Introduction:
The aim is to assess the incidence of cardiovascular incidents in major abdominal surgery using the revised Lee index.

Methods:
A study was conducted of 144 senile patients who underwent major abdominal surgery in the Krasnodar Regional Clinical Hospital No. 2 under combined anesthesia. In the preoperative period, the risk of cardiovascular incidents was assessed using the revised Lee index and the functional status was assessed by MET. Depending on the Lee index, 3 groups were identified: group 1 (n = 69) - low risk (index value -1), group 2 (n = 52) - intermediate risk (index value -2); group 3 (n = 23) - high risk (index value> 3). We estimated the incidence of critical incidents in groups: hypo-, hypertension, arrhythmias, and bradycardia.

Results:
In the general population, cardiac risk was 2.2 ± 0.7 points; functional status - 7.7 ± 1 MET. The greatest number of critical incidents was recorded in patients with high risk (58.4%), the smallest - in patients with low risk (9.1%), in patients with intermediate risk - 26.5% (n <0, 05 between groups according to Chi-square criterion). In the structure of critical incidents, hypotension was most often encountered - in 62 (43%) patients, while some patients revealed several incidents from the circulatory system (n = 116). Overall, the Lee scale showed good prognostic ability (AUROC = 0.81) in predicting hemodynamic incidents.

Conclusion:
The revised Lee index is a useful tool to help assess the risk of cardiovascular incidents and determine patient management tactics in the perioperative period.

References: