APPLICATION OF THE SURGICAL APGAR SCORE FOR THE PREDICTION OF MAJOR COMPLICATIONS IN HIP FRACTURE SURGERY.

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INTRODUCTION:

The Surgical Apgar Score (SAS) has been considered as a good independent predictor of major postoperative complications and mortality in the first 30 days in different types of surgeries. This scale has already been validated in different orthopedic surgical procedures and there are several studies that highlight its usefulness in hip fracture surgery. Patients with a SAS ≤ 4 are 14.4 times more likely to suffer major complications in the first 30 days compared to those with a SAS ≥ 5 .

Our goal with this study was to evaluate the risk in our population using the Surgical Apgar Score

CONCLUSION:

The Surgical Apgar Score could become a very useful tool when it comes to immediately identify patients with a higher risk stratification and thus be able to receive post-intensive intensive care and closer attention both during as after the hospital stay.

MATERIALS AND METHODS:

- Observational study
- We analyze all the hip fracture surgeries performed in our hospital over a month (32 consecutive patients).
- SAS was calculated prospectively from intraoperative data.
- It was recorded the appearance of major complications and death in the first 30 days.

	Yes SAS mean (SD)	No SAS mean (SD)	P value
Major complications (68.8%)	6.64 (1.18)	7.50 (1.65)	0.101
Anemia requiring transfusión (21.9%)	6.57 (1.51)	7.00 (1.35)	0.476
Delirium, without a history of previous cognitive disorders (21.9%)	6.00 (1.00)	7.16 (1.37)	0.047
Fever (15.9%)	7.20 (0.45)	6.85 (1.49)	0.329
Local infection (0%)	-	6.91 (1.38)	-
Pneumonia (3.1%)	7.00	6.90 (1.40)	0.946
Urinary tract infection (12.5%)	7.25 (0.50)	6.86 (1.46)	0.602
Acute renal failure (21.9%)	6.57 (1.27)	7.00 (1.41)	0.476
Sepsis (0%)	-	6.91 (1.38)	-
Acute myocardial infarction (0%)	-	6.91 (1.38)	-
Heart failure (6.5%)	6.00 (1.41)	6.97 (1.40)	0.354
Cardiorespiratory arrest (6.5%)	7.00 (0.00)	6.90 (1.49)	0.921
Deep venous thrombosis (0%)	-	6.91 (1.38)	-
Pulmonary embolism (6.5%)	8.00 (0.00)	6.83 (1.42)	0.258
Stroke/TIA (0%)	-	6.91 (1.38)	-
Need of reoperation (3.1%)	5.00	6.97 (1.35)	0.163
Need for vasoactive support drugs (0%)	-	6.91 (1.38)	-
Need for mechanical ventilation (0%)	-	6.91 (1.38)	-
Exitus (6.5%)	7.00 (0.00)	6.90 (1.49)	0.921

We analyzed 32 patients
(78.1% were women).

The mean age was 85.34
years (SD: 7.19).

The mean of SAS in the
sample was 6.91 (SD:
1.38).

The incidence of major
complications in the first
30 days was 68.8%.

RESULTS

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