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LITERATURE REVIEW ON HOSPITAL COSTS FOR PATIENTS UNDERGOING COLECTOMY

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Background

- Colectomy is a surgical procedure to remove all or part of the colon.
- In an open colectomy, one long incision is made in the wall of the abdomen and doctors can see the colon directly. In a laparoscopic-assisted colectomy, several small incisions are made and a thin, lighted tube attached to a video camera is inserted through one opening to guide the surgery. Surgical instruments are inserted through the other openings to perform the surgery.
- The clinical benefits of laparoscopy have been demonstrated including decreased complications and mortality¹. A dramatic increase in the rate of laparoscopic partial colectomy from 2% in 1996 to 31% in 2009².

Methods

- A PubMed search was performed using the keywords: (Colectomy[MeSH]) AND (cost OR economic) AND (laparoscopic AND open) NOT (robot) with results limited to publications of human subject studies in English.
- Publication dates: January, 1, 2006 to November, 30, 2015.
- Studies comparing minimally invasive surgical techniques (laparoscopic or laparoscopicassisted) to open surgical techniques were selected and studies of comparisons other than minimally invasive versus open procedures (e.g. robotic) were excluded.
- All abstracts were filtered, including meta-analysis, RCTs and observational studies excluding case studies.
- The impact of increasing use of laparoscopy on hospital costs across countries have not been thoroughly investigated.
- Most published studies comparing the costs of laparoscopic vs open procedures were conducted only within respective countries

Objective

This study aims to identify the range of direct hospital costs associated with a minimally invasive or open colectomy procedure across different countries.

Key data abstracted: Country, year, setting, type of study, cost calculation method, approach, OR cost per minute and total direct cost reported.

- Operating room (OR) cost include OR time and equipment cost. Some studies may also include anesthesia cost and do not have the granularity to be teased out.
- We derived the unit cost for OR by dividing the OR cost over the mean OR time (minutes) and the unit total cost by dividing the total cost reported over the mean length of stay (days) reported in each study.
- All cost values were adjusted for inflation and reported as 2016 real U.S. dollars.

Citation/Year	Country/Setting	Type of Study	Cost Calculation	Approach		OR Cost	Total Direct Cost	
			Methodology			(per Min)		Reported
da Luz Moreira et al., 2010	US	Observational	Bottom-up (Cost)	Laparoscopic	\$	18.2	\$	8,200
	Single Center			Open	\$	13.4	\$	9,083
Ozturk et al., 2009	US	Observational	Bottom-up (Cost)	Hand-Assisted Lap	\$	23.0	\$	9,428
	Single Center			Laparoscopic-Assisted	\$	21.4	\$	8,793
Koopmann et al., 2007	US	Observational	Bottom-up (Cost)	Laparoscopic	\$	24.8	\$	15,960
	Single Center	Coscivational		Open	\$	22.7	\$	20,520
Vaid et al., 2012	US	Observational	Top-down (Charge)	Laparoscopic		N/A	\$	46,168
	National Database			Open		,	\$	47,805
Salloum et al., 2006	US	Observational	Bottom-up (Cost)	Laparoscopic	<u>Ş</u>	19.2	Ş	10,124
	Single Center			Open	Ş	12.6	Ş	12,158
Delaney et al., 2008	US	Observational	Bottom-up (Cost)	Laparoscopic		N/A	<u></u>	8,884
	National Database			Open		•	Ş	8,446
Crawshaw et al., 2015	US National Databasa	Observational	Top-down (Payment)	Laparoscopic		N/A	<u>ې</u>	25,140
	National Database		Top-down (Cost)	Open		N/A	<u>ې</u>	32,431
Hinojosa et al., 2007	US National Database	Observational		Laparoscopic			<u>ې</u> د	15,398
				Upen			Ş	17,383
Steele et al., 2007	US National Database	Observational	Top-down (Charge)			N/A	ې د	45,705
Hardy et al., 2014	Canada	Observational	Bottom-up (Cost)	Lanarosconic	ć	18 2	ې د	9 277
	Single Center			Onen	ې د	17.2	ې د	12 / 26
Franks et al., 2006		RCT	Bottom-up (Cost)	Lanarosconic	ې د	14.6	ې د	18 488
	Multi-Center			Onen	<u>ې</u> خ	14.6	 خ	18 210
Noblett et al., 2007	UK	Observational	Bottom-up (Cost)	Laparoscopic	÷ Ś	46.9	Ś	10,958
	Single Center			Open	\$	35.0	\$	11.493
Bertani et al., 2011	Italy		Bottom-up (Cost)	Laparoscopic	<u> </u>		\$	9.983
	, Single Center	Observational		Open		N/A	\$	10,352
Ehrlich et al., 2015	Finland		Bottom-up (Cost)	Laparoscopic	\$	38.7	\$	14,259
	Single Center	Observational		Open	\$	31.4	\$	14,893
Liu et al., 2012	China	Observational	Bottom-up (Cost)	Hand-Assisted Lap	\$	13.8	\$	5,761
	Single Center			Open	\$	12.0	\$	5,807
Sheng et al., 2012	China	Observational	ΝΙ / Δ	Hand-Assisted Lap		ΝΙ / Δ	\$	5,966
	Single Center	Observational	IN/A	Open		IN/A	\$	5,363
Liang et al., 2006	Taiwan	RCT	Bottom-up (Cost)	Laparoscopic	\$	13.4	\$	6,883
	Single Center			Open	\$	5.4	\$	4,829
Shabbir et al., 2009	Singapore	Singapore	Bottom-up (Charge)	Laparoscopic	\$	30.6	\$	8,817
	Single Center			Open	\$	41.5	\$	8,051

Table 1. Selected Study Characteristics, Design, Cost and Cost Analysis Methodologies

Results

- Twenty-six of 99 articles were included in the analysis. Ten (38%) studies were conducted in North America with the remaining based in European and Asian-Pacific countries.
- For laparoscopic colectomy, several review studies reported longer operating time (27-92 mins), shorter hospital stays (2-3 days) and less blood loss (99-104 mL)^{24,25,26,27}
- The findings from 2 meta-analysis studies reporting total direct costs indicated higher costs for laparoscopies ranging from \$117 to \$836.



- Direct hospital costs varied dramatically across countries. In North America, the cost of operating rooms (minute) ranged from \$13-\$23 for open procedures and \$18-\$25 for laparoscopies. The anesthesia cost (minute) ranged from \$7-\$10 and the hospital cost (day) ranged from \$938-\$3080 regardless of procedure type.
- In European countries, the cost of operating rooms (minute) ranged from \$15-\$35 for open procedures and \$15-\$47 for laparoscopy. The hospital cost (day) ranged from \$1277-\$2852.
- In Asia, the cost of operating rooms (minute) ranged from \$5-\$12 for open procedures and \$13-\$14 for laparoscopies. The hospital cost (day) ranged from \$345-\$765.

14.

22.



Figure 1. Average Total Direct Cost Reported per Day

* Studies reported charge or payment data were excluded

Open procedures seem to result in lower hospital costs across studies conducted in several regions, which is consistent with the cost analysis of a recent meta-analysis²⁸. Asian-Pacific countries have reported lower direct hospital costs. Cost calculations are challenging even for common surgical procedures like colectomy due to different costing methodologies and categories. A standardized costing methodology guideline is warranted and may shed light on the future considerations of reimbursement strategy.

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