

MOPED: Hypotheses to be evaluated from the data and parameters needed to do so

Hypothesis	Parameters
There are major differences in perioperative management of diabetic patients in different nations in Europe	Insulin dose Methods of insulin admin Oral hypoglycaemic use
There are major differences in postoperative morbidity and outcomes among diabetic patients in different nations in Europe	DAH-30 CCI
Outcomes among patients with different strata of glycaemic control, i.e. HbA1c <53, HbA1c 53-69 and HbA1c >69 mmol.mmol will be different;	Preop HbA1c and glucose DAH-30 CCI
Diabetic patient outcomes differ depending on anaesthetic technique: Volatile versus total intravenous anaesthesia; Regional versus general anaesthesia (GA) Combined GA and regional anaesthesia versus patients receiving GA alone.	DAH30 CCI All secondary outcomes
Diabetic Patients receiving liberal fluids perioperatively have better outcomes than patients receiving restrictive fluids, compared to their body weight	DAH-30, CCI crystalloid and colloid totals up to PACU
Type 2 DM patients have worse outcomes than Type 1	DAH-30, CCI
Patients where a consultant /senior surgeon and senior anaesthesiologist is present have better outcomes than when not present	Personnel tracking All Outcomes
Diabetic patients of longer duration experience more hypotension duration/episodes due to autonomic neuropathy and have worse outcomes than diabetic patients with shorter duration	Intraop and PACU hypotension and use vasopressors and outcomes; Duration of DM
NSAID use perioperatively worsens outcomes especially AKI	DAH30,CCI AKI
Risk factors for higher morbidity in diabetic patients undergoing surgery	All factors, All outcomes Multivariable analysis
Patients with preoperative GLP-1 use have better perioperative glucose control (and outcome) as compared to other oral hypoglycaemics	PreOp medication use DAH30 CCI
There is no association between metformin use and perioperative lactic acidosis	Preop medication use Incidence of DKA DAH-30 CCI
Patients with known preoperative susceptibility for hypoglycaemia/DKA are more prone for perioperative hypoglycaemia/DKA	PreOK hypoglycaemia/DKA PeriOK hypoglycaemia/DKA
Surgery in DM will lead to dysglycaemia up to 30 days	DM medication at 30 days