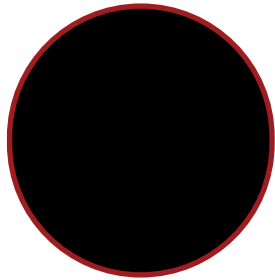


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Biography

Tang Yuan xia is an active medical scholar and clinician based at the Women's and Children's Hospital Affiliated to Chongqing Medical University, a leading tertiary pediatric and maternal medical facility in Western China. Specializing in the intersection of neonatal critical care and pediatric anesthesia, Tang's research aims to improve survival and recovery rates for high-risk neonates facing complex surgical interventions.

Association of Perioperative Anesthesia Monitoring Parameters With Adverse Postoperative Outcomes in Neonates Undergoing Surgery for Necrotizing Enterocolitis

Abstract

Objective: This study aimed to identify perioperative anaesthesia monitoring parameters associated with adverse postoperative outcomes in neonates with NEC.

Methods: A cross-sectional study was conducted among neonatal patients with NEC who were admitted to the Women's and Children's Hospital Affiliated to Chongqing Medical University/Chongqing Health Center for Children and Women between January 2023 and March 2025. Patients who experienced adverse outcomes within 28 days after surgery were included in the study group (n=27), and those with favorable outcomes were assigned to the control group (n=69).

Results: A total of 96 patients were included in the study, of whom 59(61.5%) were male and 37(38.5%) were female. The preoperative SNAP-II was 21(IQR, 15-28). The study group had significantly longer cumulative hypotension time [46(IQR, 31-70) min vs 22(IQR, 11-36) min], higher peak lactate levels [4.0 (IQR, 3.1-5.4) mmol/L vs 2.6 (IQR, 2.0-3.4) mmol/L] and VIS [22 (IQR, 12-34) vs 12 (IQR, 6-20)] than the control group ($P<0.05$). Multivariable logistic regression analysis showed that cumulative hypotension time [OR=1.19 (95% CI, 1.06-1.36), $P=0.01$], peak lactate level [OR=1.28 (95% CI, 1.05-1.59), $P=0.02$] and VIS [OR=1.21 (95% CI, 1.09-1.52), $P=0.04$] were independent risk factors for adverse postoperative outcomes in NEC. The combined predictive model demonstrated good performance [AUC=0.80(95% CI, 0.71-0.88)].

Conclusion: Cumulative hypotension time, peak lactate level, and VIS were independent perioperative anesthesia monitoring parameters that predicted adverse postoperative outcomes in NEC.