Tipo	Periódico
Título	Evaluation of a quality improvement intervention to reduce anastomotic leak following right colectomy (EAGLE): pragmatic, batched stepped-wedge, cluster-randomized trial in 64 countries
Autores	ESCP EAGLE Safe Anastomosis Collaborative and NIHR Global Health Research Unit in Surgery, Goes IA, Boschiero MN, Marsom FAL, Martinez CAR
Autor (es) USF	Goes IA, Boschiero MN, Marsom FAL, Martinez CAR
Autores Internacionais	-
Programa/Curso (s)	Programa de Pós-Graduação Stricto Sensu em Ciências da Saúde
DOI	10.1093/bjs/znad370
Assunto (palavras chaves)	
Idioma	Inglês
Fonte	Título do periódico: Britsh Journal of Surgery Online ISSN:1365-2168 - Print ISSN:0007-1323 Volume: 111: Número: 1 Página znad370 / Ano: 2023
Data da publicação	03/1/2024
Formato da produção	Impressa e Digital
Resumo	**Background:** Anastomotic leak affects 8 per cent of patients after right colectomy with a 10-fold increased risk of postoperative death. The EAGLE study aimed to develop and test whether an international, standardized quality improvement intervention could reduce anastomotic leaks. **Methods:** The internationally intended protocol, iteratively co-developed by a multistage Delphi process, comprised an online educational module introducing risk stratification, an intraoperative checklist, and harmonized surgical techniques. Clusters (hospital teams) were randomized to one of three arms with varied sequences of intervention/data collection by a derived stepped-wedge batch design (at least 18 hospital teams per batch). Patients were blinded to the study allocation. Low- and middle-income country enrolment was encouraged. The primary outcome (assessed by intention to treat) was anastomotic leak rate, and subgroup analyses by module completion (at least 80 per cent of surgeons, high engagement; less than 50 per cent, low engagement) were preplanned. **Results:** A total 355 hospital teams registered, with 332 from 64 countries (39.2 per cent low and middle income) included in the final analysis. The online modules were completed by half of the surgeons (2143 of 4411). The primary analysis included 3039 of the 3268 patients recruited (206 patients had no anastomosis and 23 were lost to follow-up), with anastomotic leaks arising before and after the intervention in 10.1 and 9.6 per cent respectively (adjusted OR 0.87, 95 per cent c.i. 0.59 to 1.30; P = 0.498). The proportion of surgeons completing the educational modules was an influence: the leak rate decreased from 12.2 per cent (61 of 500) before intervention to 5.1 per cent (24 of 473) after intervention in high-engagement centres (adjusted OR 0.36, 0.20 to 0.64; P < 0.001), but this was not observed in low-engagement hospitals (8.3 per cent (59 of 714) and 13.8 per cent (61 of 443) respectively; adjusted OR 2.09, 1.31 to 3.31). **Conclusion:** Completion of globally available digital training by engaged teams can alter anastomotic leak rates.
Fomento	