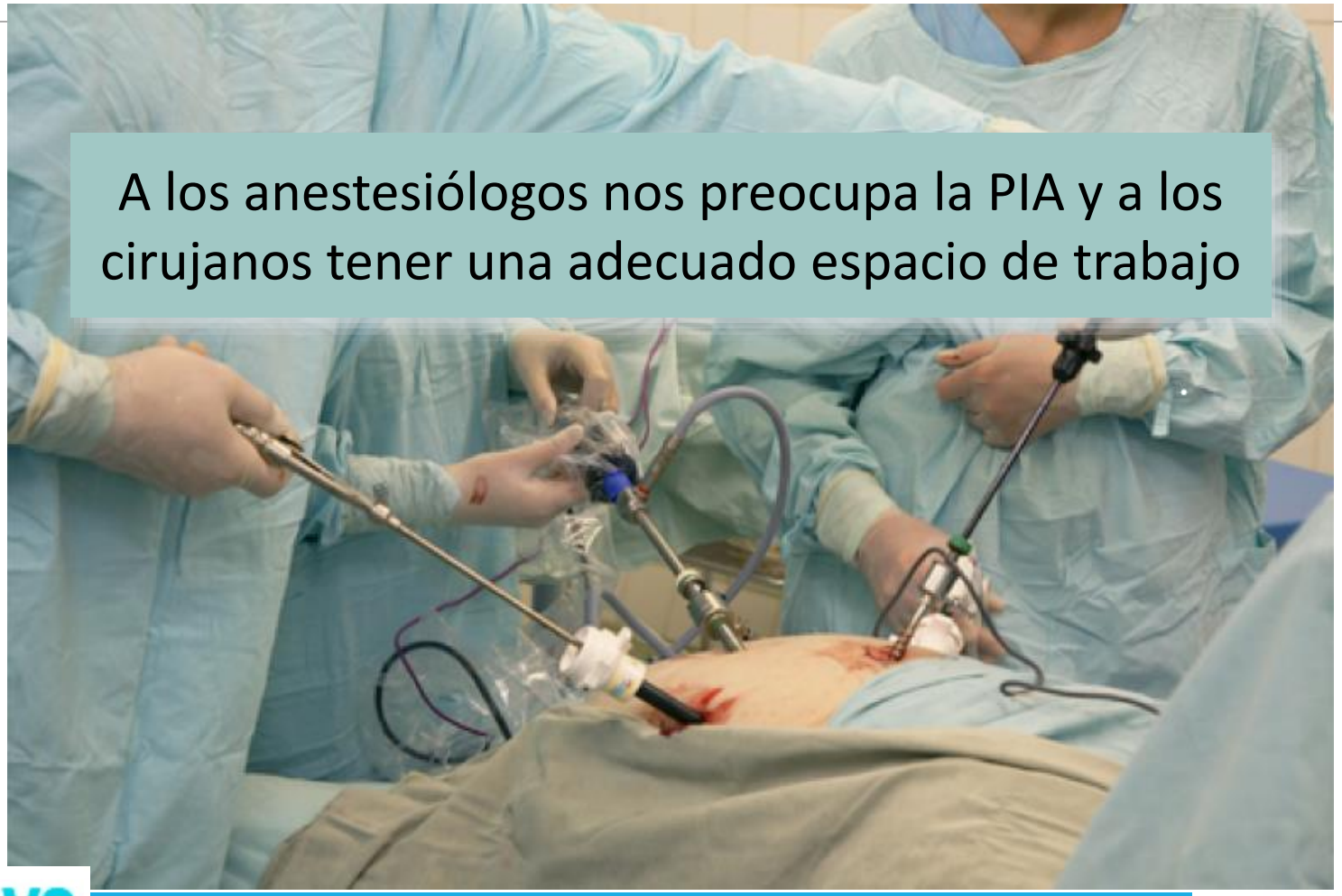
4º EGYO

Equipos de trabajo perioperatorios

BLAS FLOR LORENTE PHD CIRUGÍA COLORECTAL
HOSPITAL UNIVERSITARIO Y POLITÉCNICO LA FE
GRUPO DE INVESTIGACIÓN CIRUGIA DIGESTIVA
INSTITUTO DE INVESTIGACIÓN SANITARIA LA FE VALENCIA

CIRUGÍA LAPAROSCÓPICA



A los anestesiólogos nos preocupa la PIA y a los cirujanos tener una adecuado espacio de trabajo

Duración de la cirugía

Operative Time and Outcome of Enhanced Recovery After Surgery After Laparoscopic Colorectal Surgery

Oliver J. Harrison, MRCS, Neil J. Smart, FRCSEd (Gen Surg), Paul White, PhD, Adela Brigic, MRCS, Elinor R. Carlisle, MBChB, Andrew S. Allison, FRCSEd (Gen Surg), Jonathan B. Ockrim, FRCS (Gen Surg), Nader K. Francis, FRCS (Gen Surg)

General Surgical Operative Duration Is Associated with Increased Risk-Adjusted Infectious Complication Rates and Length of Hospital Stay

Levi D Procter, MD, Daniel L Davenport, PhD, Andrew C Bernard, MD, FACS, Joseph B Zwischenberger, MD, FACS

Surgical Site Infection Prevention: The Importance of Operative Duration and Blood Transfusion—Results of the First American College of Surgeons–National Surgical Quality Improvement Program Best Practices Initiative

Darrell A Campbell Jr, MD, FACS, William G Henderson, PhD, Michael J Englesbe, MD, Bruce L Hall, MD, FACS, Michael O'Reilly, MD, FACS, Dale Bratzler, DO, E Patchen Dellinger, MD, FACS, Leigh Neumayer, MD, FACS, Barbara L Bass, MD, FACS, Matthew M Hutter, MD, FACS, James Schwartz, MD, Clifford Ko, MD, FACS, Kamal Itani, MD, FACS, Steven M Steinberg, MD, FACS, Allan Siperstein, MD, Robert G Sawyer, MD, FACS, Douglas J Turner, MD, FACS, Shukri F Khuri, MD, FACS

Mayor duración de la cirugía provoca una aumento de la estancia hospitalaria y un aumento de las complicaciones infecciosas

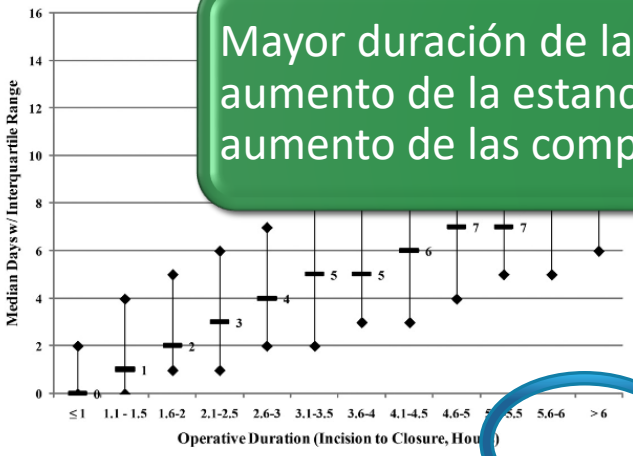
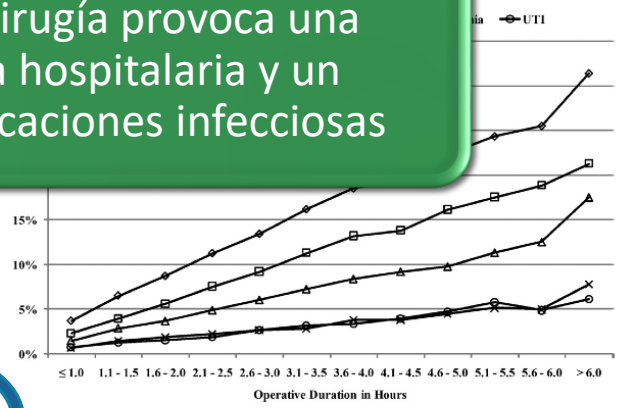


Figure 4. Median hospital length of stay per half hour of general surgical operative d tion (n = 299,359).



ure 1. Unadjusted general surgery postoperative infectious complication rates by one-half hour of operative ration. (n = 299,359; chi-square linear trend, p < 0.001). UTI, urinary tract infection.

J Am Coll Surg: Infectious Complications and Operative Duration Procter et al 2010

Duración de la cirugía

Anesthesiology 2010; 113:1338–50

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Prediction of Postoperative Pulmonary Complications in a Population-based Surgical Cohort

Jaume Canet, M.D., Ph.D.,* Lluís Gallart, M.D., Ph.D.,† Carmen Gomar, M.D., Ph.D.,‡ Guillem Paluzie, M.D.,§ Jordi Vallès, M.D.,† Jordi Castillo, M.D., Ph.D.,† Sergi Sabaté, M.D., Ph.D.,‖ Valentín Mazo, M.D.,# Zahara Briones, M.Math.,** Joaquín Sanchis, M.D., Ph.D.††; on behalf of the ARISCAT Group‡‡

ORIGINAL CONTRIBUTION

Lon Out Colectomy

Matthew B. Bailey, M.D.[1] • Daniel L. Davenport, Ph.D.[1] • H. David Vargas, M.D.[2]
B. Mark Evers, M.D.[1] • Shaun P. McKenzie, M.D.[1]

También aumentan las complicaciones pulmonares

			Risk Score†
91–95	2.2 (1.2–4.2)	0.802	8
≤90	10.7 (4.1–28.1)	2.375	24
Respiratory infection in the last month	5.5 (2.6–11.5)	1.698	17
	3.0 (1.4–6.5)	1.105	11
Surgical incision			
Peripheral	1		
Upper abdominal	4.4 (2.3–8.5)	1.480	15
Intrathoracic	11.4 (4.9–26.0)	2.431	24
Duration of surgery, h			
≤2	1		
>2 to 3	4.9 (2.4–10.1)	1.593	16
>3	9.7 (4.7–19.9)	2.268	23
Emergency procedure	2.2 (1.0–4.5)	0.768	8

2013

SURGEON

ANESTHESIOLOGIST

CIRUGÍA LAPAROSCÓPICA

2018

COLORECTAL LAPAROSCOPIC SURGERY

Perioperative multidisciplinary Team

IPPCollapse Clinicaltrials.gov NCT3000465

Surgical Endoscopy
https://doi.org/10.1007/s00464-018-6305-y

A multifaceted individualized pneumoperitoneum strategy for laparoscopic colorectal surgery: a multicenter observational feasibility study

Oscar Diaz-Cambronero[1] · Blas Flor Lorente[2] · Guido Mazzinari[3] · Maria Vila Montañes[1] · Nuria García Gregorio[1] · Daniel Robles Hernandez[4] · Luis Enrique Olmedilla Arnal[5] · Maria Pilar Argente Navarro[1] · Marcus J. Schultz[6,7] · Carlos L. Errando[8] · for the IPPColLapSe study group

IPPCollapse Clinicaltrials.gov NCT3000465

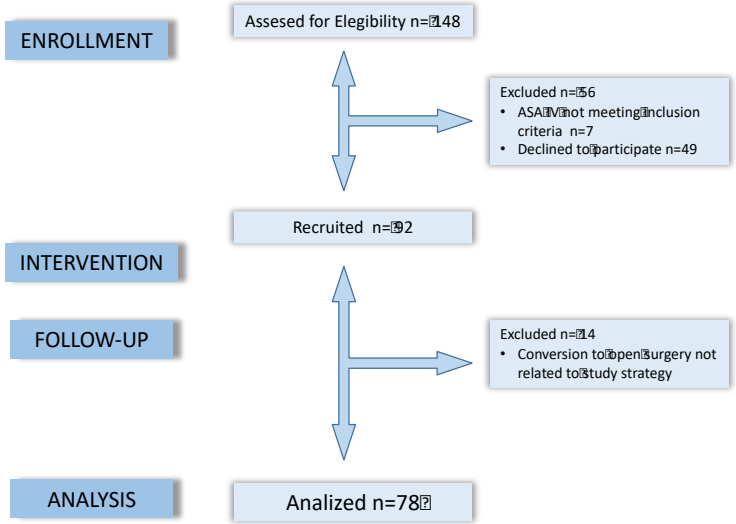
IPP- (Individualized Pneumoperitoneum Pressure) Observational prospective FEASIBILITY multicenter study. Impact of a bundle of measures and individualized IAP titration on the possibility of lowering IAP in laparoscopic surgery

Bundle of measures: **Deep neuromuscular blockade(PTC 1-5)**, Protective ventilation strategy, Optimal position and pre stretching

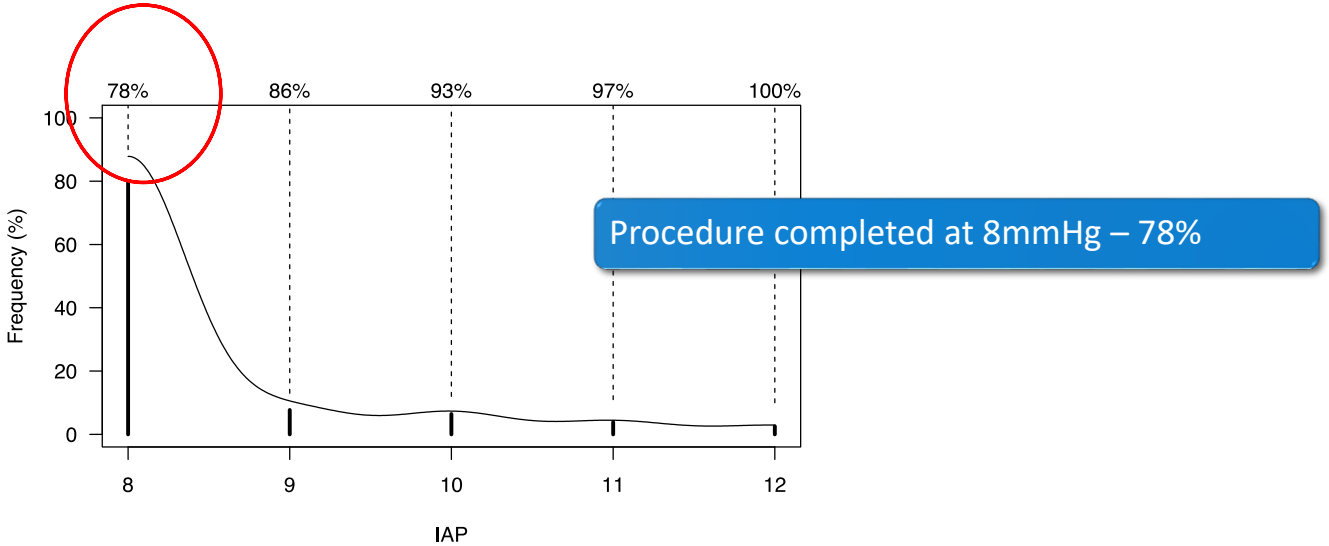
Primary Outcome: Percentage of surgeries finished at each IAP step

Secondary outcome: Impact on driving pressure, correlation between surgical conditions and intraabdominal volume.

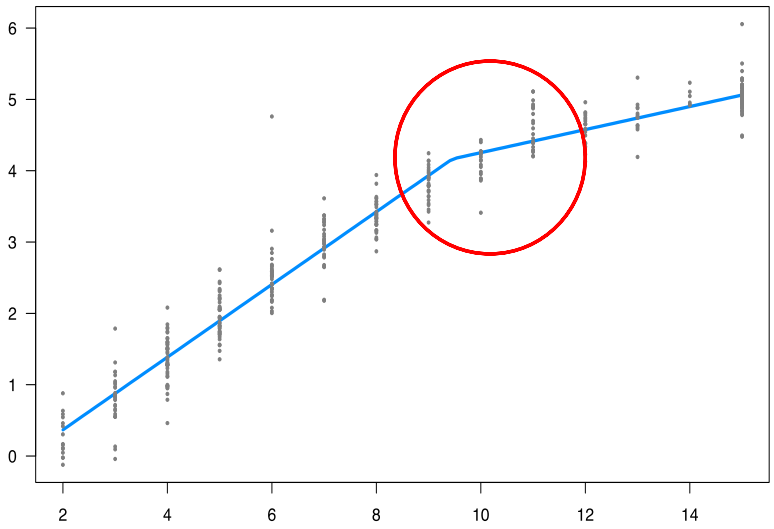
Flow chart

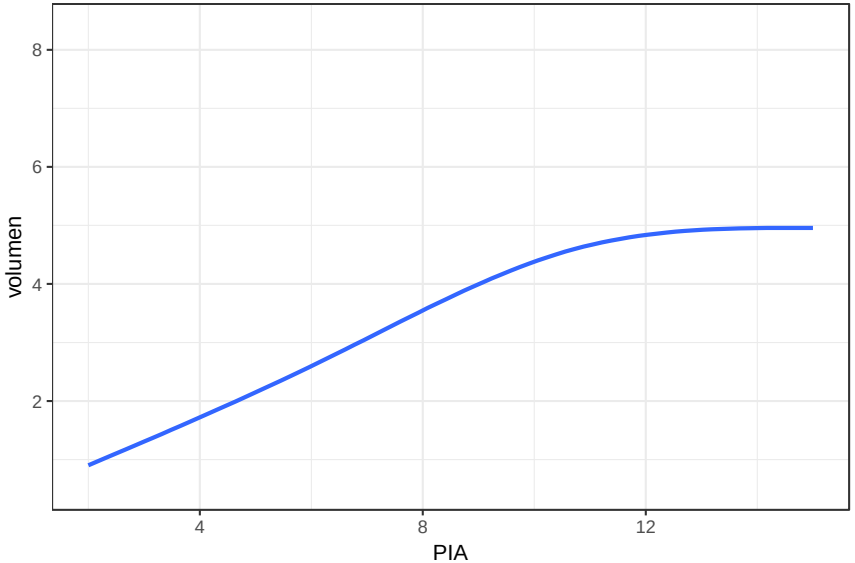

ENROLLMENT
Assesed for Elegibility n=148
Excluded n=56
• ASA IV not meeting inclusion criteria n=7
• Declined to participate n=49
Recruited n=92
INTERVENTION
FOLLOW-UP
Excluded n=14
• Conversion to open surgery not related to study strategy
ANALYSIS
Analized n=78

Frequency optimized IAP. (% of surgeries finished at each IAP step)



IAV/ IAP RELATIONSHIP IN SUPINE POSITION.

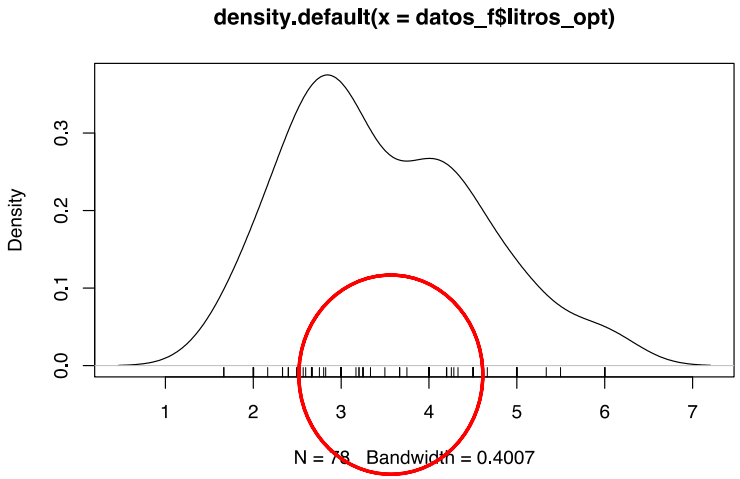


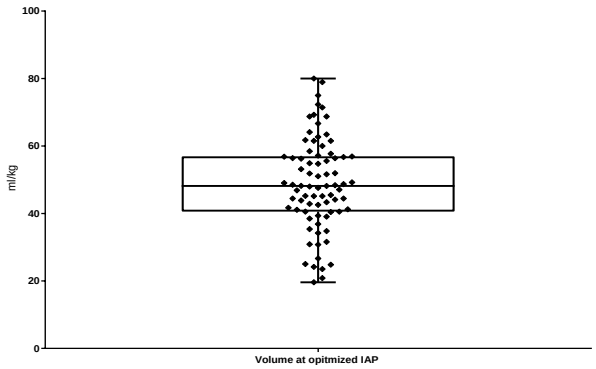


The IAV/IAP relationship fitted by multiadaptive regression splines shows a nonlinear relationship with an inflection point at 10 mmHg in normal ranges of laparoscopic surgery.

OPTIMIZED IAV

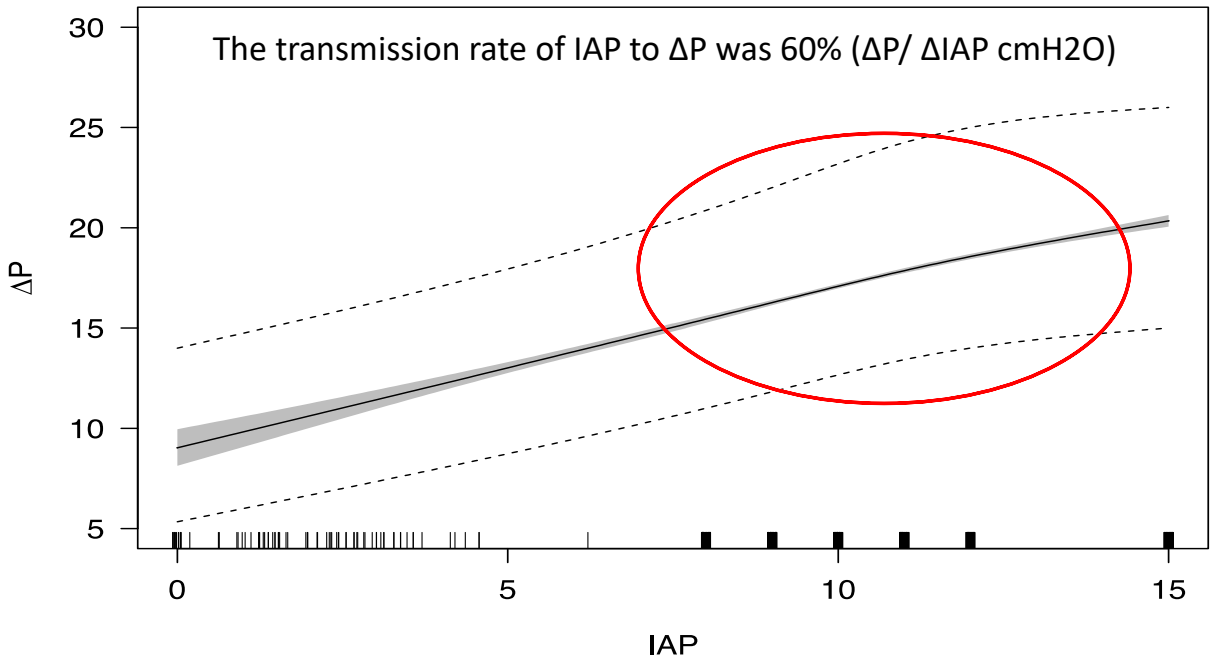
Median intra–abdominal calculated volume at optimized IAP was 3.23 (2.66–4.2)L or 58.2 (14.50) ml/kg.



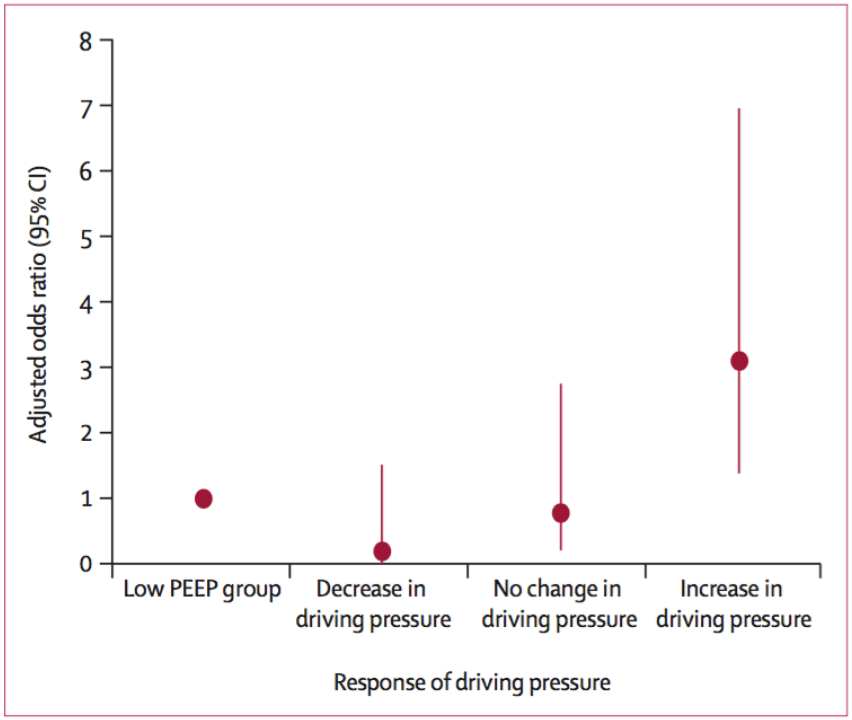


RELATIONSHIP BETWEEN INTRA-ABDOMINAL PRESSURE (IAP) AND INSPIRATORY DRIVING PRESSURE (ΔP)

IAP IN MMHG. ΔP IN CMH2O



Association between driving pressure and development of postoperative pulmonary complications in patients undergoing mechanical ventilation for general anaesthesia:

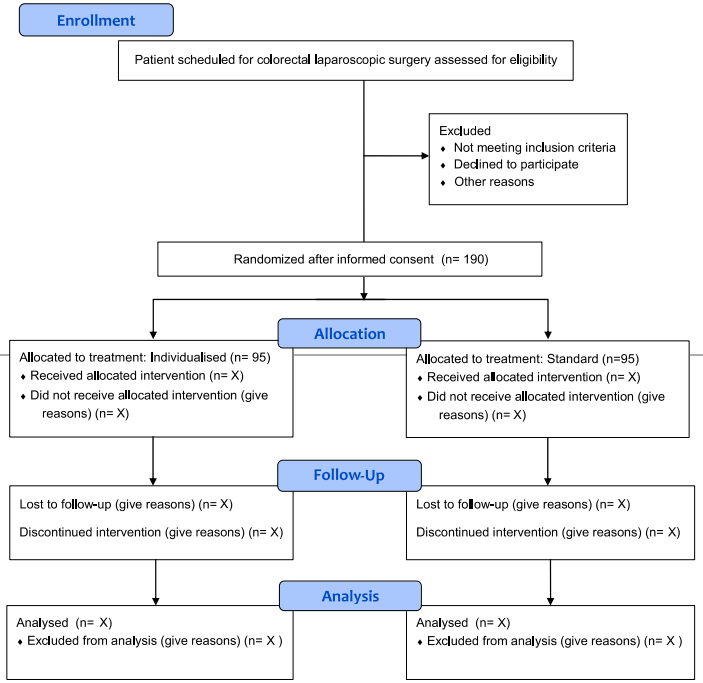


mante , Emmanuel Futier, Ognjen Gajic, **Lancet Respir Med 2016**

***Figure 2:* Odds of postoperative pulmonary complications according to response of driving pressure after increase of PEEP**
PEEP=positive end-expiratory pressure.

IPPColLapSe II

Individualized Pneumoperitoneum Pressure in Colorectal Laparoscopic Surgery versus standard therapy



IPP III

Modificaciones de la presión de distensión transpulmonar con la presión intraabdominal a diferentes niveles de PEEP en cirugía laparoscópica

EDUCACIÓN

CAPE
Clinical Anesthesiology ProgrammE
THICON
Professional Education
The journey begins here.
Hospital Universitari i Politècnic
Universitari i Politècnic La Fe
I Jornada de Exenteración Pélvica:
Manejo Multidisciplinar
Hospital Universitari i Politècnic La Fe
14 de enero de 2016
BECA FAECP-
MEDTRONIC : The
European Coloproctology
Fellowship 2017
EN BUENAS MANOS
CURSO DE CIRUGÍA EXPERIMENTAL DE LA
INTERVENCIÓN DE MILES EN POSICIÓN PRONO
y 27 de Junio 2012

ASISTENCIA CLINICA

EXCELENCIA ORGANIZACIONES

GRACIAS POR SU ATENCIÓN