RETROSPECTIVE AUDIT TO ASSESS IMMEDIATE POST-OPERATIVE CENTRAL & PERIPHERAL TEMPERATURES ON ARRIVAL TO INTENSIVE CARE FOLLOWING CARDIAC SURGERY IN CORK UNIVERSITY HOSPITAL. *CICU: Cardiac Intensive Care Unit

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Introduction

- Hypothermia after cardiac surgery is a key physiological abnormality ⁽¹⁾.
- Significant association of adverse outcomes when bladder temperature <36.0° on admission to Intensive Care.
- Incomplete rewarming of peripheral tissues creates a large temperature gradient (bladder-peripheral), resulting redistribution of central heat (3,4).

CONCLUSION

- Patients who received cardiac surgery in CUH were mildly hypothermic (35.3 degrees) on immediate post-operative admission to the CICU.
- Significant gradients between bladder and peripheral temperature exist. Patients are significantly cooler when compared to a normothermic baseline.

Proposed changes:

METHOD

1. Anaesthetic & Intensive Care Software reviewed:

2. INCLUSION	EXCLUSION
Post Cardiac/ Aortic Surgery	No Cardiac/ Aortic Surgery
1st Admission to CICU	Readmission to CICU
Complete Data	Incomplete data
Temperatures recorded at same timepoint.	Temperatures recorded at different timepoints.



n = 60

3. VARIABLES RECORDED	
Primary bladder CICU admission temperature	Primary peripheral CICU admission temperature
Age/ Gender	Surgery type
Recorded on EXCEL®	
Analysed using SPSS® v2020.	

RESULTS



86% Male Age m= 66.5±8.8years



59% CABG 15% AVR 2% Aortic 24% Combined/ other valve



Bladder temperature m=35.3 \pm 1.4 degrees (p=0.001)



Peripheral temperature m=30.9 \pm 3.1 degrees (p=0.001)

Degrees Cooler than Normothermic baseline of 37 degrees:



Bladder m=1.7 \pm 1.4 degrees Peripheral m=6 \pm 3.1 degrees (p=0.001)

- 1. Use of temperature controlled heated surgical mats at rewarming onwards. 3.
- 2. Continue standard post-operative convection warmers (Bear Hugger).

- Aim to achieve normothermic temperature post-operatively on admission to CICU.
- 4. Plan to re-audit in coming month following implementation of changes.