

# IMPACT OF ACTIVE WARMING IN PERIOPERATIVE HEAT LOSS IN LAPAROSCOPIC CHOLECYSTECTOMY

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#### BACKGROUND

**Perioperative heat loss (PHL)** is common in patients undergoing surgical procedures, which is associated with many adverse outcomes.

Although **active warming techniques (WT)** are effective measures for PHL prevention, some studies conclude that short duration surgeries don't seem to benefit with active warming.

#### **GOAL OF THE STUDY**

Evaluate the effect of active warming in preventing perioperative heat loss during Elective Laparoscopic Cholecystectomy.

#### **METHODS**

- Prospective audit.
- Patients undergoing Elective Laparoscopic Cholecystectomy, at our institution, from September to December 2016.
- WT with **forced-air warming blankets** compared with the same procedures under no active warming technique (nWT), from a previous audit.
- Auricular temperature monitored at five moments:



- Gender, Age, American Society of Anaesthesia Physical Status (ASA), Body Mass Index (BMI), Type of anaesthesia, Duration of surgery length were collected.
- Descriptive statistical analysis and Qui Quadrado was runned (p<0,05) (SPSS®v.22).
- Results presented as number, percentage, mean ± standard deviation (SD) and median.

#### RESULTS

#### Table 1 – Temperature variation at different moments

## Table 3 – Patients distribution by gender, age, ASA, IMC, type of anaesthesia and duration of surgery

HEAT LOSS	WT (n=2	7) nWT	(n=67)	р			WT (n= 27)	nWT (n= 67)
ΔΤ3-Τ2	-0.32+0.3	76 -0.43	±0.42 0	.34		Gender (M/F)	8 (30%) / 19 (70%)	14 (21%) / 53 (79%)
(mean±SD)	0,0==0,0		, •			Age (median; [min-max])	62 [31-88]	58 [26-87]
ΔT5-T1 (mean±SD)	-0,27±0,7	74 -0,53	±0,48	,03		ASA I/II/III/IV	2 (7%) / 16 (59%) / 8 (30%) / 1 (4%)	9 (13%)/ 47 (70%)/ 10 (15%) / 1 (1%)
$\Delta T5-T4$	0,57±0,6	69 0,35	±0,45 0	,51		BMI Kg/m² (mean ± SD)	26,67±5,30	28,25±4,39
						Type of anesthesia (GA)	27 (100%)	67 (100%)
Table 2 – Temperature variation T5-T1WT (n=27)nWT (n=67)					Duration of surgery (min) (mean ± SD)	48,48±24,10	48,85±31,12	
< - (n	0,5°C ; [%])	8 [30%]	35 [52%]	J		Length of hospital stay (mean ± SD)	3,35±4,58	3,10±4,66
>= .	-0.5°C			·				
(n	; [%])	18 [67%]	28 [42%]			NO STATISTICALL	Y SIGNIFICANT	DIFFERENCES
						Legend: BMI – body mass index; GA – General Anesthesia		

#### CONCLUSION

In this audit, active warming for Elective Laparoscopic Cholecystectomy seems to influence the heat loss associated with surgical procedure, **suggesting that forced-air warming may be beneficial**. The findings underline the importance of developing new strategies and methods to minimize perioperative heat loss.

### REFERENCES

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