

Frailty associated with failure to rescue after inpatient surgery

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complication and after a low-risk procedure (odds ratio, 5.3). For patients with RAI scores of 21 to 30, 31 to 40, and >40, the odds ratios were 8.1, 22.3, and 43.9, respectively. For [patients](#) undergoing a high-risk [procedure](#), the corresponding odds ratios were 2.5, 5.1, 8.9, and 18.4, respectively.

"Frailty has a dose-response association with complications and FTR, which is apparent after low-risk and high-risk inpatient [surgery](#)," the authors write.

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(HealthDay)—For patients undergoing inpatient surgery, frailty is associated with failure to rescue (FTR), according to a study published online March 21 in *JAMA Surgery*.

Rupen Shah, M.D., from the Henry Ford Health System in Detroit, and colleagues examined the correlation of [frailty](#), assessed using the Risk Analysis Index (RAI), with FTR in a cohort of 984,550 patients undergoing inpatient surgery.

The researchers found that major complication rates after low-risk surgery were 3.2, 8.6, 13.5, 23.8, and 36.4 percent for patients with RAI scores of ≤10, 11 to 20, 21 to 30, 31 to 40, and >40, respectively. The corresponding rates were 13.5, 23.7, 31.1, 42.5, and 54.4 percent after high-risk surgery. After both low- and high-risk procedures, and after stratification by the number of complications, there were significant increases in FTR across RAI categories. Compared to patients with RAI scores of ≤10, those with scores of 11 to 20 had an increased risk of FTR after one major

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