

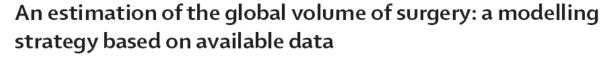
International Surgical Outcomes Study

www.isos.org.uk









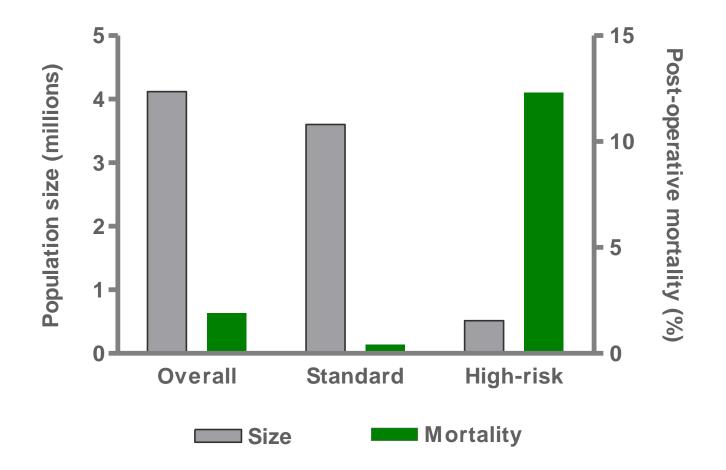


Lancet 2008; 372: 139-44

- Thomas G Weiser, Scott E Regenbogen, Katherine D Thompson, Alex B Haynes, Stuart R Lipsitz, William R Berry, Atul A Gawande
 - 234 million major surgical procedures worldwide
 - True mortality rate is not known
 - A preventable death rate of 1% would result in...
 - ...2.3 million avoidable deaths each year



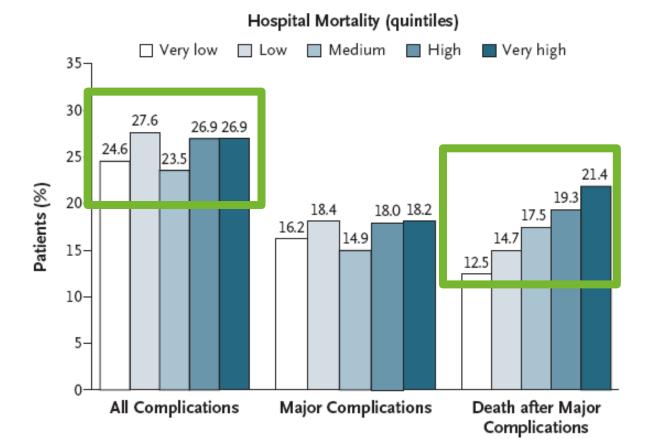




80% of surgical deaths are from the high-risk population



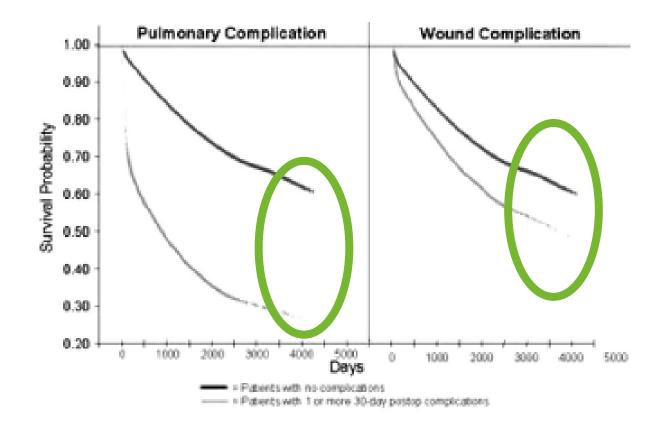




Mortality variation suggests preventable death after surgery



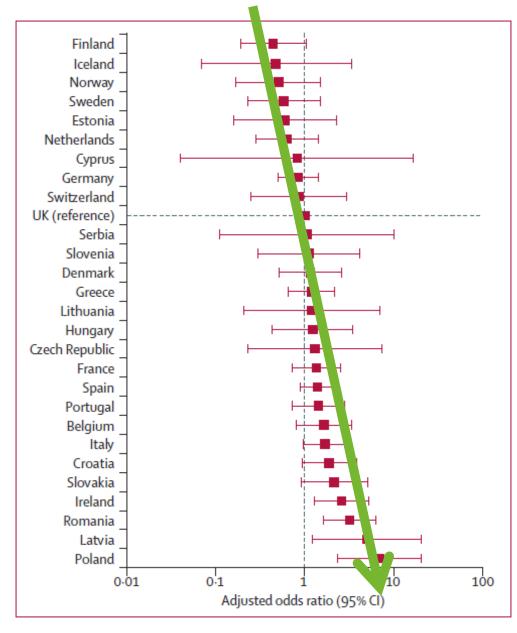




Surgical complications decrease long-term survival







International variation in adjusted mortality risk

Odds ratios adjusted for country, urgency of surgery, grade of surgery, surgical procedure, age, ASA score, metastatic disease and cirrhosis in a two level binary logistic regression model with patient at the first level and hospital at the second.





Why we need the ISOS study

- Poor understanding of overall surgical population
- To understand how complications relate to deaths
- Potential for large number of preventable deaths
- Stimulate further research and public audit





ISOS: Study design

- Highly pragmatic design
- Observational seven day cohort study
- Follow-up until hospital discharge
- Web-site entry of anonymous patient data
- Funded by Nestle Nutrition





ISOS objectives: what is the...

Primary:

 Incidence of 30-day in-hospital complications after elective surgery

Secondary:

- 30-day in-hospital mortality associated with complications
- Relationship between complications and use of critical care
- Effect of complications on duration of hospital stay





ISOS: Inclusion criteria

All adult patients (≥18 years)
undergoing in-patient surgery during
the seven day study period

Start: 08:00 [enter date] 2014

Finish: 07:59 [enter date] 2014





ISOS: Exclusion criteria

- Emergency surgery
- No planned overnight hospital stay
- Radiological procedures





ISOS: Local investigator role

- Ensure ethics / IRB approval if required
- Supervise daily data collection
- Timely upload of data via internet
- Act as guarantor for data accuracy





ISOS: Data collection

- Collect data on <u>ALL</u> eligible patients during cohort week
- Baseline data in operating room
- Follow patients in hospital for complications (max 30 days)
- Easier if anaesthetists and surgeons both contribute
- Anonymous internet based entry from paper case records
- Basic data describing hospital uploaded once to website





ISOS: Data analysis

- Each hospital team can download data when complete
- Hospital teams may be asked to check data after entry
- Data presented by geographical region (groups of nations)
- Statistical modelling to describe relationships
- Only hospitals with 20 valid patients will be included





ISOS: Case record form





17. Example Case Record Form

Age years Gender] M ☐ F Current smoker ☐ Y ☐ N
ASA 🗌 I 🔲 II 🔲 III 🗎 IV 🔲 V	Black ethnicity (eGFR)
Chronic Co-Morbid Disease (tick all th	at apply):
☐ Coronary Artery Disease ☐	Congestive Heart Failure
☐ Diabetes Mellitus ☐	Cirrhosis
Metastatic cancer	Stroke or Transient Ischaemic Attack
COPD / Asthma	Other
Most recent blood results (no more th	an 28 days hoforo surgory).
Most recent blood results (no more th	all 20 days before surgery).
Haemoglobin g/L	Leucocytes x10 ⁹ /L
Sodium mmol/L	Creatinine . µmol/L *
Anaesthesia induction time & date:	H H M M D D M M 2
Anaesthetic technique (tick all that ap	ply):





ISOS: Taking part

- Every investigator is a named member of the ISOS group
- After EuSOS all 2000 investigators were listed on PubMed
- Every investigator can download certificate of participation
- Local investigators receive data for their hospital
- ISOS investigators have priority for secondary studies





ISOS: Summary

- Important study of surgical outcomes
- Pragmatic design providing preliminary data
- Aim to support further research and audit







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