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# Surgery for Patients in Extremis: Reasonable Care or Surgical Futility?

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# Surgery for Patients in Extremis: Reasonable Care or Surgical Futility?

## **Abstract**

Critically ill patients in extremis often undergo abdominal exploration despite the subjectively high incidence of morbidity and mortality. To evaluate the efficacy of intervention, records of patients undergoing laparotomy while in extremis by the Acute Care Surgery service at an academic medical were retrospectively reviewed. Outcomes were stratified by patient demographics, primary service, surgical findings, preoperative physiology, and mortality. Overall mortality was 55.6%. Surgical bedside explorations revealed a mortality rate of 53.3% without identified abdominal pathology and 90% with identified pathology. Significant differences in survival were noted for Lactate level, vasopressor use, acute kidney injury, leukocytosis, and anemia. Therapeutic bedside exploration's extremely high mortality rate likely represents futile care. OR procedures for patients in extremis also carries significant mortality that may be predicted by preoperative physiology. This data suggests that surgical consultation for patients in extremis should be scrutinized for efficacy prior to offering surgical intervention.

## **Keywords**

surgery, futility, acute care, exploratory laparotomy

## **Disciplines**

Business | Medicine and Health Sciences

# **SURGERY FOR PATIENTS IN EXTREMIS: REASONABLE CARE OR SURGICAL FUTILITY?**

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## Research disciplines:

Medicine and Health Sciences

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Critically ill patients in extremis often undergo abdominal exploration despite the subjectively high incidence of morbidity and mortality. To evaluate the efficacy of intervention, records of patients undergoing laparotomy while in extremis by the Acute Care Surgery service at an academic medical were retrospectively reviewed. Outcomes were stratified by patient demographics, primary service, surgical findings, preoperative physiology, and mortality. Overall mortality was 55.6%. Surgical bedside explorations revealed a mortality rate of 53.3% without identified abdominal pathology and 90% with identified pathology. Significant differences in survival were noted for Lactate level, vasopressor use, acute kidney injury, leukocytosis, and anemia. Therapeutic bedside exploration's extremely high mortality rate likely represents futile care. OR procedures for patients in extremis also carries significant mortality that may be predicted by preoperative physiology. This data suggests that surgical consultation for patients in extremis should be scrutinized for efficacy prior to offering surgical intervention.

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