

# Turkish Journal of Medical Sciences

Turkish Journal

of



Medical Sciences

Perioperative Deaths in a Nigerian Tertiary Teaching Hospital

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 [Keywords](#)  
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**Abstract:** Aim: Perioperative deaths may be categorized into avoidable and non-avoidable. An audit of such deaths should be carried out periodically with a view to improving the standard of clinical practice. Materials and Methods: The master registry of the main theater of the hospital was examined to identify all deaths that occurred within the main theater environment (reception, operating room, and recovery room) over a five-year period (January 2000- December 2004). Patients' ages, sex and timing of surgery (elective or emergency), American Society of Anesthesiologists (ASA) status and the diagnosis were noted. The diagnosis was further categorized in relation to the underlying pathology. Results: There were 30 (0.42%) perioperative deaths out of a total of 7158 surgical operations performed within the period under review. Only 23 case notes of the patients were available for analysis. The deaths involved 12 elective and 11 emergency procedures. ASA grades I-III accounted for 52% (n = 12) of the deaths and 48% (n = 11) were assessed as ASA IV-V. Bleeding (n = 7) and sepsis (n = 5) were the commonest underlying causes of death. Conclusions: Early presentation of patients to hospital, adequate preoperative care and improvement in hospital facilities will reduce the rate of perioperative deaths.

**Key Words:** Perioperative, death, bleeding, sepsis

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Turk J Med Sci 2007; 37(4): 219-222.

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