

Retrospective analysis of mortality of patients in the postoperative period of oncological surgeries at the Regional Hospital of Araguaína, 2010 to 2021

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ABSTRACT

Oncological surgery is fundamental in the treatment of cancer, but mortality related to it is a significant concern, and can be caused by factors such as anesthesia, bleeding, thromboembolism, and multiple organ failure. This research aimed to retrospectively analyze mortality after cancer surgery at the Regional Hospital of Araguaína (HRA) between 2010 and 2021, identifying its main causes and risk factors to propose control and prevention actions.

Keywords: Mortality, Oncological surgery, Survival.

INTRODUCTION

Oncological surgery is one of the main treatments for cancer patients, and although most procedures occur without complications, surgery-related mortality is a significant concern. Mortality can occur due to various causes, including anesthesia, bleeding, thromboembolism, and multiple organ failure.

OBJECTIVES

The objective of the research is to perform a retrospective analysis of mortality after oncological surgeries at the Regional Hospital of Araguaína and its main causes and risk factors during the period from 2010 to 2021. In order to understand the occurrence and, based on this, suggest actions to control and prevent it.

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METHODOLOGY

In order to evaluate the relationship between survival in patients undergoing oncological surgeries at the HRA of Araguaína, a retrospective analysis of patients treated between January 2010 and December 2021 was performed. All patients over 18 years of age who underwent oncological surgeries at the HRA were included. After collecting the information, descriptive statistical analysis was used to simplify and present the data through graphs and tables, with the objective of understanding and seeking explanations for the dynamics of mortality occurrence in patients, the survival analysis was performed using the Kaplan-Meier curve.

RESULTS AND DISCUSSION

A total of 520 patients were included in the study, of whom 61.5% were female and 38.5% were male. The mean age of the patients was 57 years (range, 18 to 89 years). The majority of patients (71.5%) had a diagnosis of breast cancer, followed by prostate cancer (9.6%) and colorectal cancer (6.3%). The median overall survival of patients undergoing oncological surgery at the HRA was 67 months (95% confidence interval: 57-77 months). For breast cancer patients, the median survival was 76 months (95% confidence interval: 64-88 months), while for colorectal cancer patients, the median survival was 56 months (95% confidence interval: 47-65 months).

CONCLUSION

Based on the retrospective analysis carried out, it is understood that part of the cases are patients with breast cancer, the average survival of patients after oncological surgeries at the HRA was between 47 and 88 months, therefore, it is suggested, for future studies, to carry out studies on the effectiveness of the measures adopted by the state Regional Hospital of Araguaína to evaluate the relationship between the quality of treatment and the survival of patients.



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