



Mattia Bellandi

PRESENTAZIONE

Dirigente Medico Specializzando in Anestesia, Rianimazione, Terapia Intensiva e del Dolore CURRICULUM RESO SOTTO FORMA DI DICHIARAZIONE SOSTITUTIVA DI ATTO DI NOTORIETÀ, AI SENSI DEGLI ARTT. 46 E 47 DEL D.P.R. 445/2000 (SI ALLEGA FOTOCOPIA DOCUMENTO DI IDENTITÀ VALIDO). CONSAPEVOLE, SECONDO QUANTO PRESCRITTO DALL'ART. 76 DEL D.P.R. 445/2000, DELLA RESPONSABILITÀ PENALE CUI PUÒ ANDARE INCONTRO IN CASO DI DICHIARAZIONE MENDACE, FALSITÀ NEGLI ATTI ED USO DI ATTI FALSI, IL SOTTOSCRITTO DICHIARA SOTTO LA PROPRIA RESPONSABILITÀ QUANTO SEGUE:

ESPERIENZA LAVORATIVA

Dirigente Medico Specializzando Anestesia e Rianimazione

ASST Brianza - Presidio Ospedaliero di Desio [16/10/2021 – Attuale]

Città: Desio

Attività di anestesia nelle sale operatorie di:

Chirurgia Generale, Urologia, Ginecologia, Week Surgery, Ortopedia

Specializzando in Anestesia, Rianimazione e terapia intensiva e del dolore

ASST Monza [29/12/2017 – Attuale]

Indirizzo: (Italia)

Città: Monza

Paese: Italia

ASST Monza - Ospedale di Desio - Blocco Operatorio (15-01-2018/06-01-2019):

Attività di anestesia nelle sale operatorie di:

Chirurgia Generale, Urologia, Ginecologia, Week Surgery, Ortopedia, Otorinolaringoiatria

ASST Monza - Ospedale di Desio - Terapia Intensiva Generale (07-01-2019/30-06-2019):

Attività di terapia intensiva: gestione dello svezzamento postoperatorio, gestione del paziente con shock settico, con IMA e post-arresto, con insufficienza respiratoria, con ictus ischemico.

ASST Monza - Ospedale San Gerardo - Terapia intensiva CardioChirurgica (01-07-2019/06-01-2020):

Attività di cardiorianimazione: gestione e trattamento shock cardiogeno, IMA, post arresto, stato di male epilettico, shock settico, ECMO V-A, svezzamento pazienti sottoposti ad interventi CCH (CAGB, Sostituzione valvola aortica, sostituzione o plastica valvola mitralica, dissecazione aortica).

ASST Monza - Ospedale San Gerardo - Terapia intensiva NeuroChirurgica (07-01-2020/31-08-2020)

Attività di neurorianimazione: gestione e trattamento ESA, ICH, ictus ischemico, ictus emorragico, stato di male epilettico, monitoraggio e svezzamento postoperatorio pazienti sottoposti ad interventi NCH: (exeresi tumorali, posizionamento DVE, DVP, PIC)

ASST Monza - Ospedale San Gerardo - Servizio Anestesia e Rianimazione c/o Ostetricia Fondazione MBBM (01-09-2020/31-10-2020)

Attività ambulatoriale di valutazione anestesiológica delle pazienti gravide, partoanalgesia multimodale (peridurale, PIEB, PCA), assistenza anestesiológica procedure peri-partum

ASST Monza - Ospedale San Gerardo - Emergenza intraospedaliera (01-11-2020/06-01-2021):

Attività di MET: assistenza e valutazione pazienti critici sia al piano di degenza sia in pronto soccorso, principalmente insufficienze respiratorie SARS Cov2 correlate, gestione pazienti in terapia subintensiva respiratoria in NIV

ASST PG23 - Anestesia e terapia intensiva pediatrica (11-01-2021/30-06-2021)

Attività di anestesia pediatrica presso le sala operatoria di chirurgia pediatrica, attività di terapia intensiva pediatrica, gestione postoperatoria pazienti sottoposti a OLTx, correzione cardiocirurgia di cardiopatie complesse, trapianto polmonare, politrauma pediatrico.

Policlinico di Monza - Terapia del dolore (01/07/21-in corso):

Attività di gestione dei pazienti affetti da dolore cronico sia oncologico che non oncologico, attività di ambulatorio, procedure Rx guidate quali infiltrazioni peridurali sacrali, infiltrazioni faccette articolari lombosacrali, termolesioni, procedure non Rx guidate quali infiltrazioni perdurai cervicali, infiltrazioni articolari spalla, ginocchio, trocantere.

Sostituzione MMG

[06/2015 – Attuale]

Prestazioni Sanitarie rese quale sostituto in regime di convenzione con il SSN

Medico prelevatore (27 h/settimana)

Ospedale San Raffaele S.r.l. [01/01/2017 – 28/12/2017]

Indirizzo: Via Olgettina 60, 20132 Milano (Italia) - www.hsr.it

Città: Milano

Paese: Italia

- **Impresa o settore:** Sanità e assistenza sociale

Medico prelevatore per:

- prelievi venosi
- Emogasanalisi arteriosa

Prelievi campioni biologici quali

- Tamponi Faringei
- Tamponi Uretrali
- Tamponi Auricolari
- Tamponi Oculari
- Prelievo squame
- Micologico unghie

Medico Prelevatore (3 h/settimana)

H San Raffaele Resnati S.p.A. [01/11/2016 – 28/12/2017]

Indirizzo: Via Santa Croce 10/A, 20122 Milano (Italia) - <http://www.puntiraf.it/>

Città: Milano

Paese: Italia

- **Impresa o settore:** Sanità e assistenza sociale

Medico prelevatore per:

- prelievi venosi

Prelievi campioni biologici quali

- Tamponi Faringei
- Tamponi Uretrali
- Tamponi Auricolari
- Tamponi Oculari
- Prelievo squame
- Micologico unghie

Formatore addetti al primo soccorso aziendale

Si.For.Prev [22/03/2016 – 28/12/2017]

Indirizzo: Via degli Alpini 9, 23879 Verderio (LC) (Italia)

Docente per corsi di formazione addetti al primo soccorso (corso da 12 ore) secondo quanto stabilito dal DLgs 81/08 sulla sicurezza sul lavoro

CO-Principal Investigator

IRCCS Ospedale San Raffaele [02/2016 – 28/12/2017]

Indirizzo: Via Olgettina 60, 20132 Milano - <http://www.phri.ca/research-study/manage/>

Ricercatore per il progetto **MANAGE** Management of myocardial injury after noncardiac surgery promosso da **PHRI** Population Health Research Institute canadese.

Studio randomizzato, in doppio cieco, controllato con Placebo, assegnato in maniera fattoriale

Docente

Informa S.r.l. - EPC Editore [02/11/2015 – 28/12/2017]

Indirizzo: Via dell'Acqua Traversa, 187/189, 00135 Roma (Italia) - <https://www.istitutoinforma.it/>

Docente per corsi di formazione addetti al primo soccorso (corso da 12 ore) secondo quanto stabilito dal DLgs 81/08 sulla sicurezza sul lavoro

Docente

2A Engineering S.r.l. [02/11/2015 – 28/12/2017]

Indirizzo: Via Gorizia 26, 24041 Brembate (Italia) - <http://www.2aengineering.it/>

Docente per corsi di formazione addetti al primo soccorso (corso da 12 ore) secondo quanto stabilito dal DLgs 81/08 sulla sicurezza sul lavoro

Medico Frequentatore

IRCCS Ospedale San Raffaele S.r.l. [01/04/2014 – 28/12/2017]

Indirizzo: Via Olgettina 60, 20132 Milan (Italia) - <http://www.hsr.it/>

- **Impresa o settore:** Sanità e assistenza sociale

Medico Frequentatore presso il dipartimento di Anestesia e Terapia Intensiva

Medico di gara

Federazione Italiana Nuoto - Comitato Regionale Lombardo [12/2016 – 17/12/2017]

Indirizzo: Via Piranesi 46, 20137 Milano (Italia) - <http://www.finlombardia.net/>

- **Impresa o settore:** Sanità e assistenza sociale

Assistenza medica per gare di nuoto

Data Manager (36 h/settimana)

IRCCS Ospedale San Raffaele S.r.l. [01/03/2016 – 30/11/2016]

Indirizzo: Via Olgettina 60, 20132 Milano (Italia) - <https://clinicaltrials.gov/ct2/show/NCT02105610>

Città: Milano

Paese: Italia

Ricercatore per il progetto **Volatile Anesthetics to Reduce Mortality in Cardiac Surgery (MYRIAD)**, utilizzo di anestetici volatili (Sevoflurano) in cardiocirurgia per ridurre la mortalità.

Docente

Fondazione Luigi Clerici [04/02/2016 – 31/10/2016]

Indirizzo: Via Sant'Ambrogio 9, Parabiago (Italia) - <http://www.clerici.lombardia.it/2.0/Sedi/Sede.aspx?codicecentro=09061>

Docente per corsi OSS e riqualifica ASA in OSS della materia insegnata: **Elementi di Primo Soccorso (corso 18 h)**

Medico di guardia (13 h/settimana)

Istituto Clinico Città Studi SpA [01/03/2016 – 30/04/2016]

Indirizzo: Via Ampère 47, 20131 Milano - <https://www.ic-cittastudi.it/>

Città: Milano

Paese: Italia

- **Impresa o settore:** Sanità e assistenza sociale

Medico di guardia notturna e festiva interdivisionale per i reparti chirurgici ed internistici

Medico di Guardia (14 h/settimana)

Residenza Anni Azzurri San Rocco [01/10/2015 – 29/02/2016]

Indirizzo: Via Monviso 87, 20090 Segrate (Italia) - <http://www.anniazzurri.it/residenza-anni-azzurri-san-rocco>

Medico di Guardia per la Residenza Sanitaria Assistenziale Circa 160 ospiti tra cui pazienti in Stato Vegetativo, pazienti affetti da SLA ed altre malattie neurodegenerative

Medico di Guardia

Residenza Anni Azzurri Melograno [01/10/2015 – 29/02/2016]

Indirizzo: Via Napoli 2, 20060 Cassina de' Pecchi (Italia) - <http://www.anniazzurri.it/residenza-anni-azzurri-melograno>

Medico di Guardia per la Residenza Sanitaria Assistenziale circa 150 ospiti

Data Manager (36 h/settimana)

IRCCS Ospedale San Raffaele [02/11/2015 – 30/11/2015]

Indirizzo: via Olgettina 60, 20132 Milano (Italia) - <https://clinicaltrials.gov/ct2/show/NCT00994825>

Ricercatore per il progetto **HSR-LEVO** Levosimendan, utilizzo del farmaco Levosimendan (nome commerciale Simdax) nell'insufficienza cardiaca postoperatoria in pazienti cardiocirurgici.

Local Investigator

IRCCS Ospedale San Raffaele [02/03/2015 – 15/03/2015]

Indirizzo: Via Olgettina 60, 20132 Milano (Italia) - <http://www.esahq.org/POPULAR>

- **Impresa o settore:** Sanità e assistenza sociale

Local Investigator per il progetto di ricerca "**POPULAR: PO**stanaesthesia **PUL**monary complications **A**fter use of muscle **R**elaxants in EuropeA European prospective multicentre observational study" per le complicanze respiratorie da curarizzazione residua.

Studio osservazionale di coorte prospettico

Local Investigator

IRCCS Ospedale San Raffaele [06/2014 – 06/2014]

Indirizzo: Via Olgettina 60, 20132 Milan (Italia) - <https://isos.org.uk/>

- **Impresa o settore:** Sanità e assistenza sociale

Local Investigator per il progetto di ricerca **ISOS** International Surgical **O**utcomes **S**tudy.

Studio osservazionale di coorte prospettico

Professore nell'insegnamento secondario

Saletti S.r.l. [08/2012 – 12/2013]

Indirizzo: Milan (Italia)

- **Impresa o settore:** Istruzione

Ripetizioni agli studenti delle medie superiori nelle materie di matematica, chimica e fisica.

Customer Assistance Agent

United Parcel Service Italia S.r.l. [20/10/2008 – 31/12/2012]

Indirizzo: Via XI Febbraio 99, 20090 Vimodrone (Italia) - <http://www.ups.com/content/it/it/index.jsx>

- **Impresa o settore:** Trasporto e magazzinaggio

Prenotazione ritiri, informazioni generali, informazioni doganali, tracciamento spedizioni.

Customer Assistance Service

Mondial Assistance Italia S.r.l. - Allianz Group [20/05/2008 – 15/09/2008]

Indirizzo: Via Ampere 30, 20131 Milan (Italia) - <http://www.allianz-assistance.it/>

- **Impresa o settore:** Attività finanziarie e assicurative

- Assistenza Stradale per gli assicurati del Gruppo Allianz
- Assistenza stradale in garanzia dei marchi Mitsubishi, Suzuki, Jaguar, Aston Martin, Lambroghini, Bentley, Chrysler, Dodge, Jeep

Customer Service Agent

Intouch S.r.l. - Europ Assistance Group [13/03/2007 – 31/12/2007]

Indirizzo: Via Crema 32, 20135 Milan (Italia) - <http://www.intouch.it/>

- Centro Prenotazioni Europcar Autonoleggio
- Assistenza al pagamento
- Informazioni Generali
- Prenotazioni auto per noleggi a lungo termine di Over Lease and LeasePlan.

Bibliotecario

Università Milano Bicocca - Biblioteca di Medicina [04/2005 – 10/2005]

Indirizzo: Via Cadore 48, 20900 Monza (Italia) - <http://www.biblio.unimib.it/>

- **Impresa o settore:** Istruzione

- Gestione del prestito libri, delle richieste di copie di articoli.
- Coordinamento con le altre biblioteche del Sistema Bibliotecario Biomedico Lombardo.

ISTRUZIONE E FORMAZIONE

Diploma di Maturità Scientifica

Liceo Scientifico Statale Renato Donatelli [09/1995 – 06/2000]

Indirizzo: Via Campania 6, 20133 Milano (Italia)

- Matematica
- Fisica
- Chimica
- Biologia
- Latino

Non conseguito per passaggio ad altro corso di studi

Università degli Studi di Milano Bicocca [09/2000 – 07/2002]

Indirizzo: Piazza della Scienza 2, 20126 Milano (Italia)

<http://www.biotechnologie.unimib.it/>

Campi di studio: Biotecnologie sanitarie

Classificazione nazionale: ISCED 5

- Genetica
- Biologia molecolare
- Immunologia
- Biochimica

Laurea Magistrale in Medicina e Chirurgia

University of Milano Bicocca [09/2002 – 10/10/2013]

Indirizzo: Via Cadore 48, 20900 Monza (Italia)

<http://www.medicina.unimib.it/>

Campi di studio: Scienze e tecnologie della vita

Classificazione nazionale: ISCED 6

Generali:

- Anatomia
- Fisiologia
- Biochimica
- Farmacologia
- Patologia

Tesi

Effetto del reclutamento alveolare indotto dalla PEEP sullo STRAIN polmonare in pazienti con ARDS

Relatore: Professor Nicolò Patroniti

Correlatore: Dottor Alberto Zanella

Corsi Residenziali:

- un mese presso DNTB (Dipartimento di Neuroscienze e Tecnologie Biomediche)
- un mese presso DIMS (Dipartimento Medicina Sperimentale)

Corsi Elettivi:

- Coscienza e sogno
- Sistemi di assistenza circolatoria e cuore artificiale
- Aneurismi aortici
- Aterosclerosi
- Chirurgia Carotidea
- Chirurgia Endovascolare
- Aterosclerosi Carotidea e Ictus
- Medicina Darwiniana
- Il sonno e l'apparato cardiovascolare
- Arresto Cardiaco
- Analgesia e Terapia del dolore
- Anestesia e Rianimazione pediatrica
- Esame obiettivo neurologico
- Infezioni Gravi
- Modelli sperimentali di patologia
- Interpretazione degli squilibri idro-elettrolitici ed acido-basici nella pratica clinica

Abilitazione alla professione di Medico Chirurgo

Università Vita-Salute San Raffaele [02/04/2014 – 05/02/2015]

Indirizzo: Via Olgettina 58, 20132 Milano (Italia)

<http://www.univr.it/>

Tirocinio di tre mesi svolto nei seguenti reparti:

- Medicina di Comunità
- Medicina Interna ad indirizzo endocrino-metabolico
- Chirurgia Epatobiliare

COMPETENZE LINGUISTICHE

Lingua madre: **Italiano**

Altre lingue:

inglese

ASCOLTO B2 LETTURA B2 SCRITTURA B2

PRODUZIONE ORALE B2 INTERAZIONE ORALE B2

COMPETENZE DIGITALI

Gestione autonoma della posta e-mail / Elaborazione delle informazioni / Risoluzione dei problemi / Buona padronanza del pc dei software ad esso correlati e del pacchetto Office / IOS / Iphone / sistemi operativi Mac Os X / Posta elettronica certificata / Adobe Acrobat DC / Conoscenza in ambito hardware e software / utilizzo di piattaforme di archiviazione e gestione dati come DropBox Google Drive e WeTransfer / Buona padronanza dei programmi del pacchetto Office come Word Excel e Power Point / Capacità di adattamento / Saper comunicare

Prospective Observational Cohort Study on Grading the Severity of Postoperative Complications in Global Surgery Research

[2019]

<https://doi.org/10.1002/bjs.11025>

British Journal of Surgery, 2019, Volume 106, Issue 2, pages e73-e80.

Authors

International Surgical Outcomes Study (ISOS) group

Abstract

Background: The Clavien-Dindo classification is perhaps the most widely used approach for reporting postoperative complications in clinical trials. This system classifies complication severity by the treatment provided. However, it is unclear whether the Clavien-Dindo system can be used internationally in studies across differing healthcare systems in high- (HICs) and low- and middle-income countries (LMICs).

Methods: This was a secondary analysis of the International Surgical Outcomes Study (ISOS), a prospective observational cohort study of elective surgery in adults. Data collection occurred over a 7-day period. Severity of complications was graded using Clavien-Dindo and the simpler ISOS grading (mild, moderate or severe, based on guided investigator judgement). Severity grading was compared using the intraclass correlation coefficient (ICC). Data are presented as frequencies and ICC values (with 95 per cent c.i.). The analysis was stratified by income status of the country, comparing HICs with LMICs.

Results: A total of 44 814 patients were recruited from 474 hospitals in 27 countries (19 HICs and 8 LMICs). Some 7508 patients (16.8 per cent) experienced at least one postoperative complication, equivalent to 11 664 complications in total. Using the ISOS classification, 5504 of 11 664 complications (47.2 per cent) were graded as mild, 4244 (36.4 per cent) as moderate and 1916 (16.4 per cent) as severe. Using Clavien-Dindo, 6781 of 11 664 complications (58.1 per cent) were graded as I or II, 1740 (14.9 per cent) as III, 2408 (20.6 per cent) as IV and 735 (6.3 per cent) as V. Agreement between classification systems was poor overall (ICC 0.41, 95 per cent c.i. 0.20 to 0.55), and in LMICs (ICC 0.23, 0.05 to 0.38) and HICs (ICC 0.46, 0.25 to 0.59).

Conclusion: Caution is recommended when using a treatment approach to grade complications in global surgery studies, as this may introduce bias unintentionally.

<https://doi.org/10.1002/bjs.11025>

Post-anaesthesia pulmonary complications after use of muscle relaxants (POPULAR): a multicentre, prospective observational study.

[2018]

[https://doi.org/10.1016/S2213-2600\(18\)30294-7](https://doi.org/10.1016/S2213-2600(18)30294-7)

The Lancet Respiratory Medicine 2018 Sep 14. pii: S2213-2600(18)30294-7.

Kirmeier E, Eriksson LI, Lewald H, Jonsson Fagerlund M, Hoeft A, Hollmann M, Meistelman C, Hunter JM, Ulm K, Blobner M; POPULAR Contributors

Abstract

BACKGROUND:

Results from retrospective studies suggest that use of neuromuscular blocking agents during general anaesthesia might be linked to postoperative pulmonary complications. We therefore aimed to assess whether the use of neuromuscular blocking agents is associated with postoperative pulmonary complications.

METHODS:

We did a multicentre, prospective observational cohort study. Patients were recruited from 211 hospitals in 28 European countries. We included patients (aged ≥ 18 years) who received general anaesthesia for any in-hospital procedure except cardiac surgery. Patient characteristics, surgical and anaesthetic details, and chart review at discharge were prospectively collected over 2 weeks. Additionally, each patient underwent postoperative physical examination within 3 days of surgery to check for adverse pulmonary events. The study outcome was the incidence of postoperative pulmonary complications from the end of surgery up to postoperative day 28. Logistic regression analyses were adjusted for surgical factors and patients' preoperative physical status, providing adjusted odds ratios (ORadj) and adjusted absolute risk reduction (ARRadj). This study is registered with ClinicalTrials.gov, number NCT01865513.

FINDINGS:

Between June 16, 2014, and April 29, 2015, data from 22 803 patients were collected. The use of neuromuscular blocking agents was associated with an increased incidence of postoperative pulmonary complications in patients who had undergone general anaesthesia (1658 [7.6%] of 21 694); ORadj 1.86, 95% CI 1.53-2.26; ARRadj -4.4%, 95% CI -5.5 to -3.2). Only 2.3% of high-risk surgical patients and those with adverse respiratory profiles were anaesthetised without neuromuscular blocking agents. The use of neuromuscular monitoring (ORadj 1.31, 95% CI 1.15-1.49; ARRadj -2.6%, 95% CI -3.9 to -1.4) and the administration of reversal agents (1.23, 1.07-1.41; -1.9%, -3.2 to -0.7) were not associated with a decreased risk of postoperative pulmonary complications. Neither the choice of sugammadex instead of neostigmine for reversal (ORadj 1.03, 95% CI 0.85-1.25; ARRadj -0.3%, 95% CI -2.4 to 1.5) nor extubation at a train-of-four ratio of 0.9 or more (1.03, 0.82-1.31; -0.4%, -3.5 to 2.2) was associated with better pulmonary outcomes.

INTERPRETATION:

We showed that the use of neuromuscular blocking drugs in general anaesthesia is associated with an increased risk of postoperative pulmonary complications. Anaesthetists must balance the potential benefits of neuromuscular blockade against the increased risk of postoperative pulmonary complications.

FUNDING:

European Society of Anaesthesiology.

[https://doi.org/10.1016/S2213-2600\(18\)30294-7](https://doi.org/10.1016/S2213-2600(18)30294-7)

The Surgical Safety Checklist and Patient Outcomes After Surgery: A Prospective Observational Cohort Study, Systematic Review and Meta-Analysis

[2018]

<https://doi.org/10.1016/j.bja.2017.08.002>

British Journal of Anaesthesia, 2018, Volume 120, Issue 1, pages 146-155.

Authors

Abbott TEF, Ahmad T, Phull MK, et al. for the International Surgical Outcomes Study (ISOS) group

Abstract

Background: The surgical safety checklist is widely used to improve the quality of perioperative care. However, clinicians continue to debate the clinical effectiveness of this tool.

Methods: Prospective analysis of data from the International Surgical Outcomes Study (ISOS), an international observational study of elective in-patient surgery, accompanied by a systematic review and meta-analysis of published literature. The exposure was surgical safety checklist use. The primary outcome was in-hospital mortality and the secondary outcome was postoperative complications. In the ISOS cohort, a multivariable multi-level generalized linear model was used to test associations. To further contextualise these findings, we included the results from the ISOS cohort in a meta-analysis. Results are reported as odds ratios (OR) with 95% confidence intervals.

Results: We included 44 814 patients from 497 hospitals in 27 countries in the ISOS analysis. There were 40 245 (89.8%) patients exposed to the checklist, whilst 7508 (16.8%) sustained ≥ 1 postoperative complications and 207 (0.5%) died before hospital discharge. Checklist exposure was associated with reduced mortality [odds ratio (OR) 0.49 (0.32-0.77); $P < 0.01$], but no difference in complication rates [OR 1.02 (0.88-1.19); $P = 0.75$]. In a systematic review, we screened 3732 records and identified 11 eligible studies of 453 292 patients including the ISOS cohort. Checklist exposure was associated with both reduced postoperative mortality [OR 0.75 (0.62-0.92); $P < 0.01$; $I^2 = 87\%$] and reduced complication rates [OR 0.73 (0.61-0.88); $P < 0.01$; $I^2 = 89\%$].

Conclusions: Patients exposed to a surgical safety checklist experience better postoperative outcomes, but this could simply reflect wider quality of care in hospitals where checklist use is routine.

Keywords: cohort studies; operative/mortality; postoperative care/methods; postoperative care/statistics and numerical data; surgery; surgical procedures.

<https://doi.org/10.1016/j.bja.2017.08.002>

Critical care admission following elective surgery was not associated with survival benefit: prospective analysis of data from 27 countries

[2017]

<https://doi.org/10.1007/s00134-016-4633-8>

Intensive Care Med. 2017 Jul Volume 43 Issue 7 pages 971-979

Authors

The International Surgical Outcomes Study (ISOS) group

Abstract

Purpose

As global initiatives increase patient access to surgical treatments, there is a need to define optimal levels of perioperative care. Our aim was to describe the relationship between the provision and use of critical care resources and postoperative mortality.

Methods

Planned analysis of data collected during an international 7-day cohort study of adults undergoing elective in-patient surgery. We used risk-adjusted mixed-effects logistic regression models to evaluate the association between admission to critical care immediately after surgery and in-hospital mortality. We evaluated hospital-level associations between mortality and critical care admission immediately after surgery, critical care admission to treat life-threatening complications, and hospital provision of critical care beds. We evaluated the effect of national income using interaction tests.

Results

44,814 patients from 474 hospitals in 27 countries were available for analysis. Death was more frequent amongst patients admitted directly to critical care after surgery (critical care: 103/4317 patients [2%], standard ward: 99/39,566 patients [0.3%]; adjusted OR 3.01 [2.10–5.21]; $p < 0.001$). This association may differ with national income (high income countries OR 2.50 vs. low and middle income countries OR 4.68; $p = 0.07$). At hospital level, there was no association between mortality and critical care admission directly after surgery ($p = 0.26$), critical care admission to treat complications ($p = 0.33$), or provision of critical care beds ($p = 0.70$). Findings of the hospital-level analyses were not affected by national income status. A sensitivity analysis including only high-risk patients yielded similar findings.

Conclusions

We did not identify any survival benefit from critical care admission following surgery.

<https://doi.org/10.1007/s00134-016-4633-8>

Global patient outcomes after elective surgery: prospective cohort study in 27 low-, middle- and high-income countries

[2016]

<https://doi.org/10.1093/bja/aew316>

British Journal of Anaesthesia, Volume 117, Issue 5, 1 November 2016, Pages 601–609

Authors

The International Surgical Outcomes Study group, Steering committee, Study management group, National Co-ordinators, Local investigators, *local co-ordinator, et al.

Background: As global initiatives increase patient access to surgical treatments, there remains a need to understand the adverse effects of surgery and define appropriate levels of perioperative care.

Methods: We designed a prospective international 7-day cohort study of outcomes following elective adult inpatient surgery in 27 countries. The primary outcome was in-hospital complications. Secondary outcomes were death following a complication (failure to rescue) and death in hospital. Process measures were admission to critical care immediately after surgery or to treat a complication and duration of hospital stay. A single definition of critical care was used for all countries.

Results: A total of 474 hospitals in 19 high-, 7 middle- and 1 low-income country were included in the primary analysis. Data included 44 814 patients with a median hospital stay of 4 (range 2–7) days. A total of 7508 patients (16.8%) developed one or more postoperative complication and 207 died (0.5%). The overall mortality among patients who developed complications was 2.8%. Mortality following complications ranged from 2.4% for pulmonary embolism to 43.9% for cardiac arrest. A total of 4360 (9.7%) patients were admitted to a critical care unit as routine immediately after surgery, of whom 2198 (50.4%) developed a complication, with 105 (2.4%) deaths. A total of 1233 patients (16.4%) were admitted to a critical care unit to treat complications, with 119 (9.7%) deaths. Despite lower baseline risk, outcomes were similar in low- and middle-income compared with high-income countries.

Conclusions: Poor patient outcomes are common after inpatient surgery. Global initiatives to increase access to surgical treatments should also address the need for safe perioperative care.

Study Registration: ISRCTN51817007

<https://doi.org/10.1093/bja/aew316>

Volatile Agents in Medical and Surgical Intensive Care Units: A Meta-Analysis of Randomized Clinical Trials

[2016]

<https://doi.org/10.1053/j.jvca.2016.02.021>

Journal of Cardiothoracic and Vascular Anesthesia - Volume 30 Issue 4 pages 1005-1014

Authors

Giovanni Landoni, Laura Pasin, Luca Cabrini, Anna Mara Scandroglio, Martina Baiardo Redaelli, Carmine Domenico Votta, Mattia Bellandi, Giovanni Borghi, Alberto Zangrillo

OBJECTIVE:

To comprehensively assess published randomized peer-reviewed studies related to volatile agents used for sedation in intensive care unit (ICU) settings, with the hypothesis that volatile agents could reduce time to extubation in adult patients.

DESIGN:

Systematic review and meta-analysis of randomized trials.

SETTING:

Intensive care units.

PARTICIPANTS:

Critically ill patients.

INTERVENTIONS:

None.

MEASUREMENTS AND MAIN RESULTS:

The BioMedCentral, PubMed, Embase, and Cochrane Central Register databases of clinical trials were searched systematically for studies on volatile agents used in the ICU setting. Articles were assessed by trained investigators, and divergences were resolved by consensus. Inclusion criteria included random allocation to treatment (volatile agents versus any intravenous comparator, with no restriction on dose or time of administration) in patients requiring mechanical ventilation in the ICU. Twelve studies with 934 patients were included in the meta-analysis. The use of halogenated agents reduced the time to extubation (standardized mean difference = -0.78 [-1.01 to -0.55] hours; p for effect < 0.00001; p for heterogeneity = 0.18; I^2 = 32% in 7 studies with 503 patients). Results for time to extubation were confirmed in all subanalyses (eg, medical and surgical patients) and sensitivity analyses. No differences in length of hospital stay, ICU stay, and mortality were recorded.

CONCLUSIONS:

In this meta-analysis of randomized trials, volatile anesthetics reduced time to extubation in medical and surgical ICU patients. The results of this study should be confirmed by large and high-quality randomized controlled studies.

<https://doi.org/10.1053/j.jvca.2016.02.021>

Carotid endarterectomy in octogenarians: A 5-years single centre experience

[2015]

<http://dx.doi.org/10.1053/j.jvca.2015.05.034>

Journal of Cardiothoracic and Vascular Anesthesia - Volume 29, Supplement 2, Pages S76–S77

Authors

Laura Pasin, Pasquale Nardelli, Daniela Febres, Alessandro Belletti, Omar Saleh, Mattia Bellandi, Livia Manfredini, Gianluca Paternoster, Giovanni Landoni, Alberto Zangrillo.

Abstract

Surgical carotid endarterectomy still remains the most effective treatment for reducing the risk of stroke in patients with significant carotid stenosis. In fact, endovascular carotid stenting is associated with a higher incidence of perioperative and long-term minor stroke when compared to carotid endarterectomy although long-term functional outcome and risk of major stroke are comparable.¹ However, advanced age resulted to be associated with an increased risk of complications after carotid endarterectomy.

<http://dx.doi.org/10.1053/j.jvca.2015.05.034>

Enhanced recovery after surgery program in elective subrenal abdominal aortic aneurism repair: a single centre experience

[2015]

<http://dx.doi.org/10.1053/j.jvca.2015.05.269>

Journal of Cardiothoracic and Vascular Anesthesia - Volume 29, Supplement 2, Pages S51–S52

Authors

Laura Pasin, Pasquale Nardelli, Daniela Febres, Alessandro Belletti, Omar Saleh, Mattia Bellandi, Martina Baiardo Redaelli, Gianluca Paternoster, Giovanni Landoni, Alberto Zangrillo.

Abstract

The enhanced recovery after surgery (ERAS) programme is a multimodal perioperative care pathway developed to achieve early recovery for patients undergoing major surgery and includes patient education, multimodal analgesia, goal-directed fluid management, early mobilization and oral nutrition, reduction in the use of postoperative nasogastric tube and drains. In our centre, ERAS program started to be applied to patients undergoing elective subrenal abdominal aortic aneurism repair in September 2012.

<http://dx.doi.org/10.1053/j.jvca.2015.05.269>

PATENTE DI GUIDA

Patente di guida: A

Patente di guida: B

COMPETENZE ORGANIZZATIVE

Competenze organizzative

Capacità di lavorare secondo obiettivi e tempistiche prestabilite

COMPETENZE COMUNICATIVE E INTERPERSONALI.

Competenze comunicative e interpersonali.

Buone capacità di lavorare in gruppo ed empatia

COMPETENZE PROFESSIONALI

Competenze professionali

- Padronanza degli strumenti diagnostici
- Competenze di ricerca in campo anestesilogici

ALTRE COMPETENZE

Altre competenze

- Impegnato in una APS (associazione di promozione sociale)
- Astronomia
- Gastronomia
- Informatica
- Fotografia

ORDINI PROFESSIONALI

Ordini Professionali

Iscrizione all'ordine dei medici di Milano dal 03 marzo 2015
Numero Iscrizione 44055

CERTIFICAZIONI

Certificazioni

In possesso di **carta SISS** per l'utilizzo del **Sistema Informativo Socio Sanitario** di **Regione Lombardia**

Certificazioni

PTC avanzato - PreHospital Trauma Care avanzato

Cerificato N° 605419 del 20-02-2020

H-INDEX

H-Index

H-Index 5 (2020)

<https://www.scopus.com/authid/detail.uri?authorId=57204041729>

CORSI

Corsi

- Corso sul rischio incendio e gestione delle emergenze in ambito sanitario
- La gestione del dolore acuto postoperatorio con tecniche di analgesia avanzata
- Accesso Venoso Centrale Ecoguidato
- Approccio ROTEM-guidato alla trasfusione massiva: imparare dal politrauma
- Ecocardiografia mirata nel paziente critico
- Grant Writing Proposal Workshop
- Basic Life Support and Early Defibrillation
- Formazione Generale sul D. Lgs. 231/2001 e sul Modello di organizzazione, gestione e controllo e Codice Etico di OSR
- Corso Gestione Emergenze Resnati SpA - FAD 2016
- Corso sul rischio biologico - FAD 2016
- L'infezione da virus Zika
- La meningite batterica, epidemiologia e gestione clinica
- Il dolore: una malattia da riconoscere, curare e gestire
- Understanding Scientific Papers

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Autorizzo il trattamento dei dati personali contenuti nel mio curriculum vitae in base all'art. 13 del D. Lgs. 196/2003 e all'art. 13 del Regolamento UE 2016/679 relativo alla protezione delle persone fisiche con riguardo al trattamento dei dati personali.

Autorizzo il trattamento dei miei dati personali presenti nel CV ai sensi dell'art. 13 d. lgs. 30 giugno 2003 n. 196 - "Codice in materia di protezione dei dati personali" e dell'art. 13 GDPR 679/16 - "Regolamento europeo sulla protezione dei dati personali".