

Impact of intraoperative fluid administration on associated outcomes in heac and neck cancer free flap surgery at a tertiary care hospital in LMIC

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Introduction

- Head and neck cancers are the sixth most common cancer; causing more than 350,000 deaths annually
- Pakistan falls geographically in a high-risk area for oral cancer.
- More challenging in Low and middle income countries due to limited resources
- Radical head and neck dissection with a free flap is an extensive procedure
- This procedure usually require large volumes of fluid.
- Anesthetic care has a fundamental role by regulation of hemodynamics and regional blood flow
- There is scant regional and no Local data

Objective

Primary Objective:

 To evaluate the impact of intraoperative fluid administration and its correlation with the postoperative medical and surgical complications in head and neck cancer free flap surgeries.

Secondary Objective:

 To identify demographic, preoperative and intraoperative factors predicting postoperative complications

Material & Methods

Study design

Retrospective observational study

Inclusion Criteria

- Elective head and neck cancer free flap procedures
- Age 18 65 years
- ASA I III

Exclusion Criteria

- Patients with revision head and neck surgical procedures
- Patient receiving microvascular reconstruction as a salvage procedure for a previously performed free flap surgery
- Patients with history of head and neck cancer radiotherapy
- Duration Of Study
- 5 years

Methodology

- Approval from departmental research committee and hospital ethical review committee was obtained
- A retrospective review of all patients who underwent free flap procedures for head and neck cancer between January 2014 and December 2018 was conducted
- Medical records, including anaesthetic charts were reviewed
- A Performa was specifically designed for this study

Data Analysis

- All analyses were conducted by using the Statistical Package for Social Science version 19 (SPSS Inc., Chicago, IL)
- P value of ≤ 0.05 was considered statistically significant

Results

Demographic and clinical characteristics of patients (n=224)

Variables	Point Estimate	
1 0/>	45.74±10.46	
Age (Years)	[Range: 19-68]	
Gender		
Female	32(14.5%)	
Male	192(85.7%)	
Co-morbid†	68(30.4%)	
Hypertension	35(15.6%)	
Diabetic Mellitus	10(4.5%)	
HD	9(4%)	
COPD	14(6.3%)	
Asthma	14(6.3%)	
Anemia	8(3.6%)	
Others	12(5.7%)	
listory of Addiction	100000000000000000000000000000000000000	
Smoking	92(411%)	
Betel Nut	123(54.9%)	
Others	26(11.6%)	
Diagnosis		
Buccal Mucosa SCC	176(78.6%)	
Tongue SCC	18(8%)	
Lip SCC	3(1.3%)	
Mandible SCC	10(4.5%)	
Maxilla SCC	4(1.8%)	
Ameloblastoma	5(2.2%)	
Lower Alveolar SCC	7(3.1%)	
SCC Floor of Mouth	1(0.4%)	

Performed Procedure/ Intraoperative Fluid Information (n=224)

Variables	Point Estimate
Procedure	
Fibular Flap	83(78.6%)
ALTF	104(46.4%)
Radial Forearm Flap	22(9.8%)
Lateral Arm Flap	15(6.7%)
Duration of Anaesthesia (min)	641[558 – 736]
Duration of Surgery (Min)	569[479 -644]
Length of hospital stay (days)	5[4-5]
Blood Loss (ml)	697[500-1000]
	{Range: 60-2000}
Total Intraoperative Fluid (n=224)	4600[3525-5500]
Total Crystalloid (ml) (n=224)	4000[3500-5000]
Ringer Lactate (n=209)	4000[3000-4500]
Normal Saline (n=71)	1000[500-3000]
Others: 5% Dextrose (n=4)	500[425-575]
Total Colloid (ml) (n=145)	600[500-1000]
Natural (n= 76)	600[300-600]
Packed Red Cell (n=77)	600[300-600]
Fresh Frozen Plasma (n=1)	300*
Platelet (n=1)	100*
Synthetic (n=121)	500[500-500]
Gelatin (n=115)	500[500-500]
Haemaccel (n=8)	500[500-500]
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Post-operative complications	Point Estimate
Medical Complications	70(31.25%)
Pulmonary	10 (4.5%)
Renal (Acute Kidney Injury)	23 (10.3%)
Infectious (Sepsis)	9 (4%)
Cardiovascular	12(5.4%)
Hematologic (Deep Venous Thrombosis)	0
Unplanned mechanical ventilation / ICU admission	9(4%)
Others	7(3.1%)
Surgical Complications	18(8%)

Comparisons of characteristics of patients with and without Complications.

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Variables	With complication n=58	Without complication n=166	P-Value
Age (Years)	45[37-55]	45[37-54]	0.814
Gender			
			0.575
Male	51(87.5%)	141(84.9%)	
Female	7(12.1%)	25(15.1%)	
Co-morbid	25(43.1%)	43(25.9%)	0.014
Smoking Status	28(48.3%)	64(38.6%)	0.195
Betel nut	30(51.7%)	93(56%)	0.570
Duration of Anaesthesia (Min)	645.5[548.5-738.5]	635[563-732.7]	0.688
Duration of Surgery (Min)	549[466-629]	572[488-650]	0.693
Length of Hospital Stay (Days)	5[4-6]	5[4-5]	0.019
Total fluid (mL)			0.273
≤5000	32(55.2%)	106(63.9%)	
>5000	26(44.8%)	60(36.1%)	
Use of colloid	41(70.7%)	104(62.7%)	0.338
Natural Colloid	20(34.5%)	56(33.7%)	0.998
Use of packed red blood cells	21(36.2%)	57(34.3%)	0.873
Fresh Frozen Plasma	0	1(0.6%)	0.999
Use of Platelet	0	1(0.6%)	0.999
Use of Gelatin	34(58.6%)	81(48.8%)	0.224
Use of Haemaccel	4(6.9%)	4(2.4%)	0.210
Use of phenylephrine	0	1(0.6%)	0.999
Use of Non-phenylephrine	2(3.4%)	0	0.066

Comparison of different fluid concentration in patients with and without complication

Variables	With complication	Without complication	P-Value
Total Fluid (ml)	n=58 5000[3900-6075]	n=166 4550[3500-5500]	0.156
Total Crystalloid (ml)	n=58 4250[3500-5125]	n=166 4000[3500-5000]	0.242
Ringer Lactate	n=56 4000[3000-5000]	n=153 4000[3000-4500]	0.527
Normal Saline	n=18 1000[500-2750]	n=53 1000[500-3000]	0.780
Total Colloid (ml)	n=41 800[500-1050]	n=104 550[500-1000]	0.328
Natural Colloid	n=20 600[300-825]	n=56 600[300-600]	0.321
Packed Red Cell	n=21 600[300-750]	n=57 600[300-600]	0.369
Synthetic	n=35 500[500-500]	n=86 600[300-625]	0.569
Gelatin	n=34 500[500-500]	n=81 500[500-500]	0.211
Haemaccel	n=4 500[350-875]	n=4 500[400-750]	0.999

Discussion

- Till date, there has been no definitive consensus regarding optimal fluid protocols for patients undergoing H & N free flap.
- Generally, complications occurs in H&N free flap when fluid transfusion exceeds above 4000-5000ml
- However in our study, more complications were noted in <5000ml fluid group.
- AKI was the most common medical complication.

Conclusion

 We did not find statistically significant frequency of flap related complications associated with amount and type of intraoperative fluid administration in free flap H&N cancer surgery

Reference

Characteristics and intraoperative treatments associated with head and neck free tissue transfer complications and failures. Otolaryngol Head Neck Surg