

### SURGERY

# Surgery research snub

By Mark Pownall

hospital.doctor@rbi.co.uk

Research funded by the DoH that could mean earlier discharge of surgical patients and significant savings to the NHS is being ignored by government, claimed doctors.

The technology Dr Howard Wakeling, a consultant anaesthetist at Worthing Hospital, assessed was oesophageal Doppler-guided fluid management during surgery, which measures blood flow, and allows precise adjustments to ensure the patient receives the right amount of fluid during surgery.

He said: 'Ours was a DoH-funded study but they haven't

done anything about it. The study showed enormous potential for savings and we would have hoped its findings would be rolled out, but having paid for the study, the department has done nothing to follow it up.'

Seven randomised clinical trials that show the benefits of the new technology on surgical patients have now been done, he added.

'Our study was on patients having colorectal surgery, but other studies have shown it works in nearly all types of surgery, including cardiac and orthopaedic procedures.'

One such study randomised 108 patients undergoing elective colorectal resection to

receive either perioperative fluid as the anaesthetist thought fit or to have Doppler-optimised fluid management.

Those under Doppler assessment stayed in hospital for a median of seven days while controls were in for nine days. They had two per cent postoperative complications compared with 15 per cent in controls and were able to start eating at two days compared to controls at four days.

Lead author Dr Sophie Noblett, an SpR in colorectal surgery at the Freeman Hospital, Newcastle, said: 'There are bound to be financial benefits when you are talking about a reduced length of stay on an acute surgical ward of

two days, which would routinely cost about £500.'

Dr Alan Horgan, a consultant colorectal surgeon at the Freeman, said: 'There is enough evidence for this technology to become the standard of care. In five years we will be horrified that patients were monitored in theatre using only pulse, blood pressure, and possibly central venous pressure, when we could have been measuring blood volume using this.'

A DoH spokesman said: 'This research was funded by the director of health and social care, south, in 2001. We do not know if it has fed into NICE guidance in this area.'

ref Br J Surg 2006; 93: 1069-76