

No difference in post-op complications for pregnant women undergoing general surgery

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Pregnant women who undergo general surgical procedures appear to have no significant difference in postoperative complications compared with women who are not pregnant, according to a report published online by *JAMA Surgery*.

Historical data show that about 1 in 500 [pregnant women](#) require nonobstetric [surgery](#), according to the study background.

Robert A. Meguid, M.D., M.P.H., of the University of Colorado Anschutz Medical Campus, Aurora, and coauthors analyzed data from the American College of Surgeons' National Surgical Quality Improvement Program from 2006 through 2011 to compare the risk of [postoperative complications](#) in pregnant vs. nonpregnant women. The study included 2,764 pregnant women and 516,705 women who were not pregnant. Researchers compared rates of 30-day postoperative mortality, overall morbidity (illness) and 21 postoperative complications.

The study found that pregnant women compared with nonpregnant women were more likely to undergo surgery as an inpatient (75 percent vs. 59.7 percent) and more likely to undergo an emergency operation (50.5 percent vs. 13.2 percent).

Results indicate no significant difference in the 30-day mortality rates between pregnant (0.4 percent) and nonpregnant (0.3 percent) women or in the overall morbidity rate in the pregnant patients (6.6 percent) compared with the nonpregnant women (7.4 percent). There also were no significant differences when rates of the 21 complications were compared. In the statistical analyses, pregnant women were matched with nonpregnant women to standardize baseline

differences between them.

The authors note their study is observational, which means only associations, and not causation, can be drawn from these results, and they also point out a lack of data on fetal outcomes.

"Pregnant patients undergoing emergency and nonemergency general surgery do not appear to have elevated rates of mortality or morbidity. We did not account for fetal complications in this study and would not advocate that our findings be generalized to elective surgical situations that can be postponed until after delivery. Therefore, general surgery appears to be as safe in pregnant as it is in nonpregnant women. These findings support previous reports that pregnant patients who present with acute surgical disease should undergo the procedure if delay in definitive care will lead to progression of disease," the study concludes.

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