

Perioperative alcohol cessation intervention reduces postoperative complications

Clinical Question How effective is perioperative alcohol cessation intervention in reducing postoperative complications and alcohol consumption?

Bottom Line Intensive alcohol cessation interventions in the perioperative period reduced postoperative complications (e.g. wound-related complications, secondary surgery, cardiopulmonary complications, admission to intensive care) as defined by the need for treatment (moderate quality evidence). An intensive alcohol cessation intervention increased successful quitting (number of abstainers) at the end of the three-month program (moderate quality evidence). There was insufficient evidence to determine if there were any differences in effect of intervention on mortality, length of stay or postoperative alcohol consumption (grams of alcohol/week) at the end of the program. Participants were identified as those with 'risky drinking', i.e. alcohol consumption equivalent to more than three alcoholic units (AU)/d or 21 AU/week (one AU=12 grams of ethanol) with or without symptoms of alcohol abuse or dependency.

Caveat All three studies were small (total of 140 participants), conducted in Denmark, and most participants were men. None of the included studies evaluated the prevalence of participants without risky drinking in the longer term (three-, six-, nine-, and 12-month follow-up).

Context Risky consumption of alcohol is a global problem. More than 3.3 million deaths annually are associated with risky use of alcohol, and global alcohol consumption continues to increase. People who have high alcohol consumption often require planned and emergency surgical procedures. Risky drinking is associated with increased postoperative complications such as infections, cardiopulmonary complications, and bleeding episodes.

Cochrane Systematic Review Egholm JWM et al. Perioperative alcohol cessation interventions for postoperative complications. Cochrane Reviews, 2018, Issue 11. Art. No.: CD008343. DOI: 10.1002/14651858. CD008343.pub3. This review contains three studies involving 140 participants.

Pearls No. 637, August 2019, written by Brian R McAvoy. C3

Systematic review link:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008343.pub3/full>