To compare complications and cost, from a hospital perspective, of chest port insertions performed in an interventional radiology (IR) suite versus in surgery in an operating room (OR)” LaRoy et al (2015).

Reference:


Cost and morbidity analysis of implantable chest port insertion http://ctt.ec/Q3bcU+ @ivteam #ivteam

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Abstract:

PURPOSE: To compare complications and cost, from a hospital perspective, of chest port insertions performed in an interventional radiology (IR) suite versus in surgery in an operating room (OR).

METHODS: This study was approved by an institutional review board and is HIPAA compliant. Medical records were retrospectively searched on consecutive chest port placement procedures, in the IR suite and the OR, between October 22, 2010 and February 26, 2013, to determine patients’ demographic information and chest port-related complications and/or
infections. A total of 478 charts were reviewed (age range: 21-85 years; 309 women, 169 men). Univariate and bivariate analyses were performed to identify risk factors associated with an increased complication rate. Cost data on 149 consecutive Medicare outpatients (100 treated in the IR suite; 49 treated in the OR) who had isolated chest port insertions between March 2012 and February 2013 were obtained for both the operative services and pharmacy. Nonparametric tests for heterogeneity were performed using the Kruskal-Wallis method.

RESULTS: Early complications occurred in 9.2% (22 of 239) of the IR patients versus 13.4% (32 of 239) of the OR patients. Of the 478 implanted chest ports, 9 placed in IR and 18 placed in surgery required early removal. Infections from the ports placed in IR versus the OR were 0.25 versus 0.18 infections per 1000 catheters, respectively. Overall mean costs for chest port insertion were significantly higher in the OR, for both room and pharmacy costs ($P < .0001$). Overall average cost to place chest ports in an OR setting was almost twice that of placement in the IR suite.

CONCLUSIONS: Hospital costs to place a chest port were significantly lower in the IR suite than in the OR, whereas radiology and surgery patients did not show a significantly different rate of complications and/or infections.

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