

Complete handover of anesthesia care may up complications

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percent in 2015. The primary outcome (composite of all-cause death, [hospital readmission](#), or major postoperative complications within 30 postoperative days) occurred in 44 and 29 percent of the complete-handover and no-handover groups, respectively, in the unweighted sample. After adjustment, complete handovers were correlated with a significantly increased risk of the primary outcome and with all-cause death and major complications but not hospital readmission.

"Complete handover of intraoperative anesthesia care compared with no handover was associated with a higher risk of adverse postoperative outcomes," the authors write. "These findings may support limiting complete [anesthesia](#) handovers."

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(HealthDay)—Complete handover of intraoperative anesthesia care is associated with an increased risk of adverse postoperative outcomes among adults undergoing major surgery, according to a study published in the Jan. 9 issue of *Journal of the American Medical Association*.

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In a [retrospective cohort study](#) of adult patients undergoing major surgeries, Philip M. Jones, M.D., from the University of Western Ontario in London, Canada, and colleagues examined whether complete handover of intraoperative anesthesia care is associated with the likelihood of complications compared with no handover. Data were included for 313,066 patients from April 1, 2009, to March 31, 2015.

The researchers found that 1.9 percent of patients underwent surgery with complete handover of anesthesia care from one physician anesthesiologist to another. There was an increase in the percentage of patients with a handover of anesthesiology care each year, reaching 2.9

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