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Evaluation Of Perioperative Antibiotic Prophylaxis In Oesophagectomy Patients

A Ammar, B Khateeb, G Onwuatuogwu

University Hospitals of Derby UK

Introduction: Respiratory complications are the most important contributor to morbidity and mortality post-oesophagectomy and is often attributed to several factors. Despite advances in perioperative management, postoperative chest infection affects a significant proportion of patients following oesophageal resection, most of which occur during the first five days after the operation. We aim to review our practice regarding peri-operative antibiotic prophylaxis for oesophagectomy patients in correlation with postoperative pneumonia occurrence.

Methods: Retrospective audit of all patients who were offered oesophagectomy for oesophageal cancer in our centre between 1st of February 2019 and 31st of January 2020.Data collected included: Gender, ASA grade, ECOG performance score, smoking status, associated co-morbidities, operation performed and occurrence of postoperative pneumonia.

Results: A total of 22 patients were identified.91% were males. Patients classified as ASA grade 2 constituted 82%. ECOG performance score of Zero & 1 was reported in 68.2% & 31.8% of patients respectively. COPD/Asthma reported in 23% of patients.89% of patients were either non-smokers or ex-smokers. Half of patients were offered Ivor-Lewis oesophagectomy (ILO), whereas the other half were offered left thoracophrenotomy oesophagectomy. All patients received a single dose of IV Gentamicin and Metronidazole on induction. The rate of postoperative pneumonia was 41%.

Conclusion: Chest infection remains a significant morbidity on oesophagectomy patients. Emphasis on the multidisciplinary approach including chest physiotherapy, adequate pain management and periodic review of antimicrobial protocols is advised to tackle the relatively high rates of postoperative pneumonia in our centre. A standardized definition of pneumonia in such patients is recommended for better benchmarking.

Biography

Mr Ahmed Ammar is working form University Hospitals of Derby and Burton NHS Foundation Trust.

ahmed2437@gmail.com