

Procalcitonin and C-Reactive Protein as early markers of septic complications after laparoscopic colorectal surgery within an ERAS program: A prospective observational study



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INTRODUCTION:

- The performance of most colorectal procedures within an enhanced recovery after surgery program (ERAS) has resulted in significant advantages.
- Some postoperative complications, like surgical site infection or anastomotic leak, may appear.
- Aim of the study: investigate the efficacy of acute phase parameters determined 24, 48 and 72 hours after surgery for predicting septic complications.

STUDY DESIGN:

Prospective Observacional Study

Laparoscopic
Colorectal surgery
ERAS program

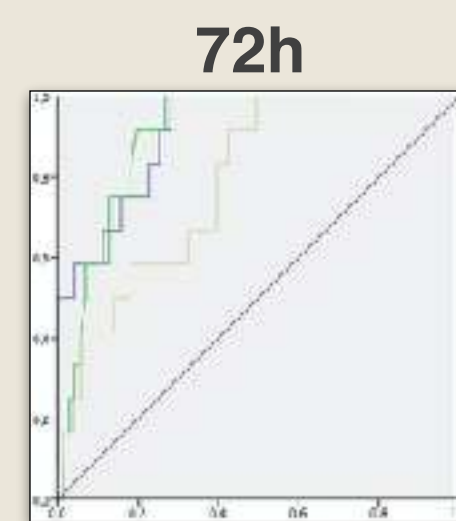
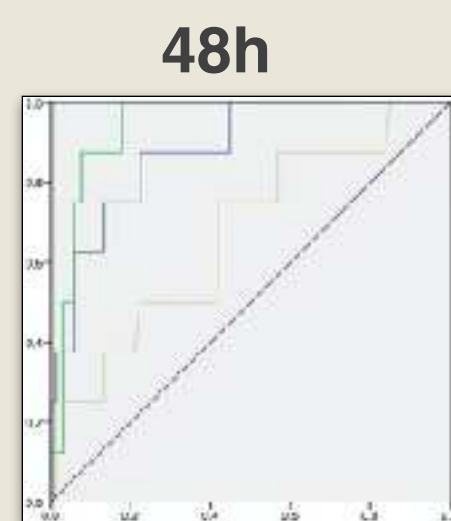
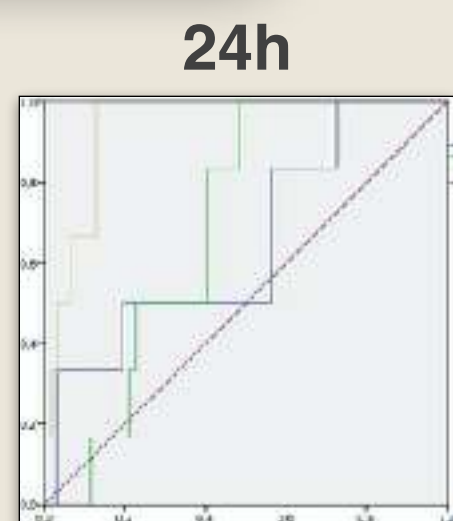


CRP
Procalcitonin
WBC
24h, 48h, 72h
after surgery

**Surgical Site
Infection (SSI)**
**Anastomotic
Leak (AL)**

RESULTS:

n = 128
6 SSI (4,7 %)
9 AL (7%)



— CRP
— Procalcitonin
— WBC
— Reference line

AUC	CRP	0,694	0,882	0,911
	Procalcitonin	0,938	0,942	0,901
	WBC	0,648	0,672	0,597

CONCLUSIONS:

- Determination of procalcitonin in the first day and in the second day can predict septic complications after laparoscopic colorectal surgery.
- In the third day, Procalcitonin and C-Reactive Protein can also predict septic complications.

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