

CANCER IS ASSOCIATED WITH INTRAOPERATIVE AND POSTPROCEDURAL COMPLICATIONS AND DISORDERS

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OBJECTIVES

To analyze the impact of cancer on intraoperative and postprocedural complications (IPCs) in Germany.

METHODS

Patients with first diagnosis of IPCs between 2010 and 2015 were identified in 982 general practitioners in the IMS® Disease Analyzer database. Controls were included after individual matching (1:1) to IPC cases by age, gender, type of health insurance (private or statutory) and the physician. Demographic data included: age, sex and health insurance type (private or statutory). Clinical data included: cancer, diabetes, coronary heart disease including myocardial infarction, stroke including TIA, heart failure, chronic respiratory diseases, fractures and depression.

A multivariate logistic model was used to calculate the risk of IPC on the basis of patient characteristics.

RESULTS

A total of 5817 IPC patients and 5817 controls were included in this study. The mean age was 63.9 years, the proportion of people with private health insurance coverage was equal to 3.0 %, and the proportion of men was equal to 36.0 % in both groups; 21.5 % of IPC patients and 5.8 % of controls

had cancer (p value <0.0001). Moreover, diabetes, coronary heart disease, stroke, heart failure, chronic respiratory disease, fractures and depression were also significantly more common in IPC patients than in controls. Cancer had a negative impact on the risk of IPC (OR 4.27, 95 % CI 3.76-4.85 and p value <0.0001). Coronary heart diseases, depression, fractures and chronic respiratory diseases were also significantly associated with an increased risk of IPC.

CONCLUSION

The present study indicates that cancer increases the risk of IPCs and may reduce the clinical benefits of surgery.

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If you would like to read any of the studies in its entirety, please, contact us to obtain the full version of a publication. Also, our research director is at your disposal if you have any further questions.

Thank you for your interest!