FEMORAL NECK FRACTURES WITH REDUCTION INTERNAL SCREW FIXATION

SEASONAL PERIODICITY OF SECONDARY HIP REPLACEMENT AFTER

RESULTS: There have been no observable differences between laparotomical and laparoscopic methods in such terms as mortality and weight loss. But there have been significant differences in the acceptability of life of the patients and the internalization time. The studies financed by DEGT show that the cost of the surgery varies according to the access route. The average expenditure for videolaparoscopy was US$12,448.00 compared to US$4,911.00 for the conventional surgery. Data of DATUSAS indicates that the hospital stay in the conventional surgery paid by SUS was 9.2 days, and for this period an increase of more than 68% was observed. The aggregate value of the expenditure in this field was US$44,116,330.01 for these studies. CONCLUSIONS: The results show that the number of bariatric surgery has increased significantly in the last years. Therefore it’s necessary to conduct a cost-benefit analysis in the standpoint of the SUS. This analysis should consider the implications to the quality of live of patients when evaluating videolaparoscopy bariatric surgery way.

PSU6

COST-EFFECTIVENESS ANALYSIS OF TREATMENT FORRECTAL CANCER FOLLOWING CLINICAL COMPLETE RESPONSE

RESULTS: Total mesorectal excision (TME) in combination with neoadjuvant chemoradiation (CRT) therapy is the mainstream of rectal cancer treatment today. With the standard implementation of CRT, however, 15-30% of patients will have a complete response to therapy and will have evidence of residual cancer prior to surgery. Current standard of care remains to be subsequent surgery along with the associated risks of a stoma and operative morbidity. Some researchers challenge the current trends and suggest that these patients can be closely observed rather than undergoing surgery. Decision analysis modeling we sought to determine the most cost-effective therapy for patients with rectal cancer who have clinical complete response (cCR): observation, local resection, or TME. METHODS: An extensive literature review was performed to determine the event rates, utilities and costs. Expert opinion was used when there were gaps in the literature. Sensitivity analysis was performed to determine which variables had the largest influence on costs. RESULTS: A non-operative approach dominated both local excision and TME for a cost-effective treatment. Observation without surgery provided an additional 0.96 QALYs over 5 years. On sensitivity analysis the probability of a local or distant recurrence when choosing to observe the patient had the largest effect on the outcome, with a threshold of greater than 12% risk of local or distant recurrence changing the preferred decision to perform local excision. CONCLUSIONS: Rectal cancer patients with clinical complete response often undergo unnecessary and costly surgery. This cost-effectiveness model shows that choosing to observe patients with clinical complete response is both cheaper and more effective than surgical intervention for this unique patient population.

PSU7

SEASONAL PERIODICITY OF SECONDARY HIP REPLACEMENT AFTER FEMORAL NECK FRACTURES WITH REDUCTION INTERNAL SCREW FIXATION AGED OVER 60

RESULTS: A total of 2784 patients with primary reduction internal screw fixation of femoral neck fracture (S2700) discharged from inpatient care institutions in 2000. During the 8 years follow up period the data of secondary hip replacement were recorded. We evaluated the following risk factors: age, sex (male/female), type of primary femoral neck fracture (extracapsular, intracapsular undisplaced/intracapsular displaced), the season of primary treatment (spring, summer, autumn/winter), day of surgery (weekend/day/weekday), surgical delay (6-12h, 12-24h, 24h). The results show that the number of bariatric surgery has increased significantly in the last years. Therefore it’s necessary to conduct a cost-benefit analysis in the standpoint of the SUS. This analysis should consider the implications to the quality of live of patients when evaluating videolaparoscopy bariatric surgery way.

PSU8

BUDGET IMPACT ANALYSIS OF ANTI-BACTERIAL SUTURE USE IN APPENDECTOMY PROCEDURES IN SPAIN

RESULTS: There have been no observable differences between laparotomical and laparoscopic methods in such terms as mortality and weight loss. But there have been significant differences in the acceptability of life of the patients and the internalization time. The studies financed by DEGT show that the cost of the surgery varies according to the access route. The average expenditure for videolaparoscopy was US$12,448.00 compared to US$4,911.00 for the conventional surgery. Data of DATUSAS indicates that the hospital stay in the conventional surgery paid by SUS was 9.2 days, and for this period an increase of more than 68% was observed. The aggregate value of the expenditure in this field was US$44,116,330.01 for these studies. CONCLUSIONS: The results show that the number of bariatric surgery has increased significantly in the last years. Therefore it’s necessary to conduct a cost-benefit analysis in the standpoint of the SUS. This analysis should consider the implications to the quality of live of patients when evaluating videolaparoscopy bariatric surgery way.

PSU9

BUDGET IMPACT OF AUTOGRAFT HARVEST, BONE GRAFT SUPPLEMENTS AND ORTHOBIOLOGIC BONE GRAFT SUBSTITUTE IN FOOT AND ANKLE FUSION PROCEDURES

RESULTS: We evaluated the following factors related to operating suite time (37.9 minutes for iliac and 3.5 minutes for local donor sites), recovery room time (25.0 minutes for iliac and 9.4 minutes for local), and donor site complications. The gold standard of harvesting autograft is unknown. In the future this result should be further investigated in the context of seasonal changes in vitamin D level and bone remodeling, focusing on decreasing the secondary treatment with high burden after femoral neck fractures with reduction internal fixation.

SURGERY - Cost Studies

OBJECTIVES: The oldest type of hospital-acquired infection, accounting for more than (37%). The prevalence of hospital-acquired infection in Spain is 7.8%, where SSI account for 19%. For appendectomy procedures the SSI rate of 4% is rather high. The risk of morbidity and mortality, prolongs hospital stay by more than a week, and worsens the overall patient quality of life. Moreover, the risk of SSI has increased recently due to multiple comorbidities. In addition, SSI is becoming more treatment-resistant than ever. The aim of this study was to analyze the economic consequences of using antibacterial sutures in appendectomy procedures in Spain. METHODS: A dynamic excel-based decision-analytic model was developed. Published literature reviews were used to estimate the three key variables: SSI reduction using antibacterial sutures (55%) compared to standard, prolonged length of hospital stay due to SSI (7 days), and the cost of hospital stay per day (€2,074). The rate of readmission due to persistent infection was used (18%), which was estimated as costs 2,166, and it was added to the prior amount to calculate total costs of infection. Country input data for the model were reported as the number of appendectomy procedures performed per year (34,500). The list price at which regular and antibacterial sutures were purchased was also collected. A two-way sensitivity analysis was conducted, with two variables being the infection rate and surgery price. RESULTS: Antibacterial sutures were found to be 14% more expensive; however, cost avoidance was a 56% of hospital avoidance. This analysis presents new evidence of support of the use of antibacterial sutures by demonstrating that it could reduce the SSI rate, and could allow cost-savings compared to standard procedures.

PSU10

COSTS OF CARDIOVASCULAR READMISSIONS FOLLOWING PERCUTANEOUS CORONARY INTERVENTION IN PATIENTS WITH CHRONIC KIDNEY DISEASE: DATA FROM A LARGE MULTI-CENTRE AUSTRALIAN REGISTRY

RESULTS: The gold standard of harvesting autograft is unknown. In the future this result should be further investigated in the context of seasonal changes in vitamin D level and bone remodeling, focusing on decreasing the secondary treatment with high burden after femoral neck fractures with reduction internal fixation.
artery disease. However, there is limited data on the subsequent hospitalizations and related direct health care costs among patients with pre-existing CKD undergoing colorectal surgery. This study was designed to estimate direct medical costs of cardiac-related hospital readmissions following PCI in patients with and without pre-existing CKD. METHODS: Direct health care costs were estimated from 12,998 patients enrolled in the Melbourne Interventional Group (MIG) registry, who underwent PCI between April 2004 and October 2010. Only individual patients with data on cardiovascular-related hospitalizations and medication use at 12-month follow-up were included. Individual patient-procedures were assigned unit costs based on published (DRG) data from the National Hospital Cost Data Collection forAdelaide, Australia (2008-2009) and the Australian Pharmaceutical Benefit Scheme schedule (2011-2012). A "bottom-up" costing approach was used. Costs relating to the index procedure and in-hospital complications were excluded. Bootstrap linear regression was used to estimate the association between direct medical costs and patients' age, gender, and pre-existing CKD.