



Postoperative vasopressor usage: a prospective international observational study

'SQUEEZE'

Protocol - Synopsis

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Synopsis :

Co-Chief Investigators :	Dr Ib Jammer Bergen, Norway Dr Ben Creagh-Brown, Guildford, UK
Project Title:	Postoperative vasopressor usage: a prospective international observational study
Short Title:	Squeeze
CTGOV ID	NCT03805230
Version/Date:	2.0 (final) / 06 April 2021
Project design:	International prospective observational study
Background and Rationale:	<p>Postoperative hypotension is a common occurrence following major non-cardiac surgery. Receipt of infused vasopressors postoperatively is considered as a surrogate indicator of significant vasodilatation. The incidence of postoperative vasopressor therapy has never been described.</p> <p>There is anecdotal evidence of substantial variation in the management of postoperative hypotension between centres, countries and continents. We hypothesise that there is a variation in the incidence of organ dysfunction,</p>



	the use of organ support and clinical outcomes in patients treated with postoperative vasopressor therapy.
Objective(s):	<p>Determining what proportion of patients receive postoperative vasopressor infusions, and the incidence of associated organ dysfunction as well as their clinical outcomes.</p> <p>Identifying factors in variation of care (patient, condition, surgery, and intraoperative management), that are associated with receipt of postoperative vasopressor infusions</p>
Outcomes(s):	Primary outcome: Prevalence of postoperative vasopressor usage in a non-cardiac surgical population.
Inclusion / Exclusion criteria:	<p>Inclusion: All adult (>18 years) non-cardiac surgical patients.</p> <p>Exclusion: Cardiothoracic surgery, obstetric and day case surgery.</p>
Number of Participants:	“Convenience sample” of approximately 40,000 patients for cohort A, 12,800 patients for cohort B.
Project Duration, schedule:	<p>2018 autumn: Electronic survey about current practice and advertising.</p> <p>2019 spring – 2019 autumn: Recruiting potential investigators. Initiating national ethical approvals.</p> <p>From Autumn 2020: Start inclusion of patients for cohort A and B.</p> <p>From 2022: Data analysis and writing manuscript</p> <p>2023 Submission of primary research paper.</p>
Project Centre(s):	Multicentre, international study currently recruiting additional centres
Statistical Considerations:	A detailed statistical analysis plan will be written and published prior to completion of database closure. This is an exploratory study of a large data set based on a self-selected set of hospitals. Thorough description and graphical representation of the data will be important methods of analysis, and often take precedence over inferential procedures. Some statistical models will be employed to aid description and estimation of essential parameters, as outlined below. We will summarize patient characteristics using means, standard deviations, medians, interquartile ranges, and percentages as appropriate.
Publication and dissemination policy	<p>The main results of Squeeze and its sub-studies will be published in peer-reviewed international medical journals and presented at Euroanaesthesia and national meetings.</p> <p>We will follow the International Committee of Medical Journal Editors. There is a separate Protocol appendix specific to authorship.</p>