Mortality Data looks at Obesity

THE OBSESE patient:
every surgeon's dilemma!

QASM seminar 13/11/15, Brisbane (PAH)
Conflict of interest

None to declare
Queensland Audit of Surgical Mortality

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What is QASM

Audit of Surgical Mortality
What is QASM

Peer Review Audit of Surgical Mortality

100% Public Hospitals
Private Hospitals
Surgeons
What do we do

Collect Data
Analysis of Data

LEARN from the Data
What do we do

Peer reviewed
De-identified
Feedback

To 100% of Surgeons

First-line assessment 100%
Second-line assessment 14%
What else do we do

Seminars
Presentations
Publications

LEARNING
via feedback
What data do we hold

8000 cases

10 % Obesity is a co-morbidity
What outcomes do we see

• Second-line assessments: 14%

• Proportion with clinical incidents: 9.4% of all cases

• Most common clinical incident: ‘Decision to operate’
Q 25 on SCF - source of much information

‘Would you have done anything differently?’
What about obesity data

Obesity as a co-morbidity: age at death

Median: 58 years

Obesity not a factor

Median: 78 years
Obesity as a co-morbidity: Length of stay
Median: 9 days

Obesity not a factor
Median: 8 days
Obesity as a co-morbidity:
post-op complications
53%

Obesity - not a factor
33%
Obese patients vs non-obese patients:

• Double the rate of unplanned returns to theatre
• Double the rate of surgical site infections
• Higher rates of post-op complications
• Higher rates of unplanned admissions to ICU
• Higher rates of delay in surgical diagnosis
Thanks to the staff of QASM

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Thanks to the Convenor

Peter Wysocki
Thank you for coming
http://www.surgeons.org/policies-publications/publications/position-papers/

‘Implications of obesity for outcomes of non-bariatric surgery’

‘Reducing the burden of obesity’
Thank you