Guidelines: Blessing or evidence?

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Cardiosurgical intensive care: Business as usual?

There are several S3-guidelines that focus on the treatment of patients after cardiac surgery published by the German Medical Association (AWMF). These high quality guidelines cover the areas of haemodynamic monitoring and postoperative cardiovascular therapy (S3), the management of analgesia, sedation and delirium in intensive care and prevention (S3), diagnoses and therapy of sepsis (S2k). All of these guidelines give goal-oriented therapy algorithms for specific clinical situations. The use of these guidelines results in a direct and specific therapy and considering the evidence-based approach, leads to an improved outcome of patients after cardiac surgery.

There is an increased demand for cardiac surgery procedures and consequently for postoperative care of these patients, as there is a growing elderly population in Europe and America with decreased physiologic reserve and multiple comorbid conditions [1]. To comply with the increasing demand for postoperative care of cardiac surgery patients several goal oriented fast track cardiac surgery pathways have been developed [2]. Studies have demonstrated that postoperative therapy of cardiac surgery is not limited to the cardiac surgical intensive care unit. The implementation of goal oriented concepts in the PACU resulted in significant shorter stay in the intensive or intermediate care unit, in shorter hospital length of stay, lower risk of postoperative low cardiac output syndrome and a lower mortality [3]. The separation from the ICU patients resulted in goal orientated approach to treat the patients without any delay effectively, which resulted in fewer postoperative complications and faster extubation after surgery. These effects also result in a better utilization of the cardiac surgical intensive care unit, where the patients with a higher rate of organ failures are treated.

Conclusion

Effective implementation of guidelines is not only restricted to cardiac intensive care unit. The goal orientated treatment of patients in the PACU results in a better outcome for the postoperative cardiac surgery patients. The patients, who are treated in the ICU after cardiac surgery after the implementation of a PACU, tend to have a higher degree of organ failure and spend a longer time in the ICU.

References