

# Management and Outcomes of Perioperative Care of European Diabetic Patients (MOPED)

## Why is this study needed?

\*Whether the known variation in how diabetic patients are managed perioperatively affects postoperative *outcome* has never been investigated on a large scale.

\*Neither is it known whether postoperative outcome differs depending on *different strata* of preoperative glycaemic control.

\*Or whether *anaesthetic-analgesic* technique during surgery influences any aspect of diabetic outcome

## Steering-Writing Committee

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## More Info ?

<https://www.esaic.org/research/clinical-trial-network/the-moped-study/>

## Why should I become an investigator?

### For patients:

\*This is the largest epidemiological study of the perioperative course of diabetics;

\*It will inform optimal perioperative practice and outcomes in this growing, high risk demographic

### For Yourself:

\*Every local colleague who enrolls designated numbers will be co-equal investigator.

\*Data collection is relatively easy.

## How do I join?

Complete and return short online form from ESAIC website:

<https://www.esaic.org/research/clinical-trial-network/call-for-centres/call-for-centres-form/>

## Inclusion Criterion

Any adult diabetic patient having any anaesthetic (except local or topical infiltration) for surgery.

## Exclusion Criterion

Surgery under local infiltration and/or sedation only.

## Primary End-Point

Days at Home at 30 days after surgery (DAH-30)

Secondary End-Points include:

\*Clavien-Dindo scale and Comprehensive Complications Index

\*QoR-15 if in-patient Day 1 postoperative.

\*Hyper- or hypo-glycaemic episodes