Voies aériennes : de l'intubation à l'extubation

ID: 546

Extubation in the operating room versus in the recovery room. Evaluation of associated durations.

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Position du problème et objectif(s) de l'étude:
Optimal location of postoperative extubation remains debated. No mention is made in international recommendations and the literature on the subject is poor. Extubation in recovery room exposes the patient to a loss of the benefit of intraoperative protective ventilation (alveolar de-recruitment). The main objective is to evaluate the differences in occupancy time of the interventional rooms according to the place of extubation, as well as associated complications rates.

Matériel et méthodes:
We conducted an observational, multicenter, prospective study, All adult patients who were intubated in January 2022 were evaluated for eligibility. Patients extubated in ICU or during the week-end or between 8 PM and 7 AM were excluded. Anesthesia protocol and location of extubation were left to the discretion of the attending anesthesiologist. Primary outcome were times from the end of the surgical procedure to operative room release. Secondary endpoints included time from the end of the surgical procedure to patient able to be transferred to the ward, complications (immediate post-extubation hypoxemia). Patients extubated in the operating room were compared with patients extubated in the recovery room, before and after matching using a propensity score. Present study has been validated by local ethics committee (IRB-MTP_2022_04_202201100).

Résultats & Discussion:
A total of 758 patients were included and analyzed. Patients extubated in recovery room had higher BMI ($p<0.0001$), presented more frequently with obstructive sleep apnea syndrome ($p<0.001$) and had less frequently criterion of difficult intubation ($p=0.04$) and valve bag mask ventilation ($p<0.001$). Before matching, time from the end of surgical procedure to operative room release was significantly lower in patients extubated in the recovery room when compared with operating room (11.5 ± 8.6 vs 18.3 ± 10.6 min, $p<0.0001$). Times required to be able to be transferred to the ward after the end of surgical procedure were shorter for patients extubated in operating room. Complications rates were lower in the group of patients extubated in operating room ($p<0.001$). Propensity score matching and complete results of present study is under process.

Conclusion:
After surgery, extubation in the operating room was associated with a longer but clinically questionable stay in operating room. However, clinically relevant outcomes such as complications rates (hypoxemia) might compensate delays and argue for extubation in operative rooms. Further research is needed to propose and time spent fewer post-extubation hypoxemia than extubation in the recovery room, after careful adjustment.

The authors wish to sincerely thank paramedical and medical staff that allowed patients inclusions and data collection. First 2 authors contributed equally to the work.

Les auteurs déclarent ne pas avoir toute relation financière impliquant l'auteur ou ses proches (salaires, honoraires, soutien financier éducationnel) et susceptible d'affecter l'impartialité de la présentation.