

Diabetes, HbA1c linked to adverse outcomes after surgery

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adjustment for age, Charlson comorbidity index, estimated [glomerular filtration rate](#), and length of surgery. For each percentage increase in HbA1c there was an increase in major complications (aOR, 1.07), ICU admission (aOR, 1.14), and hospital length of stay (aIRR, 1.05). The risk of six-month mortality was confirmed as higher with [diabetes](#) in conjunction with other risk factors in classification and regression tree analysis.

"Diabetes and higher HbA1c were independently associated with a higher risk of [adverse outcomes](#) after surgery," the authors write.

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(HealthDay)—For surgical inpatients aged ≥54 years, diabetes and increased hemoglobin A1c (HbA1c) are associated with increased risk of adverse outcomes, according to a study published online March 26 in *Diabetes Care*.

Priscilla H. Yong, from the University of Melbourne in Australia, and colleagues conducted a prospective observational study to examine the correlation of diabetes with postoperative outcomes. HbA1c of surgical inpatients aged ≥54 years was measured in a prospective observational study. Thirty percent of the 7,565 inpatients had diabetes and 37 percent had prediabetes.

The researchers found that diabetes was associated with increased six-month mortality (adjusted odds ratio [aOR], 1.29), major complications (aOR, 1.32), intensive care unit (ICU) admission (aOR, 1.50), mechanical ventilation (aOR, 1.67), and hospital length of stay (adjusted incidence rate ratio [aIRR], 1.08), after

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