

Research letter

Patient-centred perioperative outcomes after major abdominal surgery in Sri Lanka: a multicentre registry

Editor

Patients in resource-limited settings have problems after surgery despite being younger¹. Meta-analysis in South Asia has attributed quality of care (over access to surgical services) as the leading cause of excess mortality. Evaluation of recovery after major abdominal surgery in low and middle-income countries (LMICs) to identify improvement was a recently expressed priority¹. This study was a prospective evaluation of adult patients who underwent abdominal surgery in 3 tertiary referral hospitals in the Western Province (Sri Lanka) over a 21-month period from 2017. Data was collected using a digital perioperative surveillance registry adapted from a national intensive care registry and bed availability system. Patient characteristics, complications, unplanned events, clinical outcomes and pre and postoperative quality of life (QOL) as measured by the EQ-5D

score were collected for 30 days following discharge from hospital.

Of 1560 patients identified 27 had died and 417 were lost to follow up so 1143 patients were included with a median age was 46 (IQR 36-57). The majority had elective surgery ($n = 1035$, 92%) and an ASA score 1-2. Overall 30 day postoperative mortality rate was 3.7% ($n = 37$). Median length of stay was 5.0 days (IQR 3-8), and median EQ-5D scores for the whole population improved after surgery from 0.740 (IQR 0.596-0.884) to 0.837 (IQR 0.690-0.984) ($p < 0.05$). Patients in the lowest quartile of preoperative EQ-5D scores showed the greatest increases (median values increasing from 0.408 to 0.837, $Z = -13.590$, $p < 0.05$), while patients in the top quartile showed decreases in postoperative quality of life scores (median values decreasing from 0.879 to 0.837, $Z = 5.789$, $p < 0.05$) (Fig. 1). Note that mortality and length of stay are higher than in HICs. Only patients with the lowest QOL scores showed improvements after surgery—patients with the highest preopera-


tive QOL scores had lower scores postoperatively.

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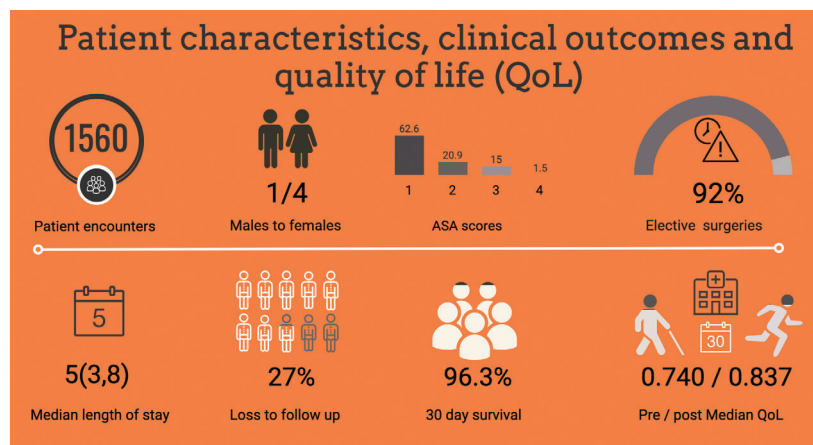
Additional statements

This paper is not based on a previous communication to a society or meeting. The authors have no competing interests to declare.

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Fig. 1 Patient characteristics, clinical outcomes and quality of life (QoL)



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