively?
8. What are effective treatments for postoperative hypertension? (e.g. anti-hypertensives)
9. What is the role of troponins in the diagnosis of postoperative infarctions?
10. Does interrupting preoperative CV medication influence postoperative outcome?
11. Is there any evidence of benefit from the early reintroduction of preoperative medication?

CLINICAL ASSESSMENT AND MONITORING

NB outcome = morbidity and mortality, & group will define assessment

1. Does repeated clinical assessment postoperatively improve outcome?
2. Is there evidence that monitoring (followed by the appropriate intervention) improves outcomes postoperatively?
3. Is there evidence that seniority/experience of staff involved in postoperative care influences outcome?
4. Is there evidence that specific training in postoperative clinical assessment/monitoring improves outcome?



RESPIRATORY MANAGEMENT

1. Which respiratory indications should trigger specialist referral (i.e. to HDU, ITU or consultant referral)?
2. Is there evidence that any of the following decrease mortality, referral to ITU, or duration of stay:
 - oxygen therapy
 - chest physiotherapy
 - identification and treatment of respiratory infection
3. Is there any evidence that antibiotics or analgesia affect the incidence of postoperative respiratory infection?
4. Is there any benefit from the differentiation of primary pulmonary and cardiac disease?
5. What is the role of non-antibiotic treatments (e.g. bronchodilators) in the treatment of postoperative respiratory disease?

FLUID, ELECTROLYTES & RENAL

1. Which elements of clinical assessment are useful in assessing fluid and electrolyte balance (e.g. temperature, skin turgor, oliguria)
2. How should basal fluid and electrolyte requirements be assessed? Do protocols or basic fluid management regimens help?
3. What are the basal fluid and electrolyte requirements in the postoperative patient?
4. What are the consequences of volume depletion or volume overload?
5. What is the role of invasive monitoring? Is it appropriate for all patients or for a subgroup of high risk patients, e.g. the elderly?
6. Do biochemical tests (e.g. Us & Es) predict at risk patients, and how frequently should these tests be done?
7. What levels of sodium and bicarbonate should provoke an intervention? Does this intervention improve outcome?
8. How should postoperative oliguria be defined and managed?
9. Should very elderly patients be managed differently?



SEPSIS

1. What risk factors predispose postoperative patients to sepsis and which factors influence or predict outcome? (Include: nature of surgery, invasive catheterisation, UTI, respiratory, circulatory. Exclude: preoperative factors, cardiac surgery, colonisation, MRSA).
2. Does the early identification of sepsis improve outcome, and what are the early clinical signs? (Include: clinical, haematological, biochemical, microbiological, Exclude: Colonisation, MRSA)
3. Does the use of antibiotics influence mortality? (Include: any anti-microbial agent. Exclude: prophylaxis).
4. Does surgical intervention for sepsis influence mortality? (Include: radiology, surgery)
5. Are there any interventions that will prevent sepsis?

SEPSIS - NUTRITION

1. How soon can oral feeding be restored following GI surgery?
2. Is parenteral feeding enteral superior to enteral feeding?
3. Are feeding jejunostomies better than the nasoenteric route?
4. Does supplemented feed (e.g. glutamine) affect outcome?
5. Does preoperative nutritional support improve outcome?
6. Does a 'feeding team' improve outcome?
7. Are there nutritional criteria that can predict poor outcome?