ONE-PAGE CHEAT SHEET

Post-operative complications

Know them by the day they appear

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Free surgical teaching

FEVER BY DAY

- Day 0–2: inflammatory response, atelectasis
- Day 3–5: chest or urinary infection, line infection
- Day 5–7: **wound infection, anastomotic leak**, collection
- Day 5 onward: DVT and PE; any time: drugs, transfusion
- Severe wound infection within 48 h: think necrotising infection

ANASTOMOTIC LEAK

- Tachycardia (often first), fever, ileus, abdominal pain, confusion
- CRP still over about 150 mg/L on day 3–4 is a warning
- CT with contrast; return to theatre if peritonitis

OLIGURIA

- Under 0.5 mL/kg/h: **check the catheter first**
- Assess fluid status; fluid challenge if dry
- Review NSAIDs, ACE inhibitors, nephrotoxins; check U&E and potassium

BLEEDING

- **Primary**: during surgery
- **Reactive**: within 24 h (slipped ligature, rising blood pressure)
- **Secondary**: 7–10 days, from infection

OTHERS

- Ileus: correct potassium and magnesium, reduce opioids, mobilise
- **Wound dehiscence** (salmon-pink fluid, days 7–10): cover with saline gauze, theatre
- VTE prophylaxis by risk; 28 days of LMWH after major abdominal or pelvic cancer surgery
- Delirium: screen with the 4AT; look for infection, drugs, retention, hypoxia, pain

CLAVIEN-DINDO

- I: any deviation, no specific treatment
- II: drugs, transfusion, TPN
- III: surgical, endoscopic or radiological intervention
- IV: life-threatening, ICU
- V: death

EXAM PEARLS

- Tachycardia on day 5 after bowel surgery is a leak until proven otherwise
- A D-dimer is unhelpful after surgery
- Restrictive transfusion: Hb 70 g/L in most patients

Full page: **palsurgery.com/preop/** · Test yourself: **palsurgery.com/mcq/perioperative/**

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