

PER- AND POSTOPERATIVE RESPIRATORY PROBLEMS IN INFANTILE HYPERTROPHIC PYLORIC STENOSIS

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Aim

Studying the incidence of peroperative hypoxemia and postoperative respiratory events in infants undergoing pyloromyotomy and the potential role of metabolic alkalosis.

Methods

- Retrospective review of infants undergoing pyloromyotomy between 2007-2017.
- Assessment of hypoxemia (SpO₂ ≤90% for >1min), difficult intubations and postoperative respiratory events.
- Multivariate logistic regression analysis of serum pH, bicarbonate or chloride with respiratory problems

Results

- N=406 (85% male; median age 34 days)
- 51% developed ≥1 episode of perioperative hypoxemia and 95 postoperative respiratory events occurred.
- 7.5% of the infants had a difficult intubation.
- No clinically relevant correlation between laboratory values of pH, bicarbonate or chloride and per-/ postoperative respiratory problems.

Discussion

- We advise that all infants with IHPS should be operated and anesthetized in a hospital with significant experience for this patient group.
- Preoperative pH, bicarbonate and chloride are bad indicators for perioperative hypoxemic episodes.

Table 1. Incidence of perioperative hypoxemia split by severity and duration

	SpO₂ ≤90%	SpO₂ ≤80%	SpO₂ ≤90%	
	(>1 min)	(>1 min)	(>5 min)	
Induction	130 (32.0%)	68 (16.7%)	12 (3.0%)	
Intraoperative	43 (10.6%)	14 (3.4%)	7 (1.7%)	
Emergence	112 (27.6%)	33 (8.1%)	10 (2.5%)	
Legend Values are number (percentage)				

51% developed ≥1 episode of perioperative hypoxemia

Infants with IHPS are at risk to develop hypoxemia and/or respiratory events



Table 2. Incidence of postoperative respiratoryevents

	n = 406		
Hypopnea (respiratory rate <20/min)	24 (5.9%)		
Apnoea	12 (3.0%)		
Desaturation (SpO ₂ \leq 80% for >1 minute or SpO ₂ \leq 90% for >2 minutes)	51 (12.6%)		
Stridor	5 (1.2%)		
Respiratory insufficiency or reduced breathing drive	3 (0.7%)		
Unspecified incident	3 (0.7%)		
Legend Values are number (percentage). *Some infants scored on more items.			