



RESEARCH TOPIC CLI16

Hemodynamic Response to the end-expiratory occlusion test to titrate fluid challenge in operating room

Research Area

Medical Area

Clinical Unit name

Intensive Care Unit, Humanitas Research Hospital

Supervisor

Maurizio Cecconi maurizio.cecconi@hunimed.eu

Antonio Messina antonio.messina@hunimed.eu

Abstract

Personalizing fluid administration in high-risk surgical patients is a key issue for minimizing postoperative complications. Fluids are given as infusions (for maintenance) or in bolus (to correct a hemodynamic instability)

Technology needed for the study: beat-to-beat continuous cardiac output monitoring for recording hemodynamic variables, by using invasive arterial waveform analysis for recording flow and pressure variables.

Aim: building-up -> testing -> validation of a predicting model to assess the optimal fluid bolus volume in different cohorts of patients. The model is developed considering baseline characteristics and changes induced by a hemodynamic test (the end-expiratory occlusion test).

Scientific references

1. Functional hemodynamic tests: a systematic review and a meta-analysis on the reliability of the end-expiratory occlusion test and of the mini-fluid challenge in predicting fluid responsiveness

A Messina et al

Critical Care 23, 1-16

2. Association between perioperative fluid administration and postoperative outcomes: a 20-year systematic review and a meta-analysis of randomized goal-directed trials in major visceral/noncardiac surgery

A Messina et al.

Critical Care 25, 1-14

3. How can assessing hemodynamics help to assess volume status?



D De Backer et al. Intensive care medicine 48 (10), 1482-1494

4. Mini fluid challenge and End-expiratory occlusion test to assess fluid responsiveness in the operating room (MANEUVER study): a multicentre cohort study

Messina et al. European Journal of Anaesthesiology | EJA 38 (4), 422-431

Type of contract

Position reserved for employees of IRCCS Humanitas Rozzano (PhD Executive).

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