



<u>Management and Outcomes of Perioperative Care of</u> <u>European Diabetic Patients (MOPED)</u>

Why is this study needed?

*Whether the known variation in how diabetic patients are managed perioperatively affects postoperative *outcome* has never been investigated on a large scale.

*Neither is it known whether postoperative outcome differs depending on *different strata* of preoperative glycaemic control.

*Or whether *anaestheticanalgesic* technique during surgery influences any aspect of diabetic outcome

Steering-Writing Committee

Donal Buggy – Dublin Malachy Columb - Manchester Jeroen Hermanides - Amsterdam Markus Hollmann - Amsterdam Alex Zarbock Muenster

More Info ?

See <u>MOPED Webpage</u> <u>https://www.esahq.org/resear</u> <u>ch/clinical-trial-network/the-</u> moped-study/

Why should I become an investigator?

For patients:

*This is the largest epidemiological study of the perioperative course of diabetics;

*It will inform optimal practice and outcomes in this growing, high risk demographic

For Yourself:

*Every local colleague who enrolls designated numbers will be co-equal investigator;

*Each centre co-ordinator signed up by June 30, 2021 will also be co-author on a protocol manuscript;

*Data collection is relatively easy.

How do I join?

Complete and return short online form from ESA website: <u>Call For</u> Centre Registration Form

Inclusion Criterion

Any adult diabetic patient having any anaesthetic (except local or topical infiltration) for surgery.

Exclusion Criterion

Surgery under local infiltration and/or sedation <u>only</u>.

Primary End-Point

Days at Home at 30 days after surgery (DAH-30) Secondary End-Points include:

*Clavien-Dindo scale and Comprehensive Complications Index

*QoR-15 if in-patient Day 1 postoperative.

*Hyper- or hypo-glycaemic episodes





Join us and help make a positive difference in perioperative care of diabetic patients!

<u>Management and Outcomes of Perioperative Care of European Diabetic Patients (MOPED)</u>: A prospective, observational, international cohort study of 5,000 diabetic patients

Why is this study needed?

*Whether the known variation in how diabetic patients are managed perioperatively affects postoperative *outcome* has never been investigated on a large scale. *Neither is it known whether postoperative outcome differs depending on *different strata* of preoperative glycaemic control.

*Or whether anaesthetic-analgesic technique during surgery influences any aspect of diabetic outcome.

Why should I become an investigator?	Inclusion criterion: Any diabetic patient having any anaesthetic (except
For patients:	local or topical infiltration) for surgery.
*This is the largest epidemiological study of the perioperative course of diabetics;	Exclusion criterion: Surgery under local infiltration and/or sedation <u>only</u> .
*It will inform optimal practice and outcomes in this growing, high risk demographic	Primary End-Point: Days at Home at 30 days after surgery (DAH-30)
For Yourself:	Secondary End-Points include:
*Every local colleague who enrolls designated numbers will be co-equal investigator;	*Clavien-Dindo scale and Comprehensive Complications Index
*Each centre co-ordinator signed up by June 30, 2021 will also be co-author on a	*QoR-15 if in-patient Day 1 postoperative.
protocol manuscript;	*Hyper- or hypo-glycaemic episodes
*Data collection is relatively easy.	
	Where is it being done? In circa 100 hospitals all over Europe

How do I join?
Complete and return short online form from ESA website: http://www.esahq.org/ctnform/moped
More Info?
Follow ink to the Protocol on ESA website.

Steering-Writing Committee:

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