

Mon article coup de ♥



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Algorithm-based care versus usual care for the early recognition and management of complications after pancreatic resection in the Netherlands: an open-label, nationwide, stepped-wedge cluster-randomised trial

THE LANCET

Smits et al. Avril 2022

Objectif: Evaluer l'efficacité d'un algorithme dans l'aide à la détection et à la prise en charge minimalement invasive et précoce des complications post opératoire après chirurgie pancréatique.

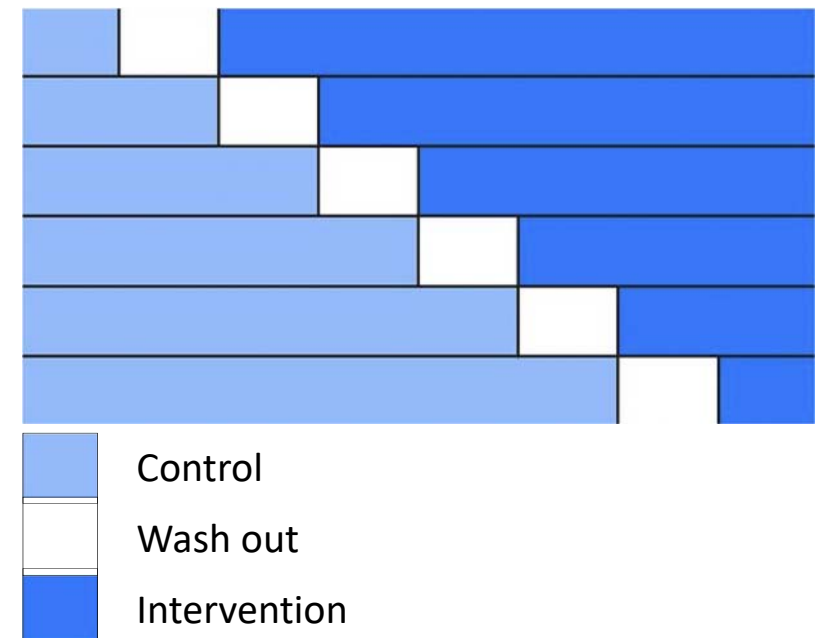
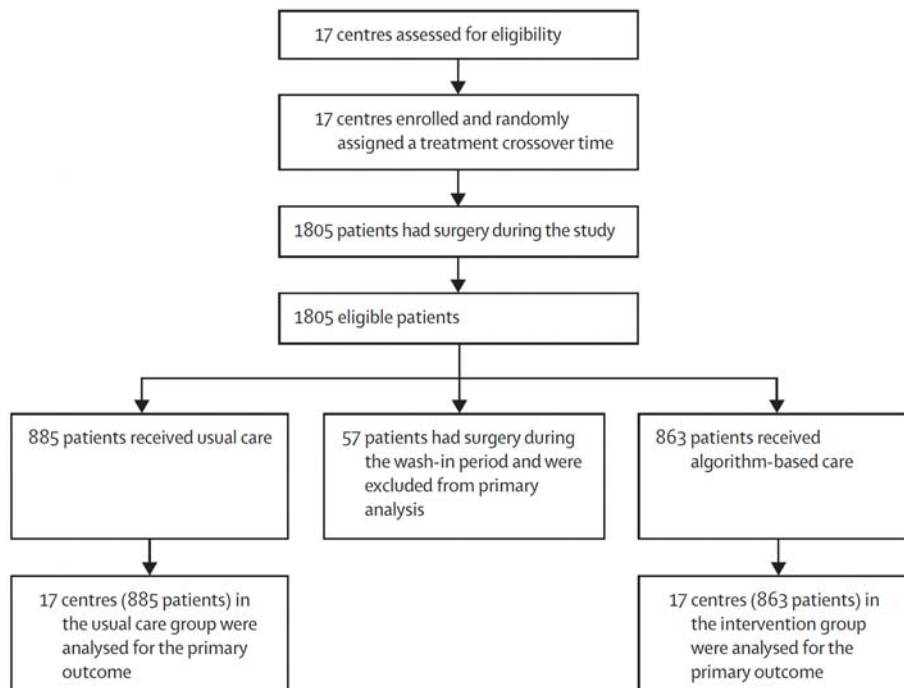
Critère de jugement composite :

- Hémorragies nécessitant un traitement invasif
- Défaillances d'organe
- Décès à 90j postopératoire

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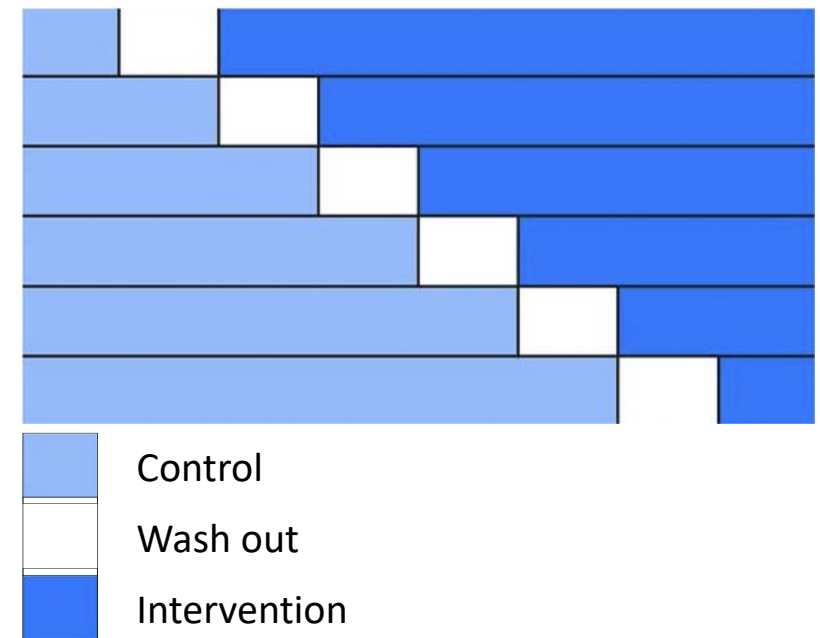
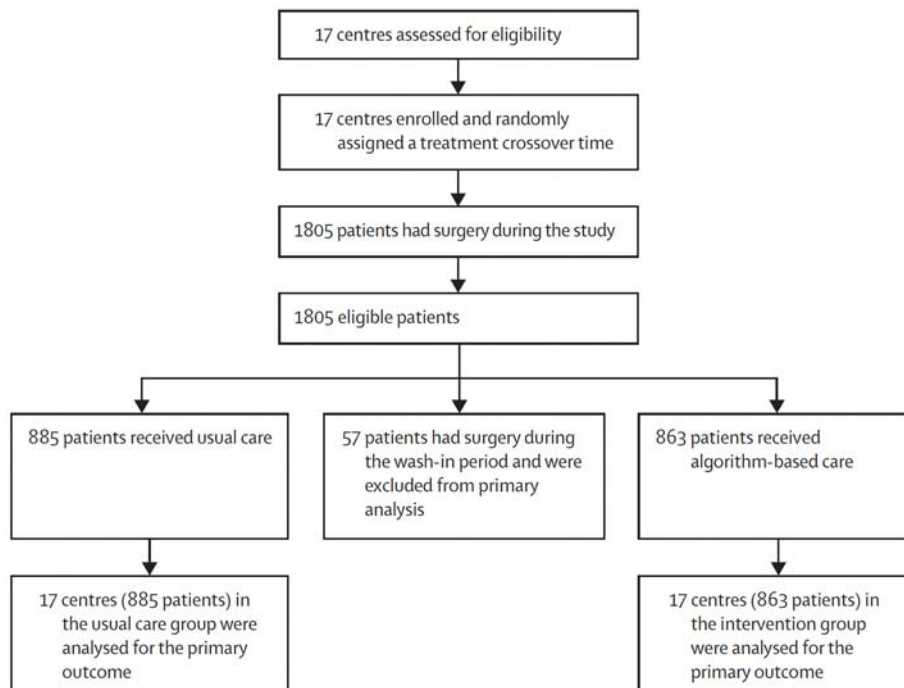
Smits et al. April 2022



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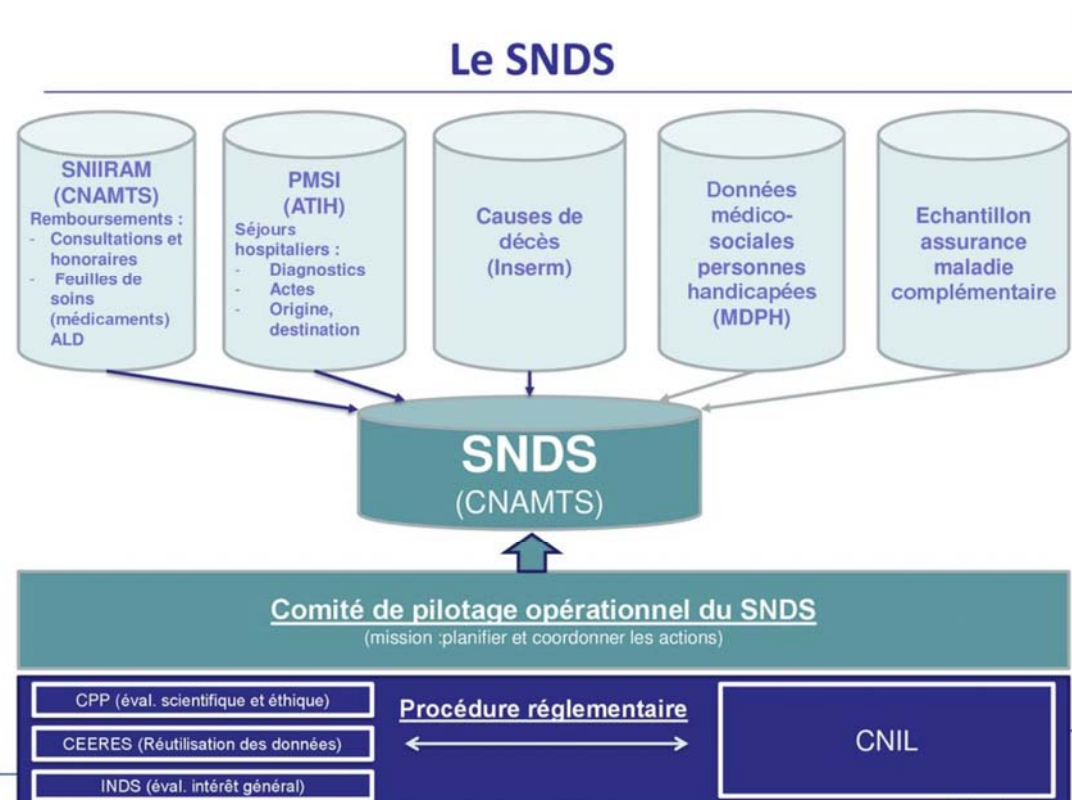
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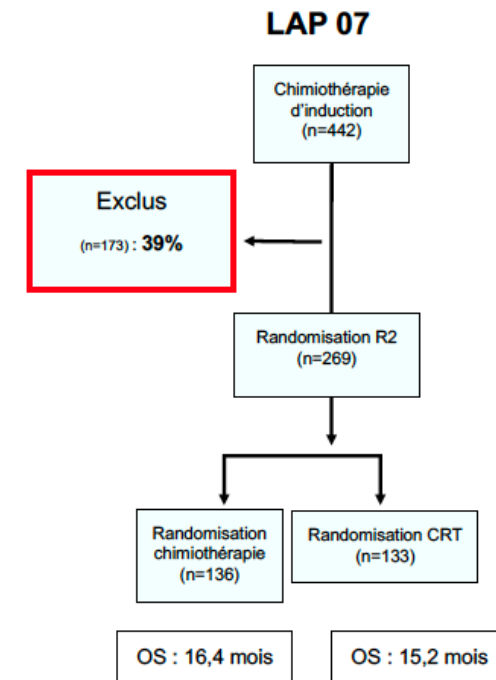
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GIJ

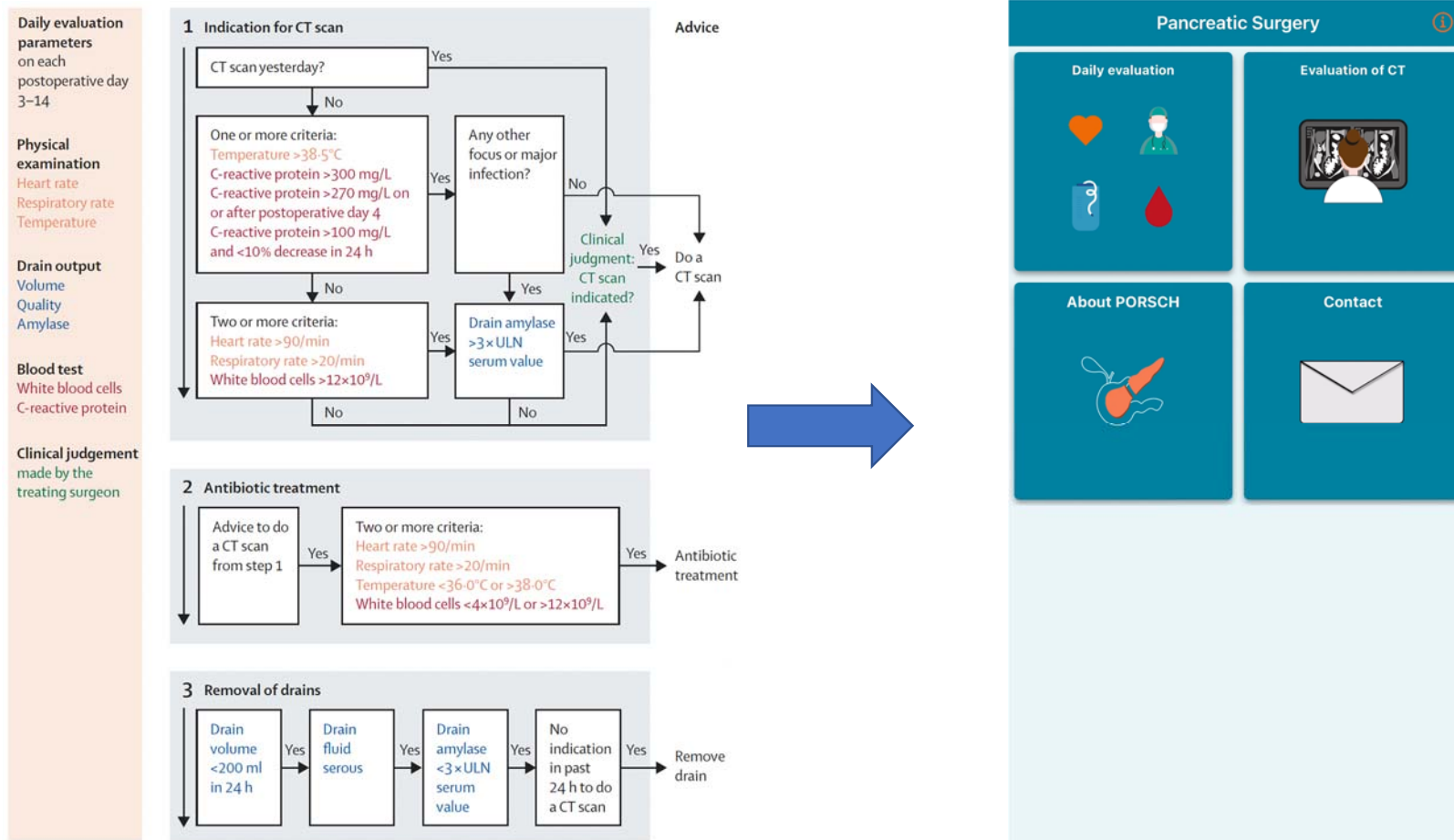


Hammel P, JAMA 2016

Intervention simple

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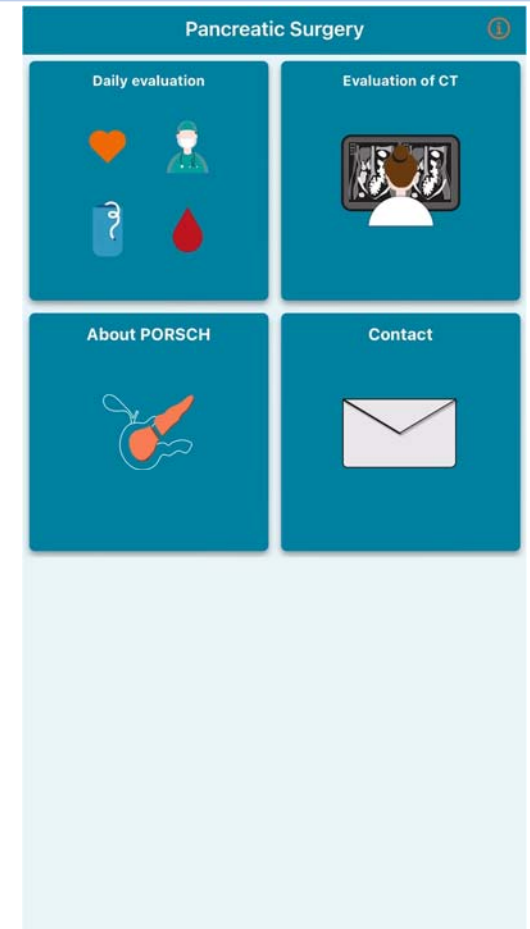
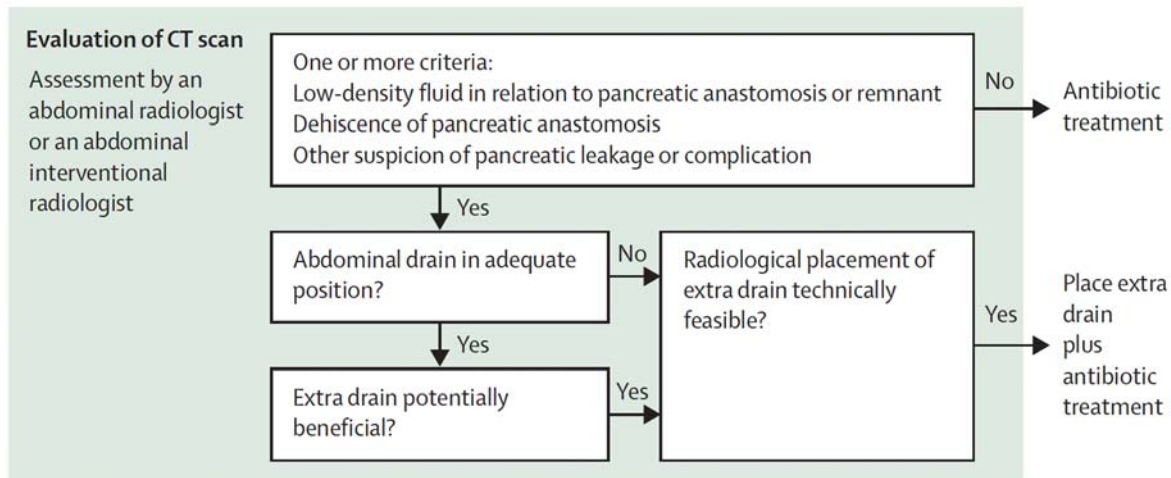
Smits et al. Avril 2022



Intervention simple

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Résultats

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N= 1748	Intervention (n=863)	Control (n=885)	Adjusted risk ratio	p value
Postoperative pancreatic fistula	239/863 (28%)	187/885 (21%)	1·23 (0·97–1·56)	0·084
Postoperative bile leak	66/643 (10%)	57/671 (8%)	0·90 (0·60–1·33)	0·59
Gastroenterostomy leak	8/643 (1%)	11/671 (2%)	0·88 (0·30–2·62)	0·82
Chyle leak	61/863 (7%)	69/885 (8%)	0·95 (0·59–1·54)	0·84
Delayed gastric emptying	134/863 (16%)	144/885 (16%)	1·17 (0·76–1·80)	0·48

Résultats

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Primary composite outcome: Bleeding that required invasive intervention, organ failure or 90-day mortality

N= 1748	Intervention (n=863)	Control (n=885)	Adjusted risk ratio (95% CI)	p value
Primary composite outcome	73 (8%)	124 (14%)	0·48 (0·38–0·61)	<0·0001
<i>Secondary outcomes</i>				
Bleeding that required intervention	47 (5%)	51 (6%)	0·65 (0·42–0·99)	0·046
New-onset organ failure	39 (5%)	92 (10%)	0·35 (0·20–0·60)	0·0001
Circulatory failure	28 (3%)	70 (8%)	0·32 (0·23–0·46)	<0·0001
Respiratory failure	22 (3%)	55 (6%)	0·35 (0·24–0·50)	<0·0001
Renal failure	12 (1%)	29 (3%)	0·37 (0·16–0·85)	0·019
90-day mortality	23 (3%)	44 (5%)	0·42 (0·19–0·92)	0·029

Résultats

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N= 1748	Int (n=863)	Control (n=885)	Adjusted risk ratio	p value
Patients having CT scan	562/863 (65%)	473/885 (53%)	1·18 (1·01–1·36)	0·031
Median CT scans per patient	1 (0–2)	1 (0–2)	1·23 (1·00–1·53)	0·049
MPD of first CT scan	5 (4–9)	7 (5–13)	1·53 (1·23–1·91)	0·0001
MPD of start of antibiotic treatment	7 (4–11)	8 (5–15)	1·29 (1·00–1·66)	0·046
MPD of first drainage	8 (5–11)	9 (7–13)	1·32 (0·95–1·84)	0·099
Patients having reoperation	42/863 (5%)	70/885 (8%)	0·63 (0·43–0·92)	0·017
Median reoperations per patient	0 (0–0)	0 (0–0)	0·55 (0·31–0·99)	0·045
Total reoperations per study group	50	86
Intensive care unit admission	57/863 (7%)	80/885 (9%)	0·57 (0·43–0·76)	0·0001

MPD = Median postoperative day

Ramène les messages à ta maison

- 1/ La centralisation de la chirurgie réduit de moitié la mortalité post opératoire après chirurgie pancréatique
- 2/ Le cut-off de 20 pancréatectomies par an semble pertinent
- 3/ Permet également d'amener l'organisation de la recherche à un autre niveau => méthodologie exceptionnelle
- 4/ La détection et la prise en charge PRECOCE et mini-invasive des fistules pancréatiques = ça marche

Merci