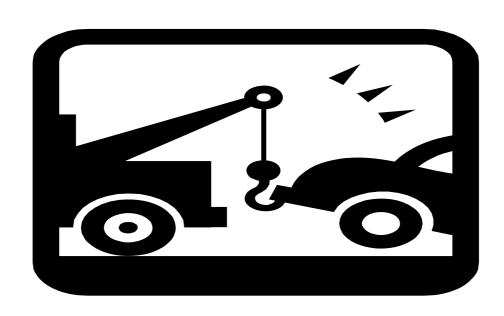
Anne Kwan
QA Subcommittee,
COC (Anaesthesiology) HA

Although modern anaesthesia is relatively safe, severe complications still occur



Last year, our Anaesthesia Related Mortality Audit revealed a mortality rate of 0.614 per 10,000 operations



Regarding morbidities:

• AMI, Stroke, Renal Failure, Chest Infection are considered significant if they occur in the perioperative period

• Stroke is the most severe peri-operative morbidities



COC (Anaesthesiology) decided to conduct an audit on peri-operative stroke in year 2003 to 2005 looking at the true incident and the associated risk factors



Hospitals (n = 20) participated in the audit

Hong Kong East Cluster	Kowloon West Cluster
Pamela Youde Nethersole Eastern Hospital*	Caritas Medical Centre
Ruttonjee Hospital	Kwong Wah Hospital
Tung Wah East Hospital	Our Lady of Maryknoll Hospital
Hong Kong West Cluster	Princess Margaret Hospital*
Grantham Hospital	Yan Chai Hospital
Queen Mary Hospital*	
The Duchess of Kent Children's Hospital	New Territories East Cluster
Tung Wah Hospital	Alice Ho Mui Ling Nethersole Hospital
Kowloon Central Cluster	Prince of Wales Hospital*
Hong Kong Eye Hospital	North District Hospital
Queen Elizabeth Hospital	
Kowloon East Cluster	New Territories West Cluster
United Christian Hospital*	Tuen Mun Hospital*
Tseung Kwan O Hospital	

 Searched through the data base of the Clinical Data Analysis and Reporting System (CDARS) using operation, stroke, cerebrovascular accident, cerebral infarction, cerebral haemorrhage, anaesthesia codes of 1 to 7 as key words

 Retrieved various types of stroke after operation before hospital discharge - 500 cases in total



• The audit co-ordinators then went through patients' notes carefully and screened the accuracy of the diagnosis of peri-operative stroke against a set of pre-determined criteria

All likely risk factors were also recorded



• 155 cases of peri-operative stroke during the 3 years were confirmed

• 4 peri-operative stroke per 10,000 operations



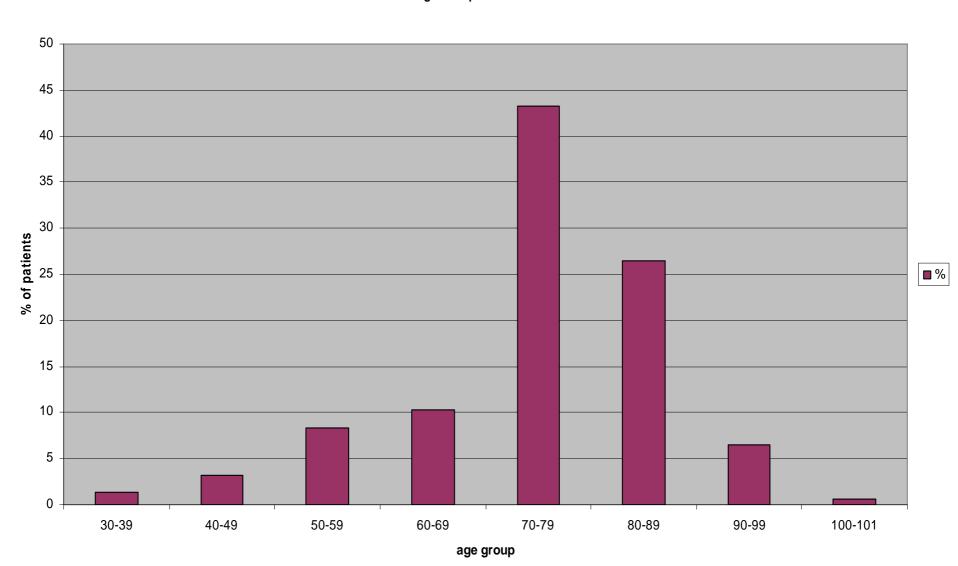
• The risk factors were then analysed to rate the significance

- Demographics
- Preoperative
- Intra-operative
- Post-operative



2003-2005 Anaesthesia Related Morbididty - Perioperative CVA of 155 Index Patients

Age Group Distribution



 Data suggested that increasing age was associated with higher risk in developing peri-operative stroke

 Patients over the age of 70 years accounted for 78% of all patients who had stroke after operations in the year 2003 to 2005

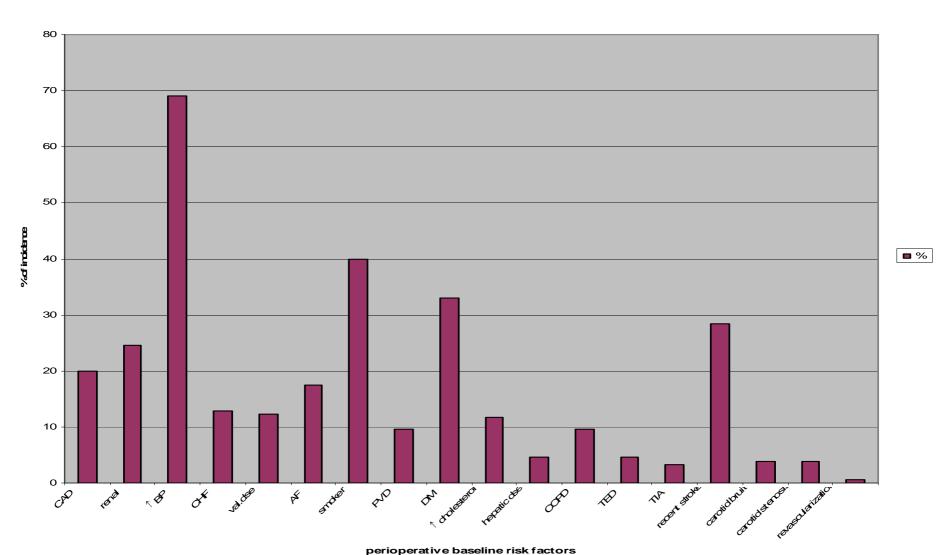


 Data suggested the male gender was associated with slightly higher risk to develop peri-operative stroke

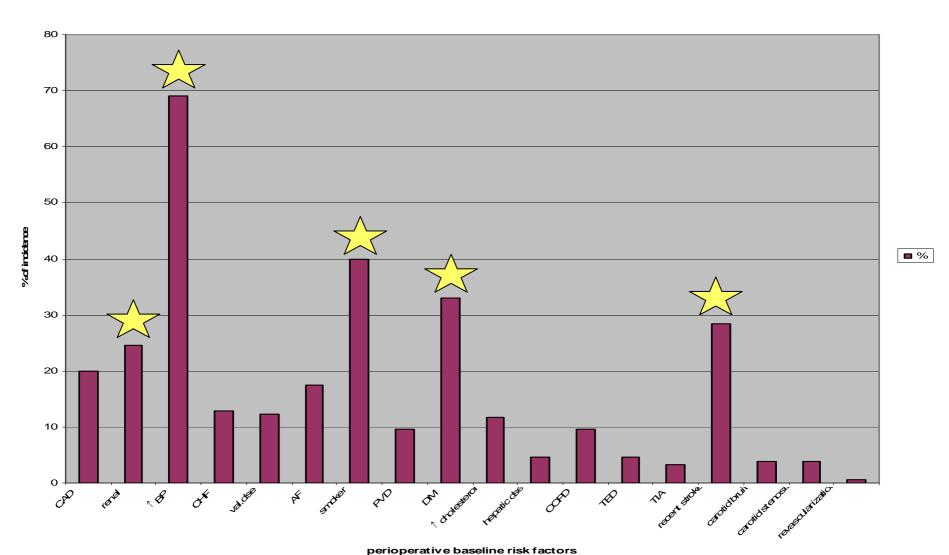
• Male vs female = 53 vs 47%



2003-2005 Anaesthesia Related Morbidity- Perioperative CVA of 155 Index Patients Baseline Risk Factors



2003-2005 Anaesthesia Related Morbidity- Perioperative CVA of 155 Index Patients Baseline Risk Factors

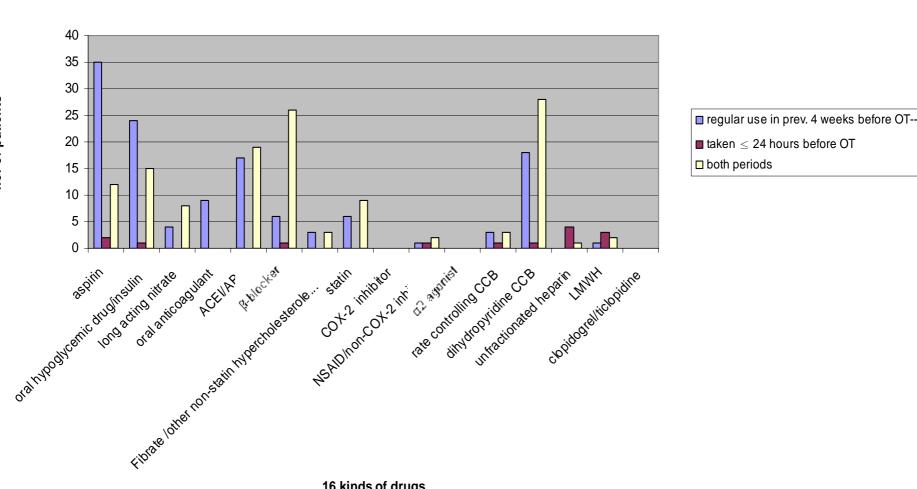


Data suggested the factors that were associated with peri-operative stroke in order of risk level are:

- 1. Pre-operative hypertension
- 2. Smoking history
- 3. Diabetic history
- 4. Previous stroke
- 5. Renal impairment



2003-2005 Anaesthesia Related Morbidity - Perioperative CVA of 155 Index Patients Preoperative Assessment - Drug History



• Developing risk predictors for perioperative stroke

- Stroke = $A \times age$
 - + B x gender
 - + C x hypertension
 - + D x others ..



To obtain the predictive factors:

- 1. Match group without peri-operative stroke (1:4)
- 2. Use multivariate analysis technique to obtain a formula
- 3. Fit the new data to assess the predictive value of the formula



We can make use of the information in:

- 1. Obtaining consent for operation accept the risk
- 2. Before operation eliminate or reduce the risk factors
- 3. Intra-operative develop strategies to reduce the risk
- 4. Post-operative period better support
- 5. Ongoing research / audit test the formula with improved monitoring or technique

Conclusions:

- 1. Multivariate analysis of all the risk factors helps to identify the more important factors that increase the incidence of peri-operative stroke
- 2. Meticulous pre-operative optimisation, intra-operative care and post-operative support of patient's condition may reduce this serious incident



All Audit Co-ordinators

Panel Members of the QA
 Subcommittee of the COC
 (Anaesthesiology) HA

Thank you

