



The Role of Serum Albumin Level as a Predictor of Post-Operative Outcomes Following Emergency Exploratory Laparotomy: A Prospective Study

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Article History	Abstract
Received: 16 June 2023 Revised: 05 Sept 2023 Accepted: 13 Oct 2023	<p>Background: An emergency exploratory laparotomy is a crucial surgical technique used to treat abdominal diseases that pose a risk to life. Optimizing patient treatment in this situation requires the identification of variables that predict post-operative results. A widely available biomarker called serum albumin has been suggested as a potential predictor of mortality, length of hospital stay, and post-operative problems. Methods: 100 patients who underwent emergency exploratory laparotomies between January 2021 and June 2022 were the subject of a prospective study. Clinical information was gathered along with measurements of the serum albumin levels prior to surgery. Post-operative outcomes were recorded, including complications, length of stay in the hospital, and mortality. Results: When compared to patients with normal albumin levels, those with low serum albumin levels (3.5 g/dL) had a greater incidence of post-operative problems (62% vs. 38%, $p < 0.05$) and longer hospital admissions (12.7 days vs. 8.4 days, $p < 0.001$). Additionally, hypoalbuminemic individuals had considerably greater mortality (16% vs. 6%, $p < 0.05$). Conclusion: In emergency exploratory laparotomies, pre-operative serum albumin level is a useful predictor of post-operative outcomes. Increased complications, extended hospital stays, and greater mortality rates are all linked to hypoalbuminemia. The therapeutic significance of serum albumin evaluation for risk stratification, preoperative planning, and well-informed decision-making in this complex surgical scenario is highlighted by these findings. To validate these findings and investigate potential strategies to enhance outcomes, more study is required.</p>
CC License CC-BY-NC-SA 4.0	Keywords: Serum albumin, Exploratory laparotomy, Post-operative outcomes, Prognostic factor, Emergency surgery

1. Introduction

An emergency exploratory laparotomy is a crucial surgical operation used to diagnose and treat acute abdominal diseases, frequently in patients who have life-threatening problems at the time of their initial presentation. In order to diagnose and treat a variety of diseases, including intestinal blockage, perforated viscus, abdominal trauma, and intra-abdominal infections, this sophisticated intervention entails a comprehensive investigation of the abdominal cavity. When less intrusive procedures or diagnostic techniques have failed or are not appropriate, it is often used as a last option. Although exploratory laparotomy can save a patient's life, it is not without dangers, and patients' post-operative results can vary widely [1-5].

In clinical practice, it is crucial to identify variables that can accurately predict post-operative results following an emergency exploratory laparotomy. By identifying patients who are more likely to experience difficulties or require extended hospital stays, healthcare resources can be better allocated, preoperative care can be improved, and patients and their families can make more informed decisions.

As a result, to enhance risk stratification in this patient population, researchers and clinicians have been actively examining numerous pre-operative biomarkers and clinical factors.

Serum albumin, a vital protein produced by the liver and a crucial part of the human circulatory system, is one such possible biomarker under investigation. In order to maintain homeostasis, serum albumin performs a variety of functions, such as controlling colloidal osmotic pressure, transporting different molecules (such as hormones and medications), and assisting in immunomodulation. Serum albumin has attracted interest as a potential predictor of post-operative outcomes in surgical patients due to its participation in a number of essential physiological processes [6-10].

Patients with a variety of illnesses, such as malnutrition, chronic inflammation, liver disease, and renal failure frequently experience hypoalbuminemia, which is characterized as a serum albumin concentration below the reference range (usually less than 3.5 g/dL). Reduced synthesis, increased catabolism, or increased loss due to conditions like proteinuria or gastrointestinal leakage can all contribute to this drop in serum albumin levels. Hypoalbuminemia may indicate a patient's general health and capacity to resist the physiological stress of major surgery in the setting of exploratory laparotomy [1,5,9,10].

Several medical specialties, including general surgery, orthopedics, and cardiothoracic surgery, have looked into the relationship between hypoalbuminemia and unfavorable outcomes in surgical patients. Low pre-operative blood albumin levels have been linked to a higher risk of post-operative problems, longer hospital admissions, and higher mortality, according to a number of studies. Numerous mechanisms have been put up to explain this connection. Hypoalbuminemia may impede wound healing, weaken immune system health, and increase susceptibility to infection—all of which are important factors in postoperative recovery [1,8,9,11,12].

Serum albumin's possible importance as a predictor of post-operative outcomes has been researched in a number of surgical scenarios, but its specific relevance in the context of emergency exploratory laparotomy is still unclear. Patients undergoing emergency laparotomies frequently have severe illnesses, and the surgery itself can be lengthy and complicated. Therefore, it is crucial to comprehend how serum albumin levels relate to outcomes in this particular patient population.

By evaluating the role of serum albumin level as a determinant for post-operative outcomes following emergency exploratory laparotomy, this prospective study seeks to close this knowledge gap. In patients having this risky surgical operation, this study predicts that lower pre-operative serum albumin levels will be linked to more post-operative problems, longer hospital admissions, and higher fatality rates. The potential to better risk assessment, advance clinical judgment, and ultimately maximize patient care in the difficult setting of emergency exploratory laparotomy is what spurred current inquiry.

2. Materials And Methods

Design of the Study and Participants: Between January 2021 and June 2022, this prospective observational study was carried out at a tertiary care facility. This study included patients who had undergone emergency exploratory laparotomies, which are operations done in response to urgent abdominal problems. All patients who met the inclusion requirements were given consideration for research participation.

Patients must be at least 18 years old to qualify.

Patients who underwent an urgent laparotomy for exploratory purposes.

Patients whose preoperative serum albumin values were available.

Patients with incomplete medical records or missing serum albumin data are excluded.

1. Patients having an elective laparotomy for exploratory purposes.
2. Patients whose blood albumin levels are impacted by chronic renal illness or liver disease.

Data Gathering All eligible patients' demographic data, such as age and gender, as well as pertinent clinical information, such as comorbidities and surgical indications, were recorded. Pre-operative serum albumin levels, which are routinely taken 24 hours before to surgery, were retrieved from the hospital's computerized medical records.

Surgical Technique: Skilled surgical teams working under regular guidelines performed emergency exploratory laparotomies. Various disorders, including intestine perforation, abdominal trauma, acute appendicitis, and intestinal obstruction, were among the surgical indications. Intraoperative information was recorded, including surgical techniques used and the results of the operation.

Measures of Results: Post-operative complications, length of hospital stay, and mortality were the main outcome measures. Surgical site infections, wound dehiscence, anastomotic leaks, sepsis, and other issues needing medical attention were among the post-operative sequelae. The number of days from the date of operation to discharge was used to define the length of the hospital stay. Mortality was evaluated while the patient was in the hospital.

Statistical Analysis: SPSS ver 25 was used to conduct the statistical analysis. Demographic and clinical traits were gathered using descriptive statistics. Depending on the distribution, continuous variables were expressed as means, standard deviations, or medians with interquartile ranges. Frequencies and percentages were used to present categorical variables.

This study used suitable statistical tests, chi-square tests for categorical variables for continuous variables, where appropriate, to evaluate the relationship between pre-operative serum albumin levels and post-operative outcomes. Serum albumin was subjected to a logistic regression analysis to determine its independent predictive value for post-operative problems, and a linear regression analysis to determine its relationship with the length of hospital stay.

3. Results and Discussion

Baseline Characteristics (Table 1): The baseline characteristics of the 100 patients who participated in this prospective trial are listed in Table 1. The cohort's mean age was 56.3 years (± 18.2), and the gender distribution was essentially equal. Emergency exploratory laparotomies were required for a variety of clinical problems, with bowel perforation (34%) and abdominal trauma (28%) being the most frequent causes. With 72% of patients having at least one comorbidity, the total comorbidity burden was significant. The most common comorbidities were hypertension (45%) and diabetes mellitus (28%).

Pre-Operative Serum Albumin Levels and Post-Operative Results (Table 2): Table 2 shows pre-operative serum albumin levels and their correlation with post-operative results. Post-operative problems occurred more frequently in patients with low serum albumin levels (defined as 3.5 g/dL) (62% vs. 38%, $p < 0.05$). These issues included, among others, wound dehiscence, sepsis, and infections at the surgical site. Additionally, patients with low serum albumin levels were longer in the hospital on average (12.7 days vs. 8.4 days, $p < 0.001$) than patients with normal serum albumin levels.

Serum albumin concentrations and Mortality (Table 3): Table 3 shows the connection between pre-operative serum albumin concentrations and mortality. The death rate was considerably greater among individuals with low serum albumin levels compared to those with normal serum albumin levels (16% vs. 6%, $p < 0.05$). Sepsis and multi-organ failure are two post-operative complications that were predominantly blamed for mortality events.

Table 1: Baseline Characteristics of Study Participants

Characteristics	Mean \pm SD or n (%)
Age (years)	56.3 \pm 18.2
Gender (Male/Female)	52/48
Surgical Indication	
- Bowel Perforation	34
- Abdominal Trauma	28
- Acute Appendicitis	18
- Bowel Obstruction	20
Comorbidities	
- Hypertension	45
- Diabetes Mellitus	28
- Cardiovascular	22
- Chronic Kidney	15

- Others	20
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Table 2: Serum Albumin Levels and Post-Operative Outcomes

Serum Albumin Level (g/dL)	<3.5	≥3.5
Post-Operative Complications	62%	38%
Mean Hospital Stay (days)	12.7	8.4

Table 3: Mortality and Serum Albumin Levels

Serum Albumin Level (g/dL)	<3.5	≥3.5
Mortality	16%	6%

Current prospective study's findings highlight the importance of pre-operative blood albumin levels as a predictor of post-operative outcomes in patients having emergency exploratory laparotomies. According to the findings, individuals with hypoalbuminemia—defined as serum albumin levels below 3.5 g/dL—are more likely to have post-operative problems, need longer stays in the hospital, and have higher mortality rates. These results demonstrate the therapeutic utility of serum albumin as a predictive biomarker in this particular surgical setting [1,8,11].

Interpretation of the Results

Current research clearly demonstrated a link between pre-operative serum albumin levels that were low and a higher frequency of problems following surgery. This result is in keeping with the body of literature that already exists in a number of surgical specialties, where hypoalbuminemia has been associated with increased rates of wound dehiscence, sepsis, and other problems. Decreased wound healing, decreased immunological response, and higher susceptibility to infections are likely the underlying mechanisms causing this connection in hypoalbuminemic patients.

Current findings demonstrated that patients with low serum albumin levels had considerably longer hospital stays than those with normal albumin levels, in addition to problems. Long-term hospital stays can be harmful to the patient's quality of life and the availability of medical resources. The potential economic benefit of serum albumin evaluation in risk classification and pre-operative optimization measures is highlighted by this observation [11-15].

Most importantly, current research showed that patients with hypoalbuminemia had significantly higher fatality rates. Given that mortality is the primary clinical outcome and that interventions aiming at lowering mortality can significantly affect patient care, this is a very important conclusion. The clinical significance of this biomarker and its potential for risk assessment is highlighted by the correlation between low serum albumin levels and mortality in the context of emergency exploratory laparotomy.

Comparative Analysis of Previous Literature

Current findings are in line with a growing body of research that suggests surgical patients might use serum albumin as a predictive indicator. Similar relationships between hypoalbuminemia and unfavorable outcomes have been observed in earlier research across a range of surgical specialties, including general surgery, orthopedics, and cardiothoracic surgery. Low serum albumin levels have been associated with greater death rates, longer hospital stays, and more postoperative complications in several investigations [10-15].

Current study's emphasis on emergency exploratory laparotomies, a particular and risky surgical operation frequently done in critically unwell patients, is one of its merits. While the prognostic value of serum albumin has been studied in relation to elective procedures, its applicability in an emergency situation has received less attention. Current research adds to the body of knowledge by illuminating the usefulness of serum albumin measurement as a predictive tool in this difficult surgical setting.

Underlying causes of the association:

Hypoalbuminemia and unfavorable post-operative outcomes are associated for a variety of reasons. For fluid balance and tissue perfusion, colloidal osmotic pressure, which is maintained by serum albumin, is crucial. Reduced serum albumin levels may cause more edema and poorer tissue oxygenation, which may exacerbate problems including slow wound healing and tissue necrosis.

Serum albumin also plays a role in controlling the inflammatory response. Patients with hypoalbuminemia may have increased systemic inflammation, which might raise the risk of problems following surgery, especially infections. The immunomodulatory effects of serum albumin may also affect the patient's capacity to resist infections and recuperate from the stress of surgery.

Serum albumin also functions as a molecule that transports other compounds, such as hormones and medications. Changes in blood albumin levels may have an effect on the pharmacokinetics and pharmacodynamics of perioperatively delivered drugs, which may have an impact on patient outcomes and treatment effectiveness.

Clinical Consequences:

The results of current investigation have important therapeutic ramifications. A simple and affordable tool that can help with pre-operative risk stratification is serum albumin measurement. Clinicians can adopt targeted therapies to improve patients' nutritional status and general health before surgery by identifying those who have hypoalbuminemia. Supplemental nutrition, immunomodulation, and more thorough post-operative surveillance are a few examples of these therapies.

Additionally, the ability to identify people at increased risk based on serum albumin levels might help patients and their families make joint decisions with healthcare professionals. It enables more thorough discussions regarding the potential advantages and disadvantages of emergency exploratory laparotomy, assisting patients and those who are caring for them in making choices that are consistent with their preferences and values.

Limitations: Although current work sheds light on the significance of serum albumin in predicting the results of emergency exploratory laparotomies, it is not without flaws. First, the fact that the study was conducted in a single hospital may restrict the applicability of the results to other healthcare facilities. The robustness of current findings needs to be confirmed by more multi-center research.

Second, the root causes of hypoalbuminemia were not thoroughly investigated in current study. Understanding the particular causes of low blood albumin levels in this patient population may provide further light on the processes that link albumin levels to post-operative results.

4. Conclusion

Current prospective study concludes that in patients undergoing emergency exploratory laparotomies, pre-operative blood albumin levels are a significant predictor of post-operative outcomes. Hypoalbuminemia patients are more likely to have post-operative problems, need longer hospital stays, and have higher mortality rates. In the context of emergency exploratory laparotomy, this study emphasizes the therapeutic value of serum albumin evaluation in risk categorization, preoperative optimization, and shared decision-making. Additional study is required to verify these results and investigate potential strategies to enhance patient outcomes.

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