



Original article

Unplanned Emergency Department Consultations and Readmissions Within 30 and 90 Days of Bariatric Surgery[☆]



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A B S T R A C T

Introduction: Hospital readmission is used as a measure of quality healthcare. The aim of this study was to determine the incidence, causes, and risk factors related to emergency consultations and readmissions within 30 and 90 days in patients undergoing laparoscopic gastric bypass and laparoscopic sleeve gastrectomy.

Methods: Retrospective study of 429 patients operated on from January 2004 to July 2015 from a prospectively maintained database and electronic medical records. Demographic data, type of intervention, postoperative complications, length of hospital stay and records of emergency visits and readmissions were analyzed.

Results: Within the first 90 days postoperative, a total of 117 (27%) patients consulted the Emergency Department and 24 (6%) were readmitted. The most common reasons for emergency consultation were noninfectious problems related to the surgical wound (n=40, 34%) and abdominal pain (n=28, 24%), which was also the first cause of readmission (n=9, 37%). Postoperative complications, reintervention, associated surgery in the same operation and depression were risk factors for emergency consultation within the first 90 days of the postoperative period.

Conclusions: Despite the high number of patients who visit the Emergency Department in the first 90 days of the postoperative period, few require readmission and none surgical reoperation. It is important to know the reasons for emergency consultation to establish preventive measures and improve the quality of care.

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Consultas a Urgencias y reingresos a 30 y 90 días tras cirugía bariátrica

RESUMEN

Palabras clave:

Cirugía bariátrica
Reingresos
Visitas a Urgencias
Gastrectomía vertical
Bypass gástrico

Introducción: Los reingresos son un indicador de calidad de la cirugía. El objetivo del estudio fue determinar la incidencia, las causas y los factores de riesgo relacionados con las consultas a Urgencias y los reingresos a 30 y 90 días en pacientes sometidos a bypass gástrico laparoscópico y gastrectomía vertical laparoscópica.

Métodos: Estudio retrospectivo de 429 pacientes intervenidos desde enero de 2004 a julio de 2015 a partir de una base de datos prospectiva y de las historias clínicas electrónicas. Se analizaron datos demográficos, el tipo de intervención, las complicaciones postoperatorias, la duración de la estancia hospitalaria y el registro de las visitas a Urgencias y los reingresos durante el periodo de estudio.

Resultados: En los primeros 90 días del postoperatorio, un total de 117 (27%) pacientes consultaron a Urgencias y 24 (6%) reingresaron. Los motivos más frecuentes de consulta a Urgencias fueron los problemas no infecciosos relacionados con la herida quirúrgica (n = 40, 34%) y el dolor abdominal (n = 28, 24%), que además fue la primera causa de reingreso (n = 9, 37%). Las complicaciones postoperatorias, la reintervención, una cirugía asociada en el mismo acto quirúrgico y la depresión fueron factores de riesgo para consultar a Urgencias en los primeros 90 días del periodo postoperatorio.

Conclusiones: A pesar del elevado número de pacientes que consulta a Urgencias en los primeros 90 días del periodo postoperatorio, pocos precisan reingreso y ninguno reintervención quirúrgica. Es importante conocer los motivos de las consultas a Urgencias para establecer medidas preventivas y mejorar la calidad asistencial.

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Introduction

Morbid obesity is a chronic disease and a well-known public health problem, with a prevalence of 1.2% of the adult population of Spain (ENRICA study, 2011), a rate that tends to double every 5–10 years.¹ The treatment of choice is surgery, which is the only procedure that has been proven to be effective in the long term in terms of weight loss and resolution of comorbidities.² Therefore, each year the number of surgical interventions increases³ and, consequently, so does the absolute number of complications.

Occasionally, complications arise when the patient has already been discharged and may go unnoticed. Meanwhile, studies conducted in the USA have determined that re-admission after bariatric surgery increases the procedure costs from \$27 000 to \$65 000.⁴ In recent years, several studies have analyzed the frequency and reasons for re-admission.^{5,6} According to these studies, approximately 56% of all Emergency Room visits are potentially avoidable and, more specifically, 75% of patients undergoing bariatric surgery who come to the Emergency Department do not require hospitalization. Currently, there are few studies in the literature that analyze the causes of ER visits that do not result in admission but increase hospital costs nevertheless. Most of these studies are carried out in private medical centers,^{7,8} and practically no studies have been carried out in a setting similar to ours, where the public health system is the norm and a greater influx of patients to the Emergency Department is predictable. The aim of our study was to

determine the frequency and causes of emergency room visits and re-admissions within 30 and 90 days of patients treated with bariatric surgery, and to analyze associated factors and risk factors for emergency room visits.

Methods

We conducted a retrospective study based on a perspective database and the electronic medical files of all the patients who had consecutively undergone bariatric surgery at the Hospital del Mar in Barcelona between January 2004 and July 2015. All patients were operated on by the same surgical team, and the procedures performed were Roux-en-Y gastric bypass or laparoscopic sleeve gastrectomy, using standardized techniques⁹ and in accordance with the National Institute of Health criteria from 1991.¹⁰ Clinical follow-up after the intervention followed the previously published protocol,⁹ which basically consisted of postoperative office visits one week post-op and then after one, 3, 6 and 12 months. Data were collected for demographic variables, comorbidities, type of procedure performed, associated surgeries during the same operation, postoperative complications classified according to Clavien-Dindo,¹¹ hospital stay, visits to the ER within 30 and 90 days, re-admissions and treatments required.

An emergency visit was defined as a stay in the Emergency Department for less than 24 h; a re-admission was a stay in the Emergency area for more than 24 h and/or re-admission to any hospitalization unit. This study was approved by the Clinical Research Ethics Committee (*Comité de Ética de Investigaciones*

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