Complications
An online-only special issue from Anaesthesia

This Special Issue of Anaesthesia focuses on risks and complications providing a timely and needed update; quantifying risks and addressing complications to help our understanding, whilst adding to our cognitive framework and filling in the gaps. This information helps us put more accurate, current figures to patients in a meaningful way when making shared decisions regarding best treatment options. This highlights how anaesthetic involvement in peri-operative medicine can help improve patient outcomes and further mitigate against complications.

Around 1 in 100 epidurals sited during labour result in accidental dural puncture, the majority of whom will go on to develop a severe headache. This presents practical, evidence-based measures that can reduce the incidence, or mitigate their severity of such complications.

4% of errors in the operating theatre are due to communication failures. The importance of human factors in reducing these is highlighted, such as teamwork, communication and situation awareness.

3% of patients having major surgery will develop a postoperative arrhythmia, which is associated with a 500% increase in stroke. There is growing evidence that improvements can be achieved by identifying risk factors and managing patients in a more advanced postoperative care environment staffed by peri-operative physicians.

6% of hospital admissions are a result of adverse drug reactions (ADRs), carrying a mortality of 2% and costing the NHS £466 million a year. This important article allows us to keep up to date in our knowledge of drug reactions, including possible clinical presentations, common causative agents, and how to manage and report them.

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76% of staff involved in adverse events felt personally or professionally affected resulting in lower professional confidence, reduced job satisfaction, difficulty sleeping and increased anxiety. National Health Service Resolution focuses on learning from events to help reduce the growth in litigation, and emphasises that discussions should be timely, include appropriate explanation and information, and provide on-going support and, if necessary, continuity of care.