



CIRUGÍA ESPAÑOLA

www.elsevier.es/cirugia


Original article

Outpatient Treatment of Uncomplicated Acute Diverticulitis: Impact on Healthcare Costs[☆]

Leyre Lorente,^a Francesc Cots,^b Sandra Alonso,^a Marta Pascual,^a Silvia Salvans,^a Ricard Courtier,^a M. José Gil,^a Luis Grande,^a Miguel Pera^{a,*}

^a Unidad de Cirugía Colorrectal, Servicio de Cirugía General y Digestiva, Hospital del Mar d'Investigacions Mèdiques (IMIM), Barcelona, Spain

^b Servicio de Control de Gestión, Parc de Salut Mar, Barcelona, Spain

ARTICLE INFO

Article history:

Received 21 October 2012

Accepted 26 January 2013

Available online 12 December 2013

Keywords:

Uncomplicated acute diverticulitis

Antibiotic therapy

Outpatient treatment

Applicability

Healthcare costs

ABSTRACT

Background: Outpatient treatment of uncomplicated acute diverticulitis is safe and effective. The aim of this study was to determine the impact of outpatient treatment on the reduction of healthcare costs.

Patients and methods: A retrospective cohort study comparing two groups was performed. In the outpatient treatment group, patients diagnosed with uncomplicated acute diverticulitis were treated with oral antibiotics at home. In the hospital treatment group, patients met the criteria for outpatient treatment but were admitted to hospital and received intravenous antibiotic therapy. Cost estimates have been made using the hospital cost accounting system based on total costs, the sum of all variable costs (direct costs) plus overhead expenses divided by activity (indirect costs).

Results: A total of 136 patients were included, 90 in the outpatient treatment group and 46 in the hospital group. There were no differences in the characteristics of the patients in both groups. There were also no differences in the treatment failure rate in both groups (5.5% vs 4.3%; $p=0.7$). The total cost per episode was significantly lower in the outpatient treatment group (882 ± 462 vs 2376 ± 830 euros; $p=0.0001$).

Conclusions: Outpatient treatment of acute diverticulitis is not only safe and effective but also reduces healthcare costs by more than 60%.

© 2012 AEC. Published by Elsevier España, S.L. All rights reserved.

Tratamiento ambulatorio de la diverticulitis aguda no complicada: impacto sobre los costes sanitarios

RESUMEN

Introducción: El tratamiento ambulatorio de la diverticulitis aguda no complicada es seguro y eficaz. El objetivo de este estudio es cuantificar el impacto que el tratamiento ambulatorio tiene en la reducción de costes sanitarios.

Palabras clave:

Diverticulitis aguda no complicada

Antibioticoterapia

[☆] Please cite this article as: Lorente L, Cots F, Alonso S, Pascual M, Salvans S, Courtier R, et al. Tratamiento ambulatorio de la diverticulitis aguda no complicada: impacto sobre los costes sanitarios. Cir Esp. 2013;91:504–509.

* Corresponding author.

E-mail address: mpera@parcdesalutmar.cat (M. Pera).

2173-5077/\$ – see front matter © 2012 AEC. Published by Elsevier España, S.L. All rights reserved.

Tratamiento ambulatorio
Aplicabilidad
Costes sanitarios

Pacientes y métodos: Estudio comparativo de cohortes retrospectivo. Grupo ambulatorio: pacientes diagnosticados de diverticulitis aguda no complicada tratados con antibióticos vía oral de forma ambulatoria. Grupo de tratamiento hospitalario: pacientes que cumplían criterios de tratamiento ambulatorio pero que fueron ingresados con tratamiento antibiótico intravenoso. La valoración de costes se ha realizado a través del sistema de contabilidad analítica del hospital, basado en costes totales: suma de todos los costes variables (costes directos) más el conjunto de costes generales repartidos por actividad (costes indirectos).

Resultados: Se incluyó a 136 pacientes, 90 en el grupo ambulatorio y 46 en el grupo de ingreso. No hubo diferencias en las características de los pacientes entre los 2 grupos. No hubo diferencias en el porcentaje de fracaso del tratamiento entre los 2 grupos (5,5 vs. 4,3%; $p=0,7$). El coste global por episodio fue de 882 ± 462 euros en el grupo ambulatorio frente a 2.376 ± 830 euros en el grupo hospitalario ($p=0,0001$).

Conclusiones: El tratamiento ambulatorio de la diverticulitis aguda no solo es seguro y eficaz sino que también reduce más de un 60% los costes sanitarios.

© 2012 AEC. Publicado por Elsevier España, S.L. Todos los derechos reservados.

Introduction

Conventional treatment of uncomplicated acute diverticulitis involves patient hospitalization with intravenous antibiotic therapy, fluid therapy and no oral intake until symptoms are resolved.¹⁻³ In recent years, it has been proposed that selected patients could be treated on an outpatient basis with liquid diet for the first few days and oral broad-spectrum antibiotics.⁴ Several published papers have shown that outpatient treatment of uncomplicated acute diverticulitis is safe, effective and applicable in most patients.⁵⁻¹⁰ Between 2003 and 2005, a prospective study was carried out in our hospital with 40 patients diagnosed with uncomplicated acute diverticulitis, treated in the outpatient setting.⁹ That initial study already showed that outpatient treatment was applicable in more than 75% of patients and that, moreover, it was safe and effective. These results were later confirmed in a longer series of 70 patients.¹⁰

An additional advantage of outpatient treatment of uncomplicated acute diverticulitis is the reduction of healthcare costs, as is the case with most procedures performed on an outpatient basis. This is a very important point because there is a growing need to improve the economic efficiency of patient care, without compromising results. The objective of this study was to quantify the impact that outpatient treatment has in reducing healthcare costs.

Patients and Methods

Study Subjects and Design

Patients eligible for the present retrospective study had been diagnosed with uncomplicated acute diverticulitis according to their medical history, physical examination and abdominal CT findings during the period between January 2005 and June 2011 at the Hospital del Mar.

Included in the study were all patients diagnosed with uncomplicated acute diverticulitis who met the criteria to be treated as outpatients in accordance with the protocol of our Unit: tolerance to oral intake prior to discharge from the

emergency department, absence of comorbidities and adequate family or social support. The CT diagnostic criteria for uncomplicated acute diverticulitis included the presence of diverticula with colon wall thickening (>4 mm) or pericolic fat stranding.¹¹

The cohort was divided into two groups:

- Outpatient treatment group: patients diagnosed with uncomplicated acute diverticulitis treated with oral antibiotics as outpatients.
- Hospital treatment group: patients diagnosed with uncomplicated acute diverticulitis who met criteria for outpatient treatment but were admitted for intravenous antibiotic therapy; therefore, the outpatient treatment protocol was not applied. Despite having met outpatient criteria, reasons for hospitalization included unawareness of the precise criteria for hospitalization and, in most cases, decision of the doctor based on persistent pain.

Therapeutic Protocol and Follow-Up

Outpatient treatment of patients with uncomplicated acute diverticulitis consisted of liquid diet for the first 2 days and oral antibiotics for 7 days (amoxicillin-clavulanate 1 g/8 h or associated ciprofloxacin 500 mg/12 h and metronidazole 500 mg/8 h in patients allergic to penicillin) combined with oral analgesia (paracetamol 1 g/8 h). Once discharged from the Emergency Department, a follow-up visit was scheduled at the outpatient clinic of the Colorectal Surgery Unit between 4 and 7 days after diagnosis to confirm appropriate clinical course. Hospitalized patients received intravenous antibiotic treatment with cefotaxime 1 g/6 h and metronidazole 500 mg/8 h. In the last three years, the intravenous treatment pattern changed to intravenous amoxicillin-clavulanate 1 g/8 h. Hospitalized patients were discharged when they showed an improvement in their symptoms, and they completed the oral antibiotics at home.

In all cases, fiber optic colonoscopy was ordered between 1 and 3 months after the episode to confirm the diagnosis and rule out the presence of other lesions in the colon. If a recurrence presented months after the episode of diverticulitis, the patients were once again included in the same protocol.

Download English Version:

<https://daneshyari.com/en/article/4254596>

Download Persian Version:

<https://daneshyari.com/article/4254596>

[Daneshyari.com](https://daneshyari.com)