Category :**Sepsis/septic shock: management**

A213 - ***Perioperative fluid management in critically ill surgical intra-abdominal septic shock and outcome : siass-f -iii study (effect of preoperative and intraoperative vasopressor)***

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Introduction:

In septic shock, fluid overload caused more complications while restricted fluid didn't improve outcome. Early NE helped early restore MAP & decrease fluid intake. But still question about tissue perfusion & outcome. This study aimed to explore the effect of perioperative fluid management in pts with intra-abdominal septic shock admitting to SICU & outcome.

Methods:

This prospective observational study was done in 255 pts, age > 18 yrs underwent surgery for intra-abdominal infection & had septic shock on SICU admission between June 2018-Sep 2023. Pts underwent minimal invasive procedure, transplant, traumatic, cardiothoracic & obstetric surgery were excluded. Data record included patient's demographics; ASA status; comorbidities; type & detail of anesthesia/surgery; vasopressor/inotropic support; steroid administration, detail of fluid, blood/blood component intake/output; serum alb, Cr, Hb, lactate; since day 0 (on ICU admission postop) until day 7. APACHE-II & SOFA score; & outcome as 28 day mortality & early postop complications.

Results:

The incidence of 28 days mortality was 16.6%; early AKI, early RRT, ARDS, stroke, PMI, liver injury, bowel ischemia & DIC were 59.5%, 10.2%,40.0%, 5%, 7.3%, 31.7%, 11.1% & 31.2%; 35% had profound intraop hypotension, Higher intraop fluid balanced/kg was significantly associated with the discontinuation of vasopressor <72 hours, less incidence of postoperative AKI and RRT. From multivariate analysis. high ASA status (>III), poor control DM, not receive steroid, lower fluid bolus (< 39 cc/kg before stating NE), NE started within 1 hr of fluid bolus, higher dose of intraop NE, lower intraop & day-0 (day of surgery & ICU admission); higher day 1 & day 3 fluid balanced/kg & lower day 2 serum alb were significant associated with 28 days mortality.

Conclusion:

Restrictive fluid may not be the regimen for initial fluid resuscitation, intraop & day 0 postop in pts with intra-abdominal surgical septic shock.