



# The STOP-BANG questionnaire and the risk of perioperative respiratory complications in urgent surgery patients: A prospective, observational study

Submitted by Emmanuel Rineau on Tue, 12/18/2018 - 22:27

Titre	The STOP-BANG questionnaire and the risk of perioperative respiratory complications in urgent surgery patients: A prospective, observational study
Type de publication	Article de revue
Auteur	Chudeau, Nicolas [1], Raveau, Tommy [2], Carlier, Laurence [3], Leblanc, Damien [4], Bouhours, Guillaume [5], Gagnadoux, Frédéric [6], Rineau, Emmanuel [7], Lasocki, Sigismond [8]
Editeur	Elsevier
Type	Article scientifique dans une revue à comité de lecture
Année	2016
Langue	Anglais
Date	Octobre 2016
Numéro	5
Pagination	347-353
Volume	35
Titre de la revue	Anaesthesia Critical Care & Pain Medicine
ISSN	23525568
Mots-clés	Difficult intubation [9], obstructive sleep apnoea [10], Postoperative Complications [11], STOP-BANG [12], Urgent surgery [13]

## Introduction

The STOP-BANG (SB) questionnaire, a tool originally proposed for identifying patients at risk of obstructive sleep apnoea, may also identify patients at increased risk of perioperative complications (when > 3). Perioperative complications, including respiratory ones, are more frequent in emergency surgery. This study aimed at evaluating whether the SB is predictive of perioperative respiratory complications in urgent surgery.

## Methods

Consecutive adult patients admitted for an urgent surgery under general anaesthesia were included. The STOP-BANG questionnaire was completed before anaesthesia. Perioperative respiratory complications were prospectively recorded during surgery and in the postoperative care unit (PACU).

## Results

One hundred and eighty-nine patients were included (women 46%, median age 60 [43-78] years old) of which 104 (55%) were SB+. Diabetes mellitus and arrhythmia were more frequent in the SB+ patients than in SB-. The ASA class was higher in SB+ patients compared with SB-, but type and duration of surgery were statistically similar. The incidence of respiratory complications was higher in SB+ patients both during surgery (21% versus 6%,  $P < 0.002$ ) and in the PACU (57% versus 34%,  $P = 0.0015$ ). Furthermore, SB+ patients had a prolonged length of hospital stay (6 [3-12] versus 4 [2-7] days,  $P = 0.0002$ ). In a multivariate analysis, the STOP-BANG score was independently associated with respiratory complications (OR [CI 95%] = 1.44 [1.03-2.03],  $P = 0.03$ ).

## Conclusions

An elevated STOP-BANG score ( $\geq 3$ ) is associated with an increased risk of perioperative respiratory complications and with prolonged length of stay in urgent surgery patients.

## Résumé en anglais

## URL de la notice

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## DOI

10.1016/j.accpm.2016.01.006 [15]

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<https://www.sciencedirect.com/science/article/abs/pii/S2352556816300492?...> [16]

## Titre abrégé

Anaesthesia Critical Care & Pain Medicine

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[15] <http://dx.doi.org/10.1016/j.accpm.2016.01.006>

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