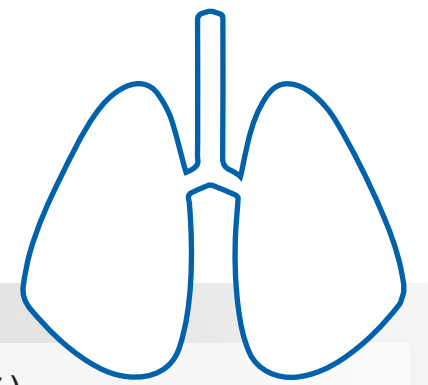
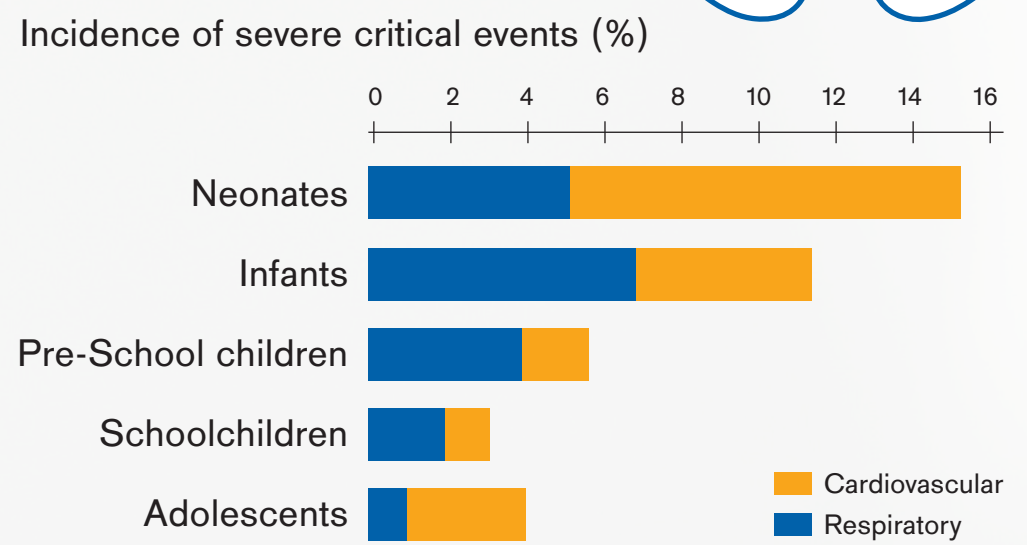


# COMPLICATIONS IN PAEDIATRIC ANAESTHESIOLOGY (EUROPE)



- Severe critical events **5,2%**
  - Additional postanaesthesia treatments, prolonged treatment in hospital, or both 17,3 %
- Severe respiratory events **3,1%**
  - Laryngospasm 1,2 %
  - Bronchospasm 1,2 %
- Cardio vascular instability **1,9%**
  - Immediate poor outcome 5,4 %



Severe critical events are frequent, as the European APRICOT study recently revealed.

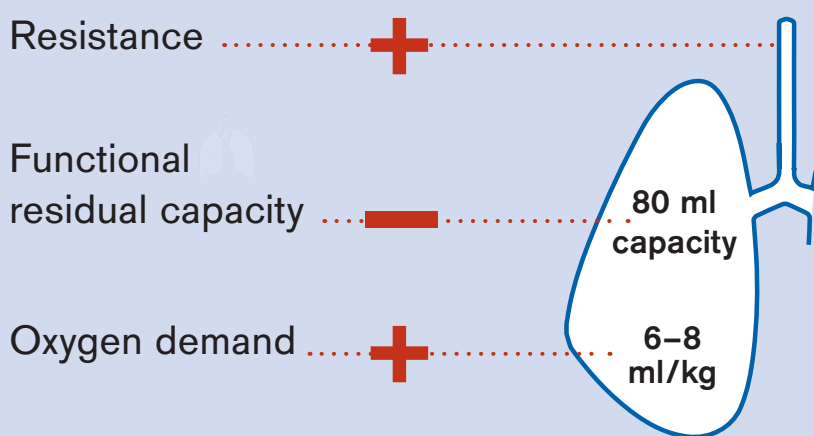
Neonates and infants run at highest risk for severe critical events; in infants respiratory events play a larger role compared to neonates.

**Apricot Study: 33 countries, 21 centres, 30.874 patients**

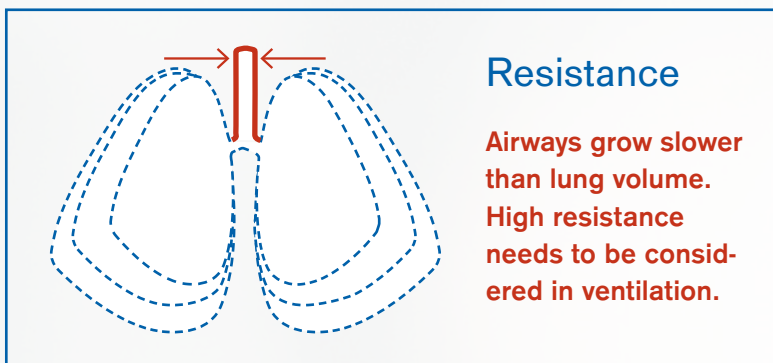
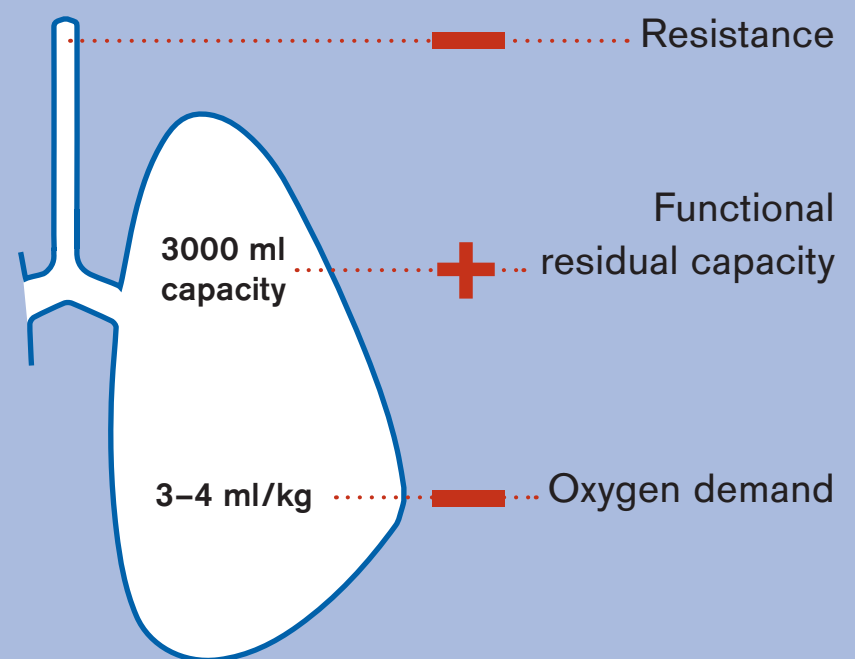
Habre et al; Incidence of severe critical events in paediatric anaesthesia (APRICOT): a prospective multicentre observational study in 261 hospitals in Europe; Lancet Respir Med. 2017 May;5(5):412-425. doi: 10.1016/S2213-2600(17)30116-9.

# CHILDHOOD IS CHARACTERISED BY RAPID LUNG DEVELOPMENT

## NEONATES



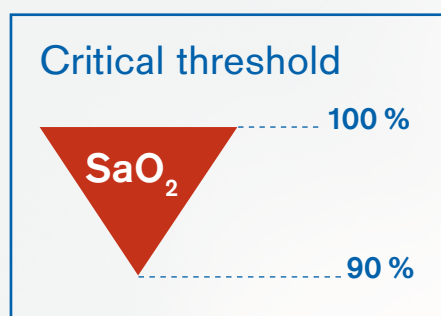
## ADULTS



The respiratory system differs substantially between children and adults. Postnatal, the lungs undergo a rapid growth, while airway dimensions show relatively stable changes. Oxygen consumption is also higher in small children, compared to adults.

Read more details in our whitepaper on intraoperative ventilation of the paediatric patient ([Link](#)).

# REDUCED APNEA TOLERANCE



Clinically relevant O<sub>2</sub> desaturation kicks in quickly causing the need to take rapid actions.

The younger the child the quicker oxygen saturation deteriorates.

