

Red cell distribution width predicts surgical complications

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13.53). Red cell distribution width had an adjusted odds ratio of 7.28 and an area under the curve value of 0.74 in predicting postoperative complications. A cut-off value of 14.7 for red cell distribution width was found.

"Our study showed that preoperative elevated red cell distribution width is associated with an increased risk of respiratory adverse events in children undergoing <u>adenotonsillectomy</u> for sleep-disordered breathing," the authors write.

More information: <u>Abstract</u>
<u>Full Text (subscription or payment may be required)</u>

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(HealthDay)—In children undergoing adenotonsillectomy for sleep-disordered breathing, preoperative elevated red cell distribution width is associated with an increased risk of respiratory adverse events, according to research published online March 27 in *Pediatric Anesthesia*.

Betul Kozanhan, M.D., from the Education and Research Hospital, and Mehmet S. Iyisoy, from Necmettin Erbakan University, both in Konya, Turkey, evaluated whether elevated red cell distribution width is associated with postoperative respiratory adverse events in 287 consecutive children (mean age, 7.49 years) undergoing elective adenotonsillectomy for treatment of sleep-disordered breathing.

The researchers found that the frequency of respiratory complications was 22.3 percent during emergence and 20.14 percent in the postanesthesia care unit. Mean red cell distribution width was higher in patients with complications versus those without complications (14.36 versus



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