Perioperative Goal-Directed Therapy Protocol Summary
Evidence-based, Perioperative Goal-Directed Therapy (PGDT) protocols

Note: This protocol summary is designed to help inform clinicians of key published protocols used to guide hemodynamic monitoring in high-risk surgery. It is not intended to recommend a specific protocol, but to guide hemodynamic optimization through Perioperative Goal-Directed Therapy protocols that have been shown to reduce the number of peri- and postoperative complications, and improve patient outcomes.1,3 These protocols represent individual strategies to help physicians either titrate or tailor fluid therapy in an individual patient or clinical situation. Since every case is different, physicians must weigh the risks and benefits of initiating any specific protocol.

Please refer to Edwards Critical Care Education at Edwards.com/ccEducation for updates and additional information.

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Considering a protocol

The following algorithm is provided to help you select the most appropriate Perioperative Goal-Directed Therapy (PGDT) protocol for your patient. Your selection deserves careful consideration.

*At risk because of comorbidities or the surgical procedure itself.
†Limitations to the use of SVV: Spontaneous breathing, tidal volume <8 ml/kg, open chest, atrial fibrillation, right ventricular failure, and laparoscopic surgery.

Abbreviations: **BP**: Blood Pressure; **CVP**: Central Venous Pressure; **HR**: Heart Rate; **SV**: Stroke Volume; **SVV**: Stroke Volume Variation.
OVERVIEW

**Study Design**
Randomized controlled trial

**Patient Population**
Undergoing elective abdominal surgery >2 h with expected blood loss >1000 ml

**Inclusion Criteria**
One or more of the following: Ischemic heart disease or severe heart dysfunction, moderate to severe chronic obstructive pulmonary disease, aged 70+, ASA III or more

**Target Parameters**
Central Venous Pressure, Stroke Volume Variation, Cardiac Index

**Intervention**
Fluid (Colloid), Dobutamine

**Primary Outcomes**
Decrease in 30-day postoperative complications (56%), decrease in hospital length of stay (10%)

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**Abbreviations:**
CI: Cardiac Index; CVP: Central Venous Pressure; SVV: Stroke Volume Variation.
Ceconi Protocol

OVERVIEW

Study Design
Randomized controlled trial

Patient Population
Undergoing elective total hip replacement under regional anesthesia

Inclusion Criteria
ASA II

Target Parameters
Stroke Volume, Oxygen Delivery

Intervention
Fluid (Colloid), Dobutamine

Primary Outcomes
Decrease in postoperative complications (20%)

Abbreviations: DO₂I: Oxygen Delivery Index; Hb: Hemoglobin; HES: Hydroxyethyl Starch; HR: Heart Rate; MAP: Mean Arterial Pressure; SaO₂: Oxygen Saturation; SV: Stroke Volume.

1Resuscitation to achieve a DO₂I value of 600 is presented as a goal and not intended to be a hard target. This protocol is intended as guidance, and healthcare professionals should use sound clinical judgment and individualize therapy to each specific patient care situation.


Based upon Shoemaker protocol.
**OVERVIEW**

**Study** Quality improvement program

**Design** (before-after comparison)

**Patient Population** Undergoing emergency and elective abdominal, orthopedic, gynecologic, urologic, and vascular surgery

**Inclusion Criteria** Three cohorts of patients aged ≤60, 61-71, and ≥71 years with ASA >1

**Target Parameters** Stroke Volume

**Intervention** Fluid

**Primary Outcomes** 3.7-day decrease in hospital length of stay (25%)

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**Abbreviation:** SV: Stroke Volume.
**OVERVIEW**

**Study Design**
Randomized, single-blinded controlled trial

**Patient Population**
Undergoing major abdominal surgery, urologic, gastrointestinal or gynecologic cancer resection, and Whipple surgery

**Inclusion Criteria**
P-POSSUM mean predicted mortality rate of 1.4*

**Target Parameters**
Stroke Volume Variation

**Intervention**
Fluid (Colloid)

**Primary Outcomes**
Faster return of GI function (3 vs 4 days), faster return of PO intake (4 vs 5 days), and a 2.5-day decrease in hospital length of stay (33%)

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*No differences other than age were statistically significant. P-POSSUM scores predicted mortality and showed no difference between the groups.

**Abbreviations:**
OVERVIEW

<table>
<thead>
<tr>
<th>Study Design</th>
<th>Randomized controlled trial</th>
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<tbody>
<tr>
<td>Patient Population</td>
<td>Undergoing radical gastrectomy, colon cancer resection, rectal cancer, and Whipple surgery</td>
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<tr>
<td>Inclusion Criteria</td>
<td>ASA I or ASA II</td>
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<td>Target Parameters</td>
<td>Stroke Volume Variation</td>
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<td>Intervention</td>
<td>Fluid</td>
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<tr>
<td>Primary Outcomes</td>
<td>Faster recovery time to normal diet (16%), decrease in hospital length of stay (19%)</td>
</tr>
</tbody>
</table>

Abbreviations: BP: Blood Pressure; HR: Heart Rate; SVV: Stroke Volume Variation.
OVERVIEW

**Study Design**
Multicenter randomized controlled trial

**Patient Population**
Undergoing elective abdominal extensive surgery or abdominal aortic surgery

**Inclusion Criteria**
ASA II

**Target Parameters**
Central Venous Pressure, Oxygen Extraction Ratio

**Intervention**
Fluid (Colloid), Dobutamine

**Primary Outcomes**
Decrease in postoperative complications (60%), decrease in hospital length of stay (16%)

**Abbreviations:**
- **CVP:** Central Venous Pressure; **Hb:** Hemoglobin;
- **MAP:** Mean Arterial Pressure; **O2ER:** Oxygen Extraction Ratio;
- **SaO2:** Oxygen Saturation; **ScvO2:** Central Venous Oxygen Saturation.

**Modified Donati Protocol:**

O2ER is estimated based on use of ScvO2.

END PROTOCOL
References


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