

DDF 2012 - Abstract Submission

Endoscopy

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HOSPITAL ATTENDANCES AFTER OUTPATIENT COLONOSCOPY: THE HIDDEN HEALTHCARE BURDEN?

S. Stevens^{1,*}, L. Sergot¹, J. Mawdsley¹, C. E. Collins¹, I. Beveridge¹, K. Sundaram¹, K. J. Monahan¹

¹West Middlesex University Hospital, NHS, London, United Kingdom

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Introduction:

With the introduction of national bowel cancer screening and increased surveillance, colonoscopy is being increasingly used as both a diagnostic and therapeutic tool. It is deemed a relatively safe procedure with the overall complication rate being reported at approximately 0.1%. However, it was recently reported in a study from the United States that procedure related hospital attendances within 14 days of colonoscopy were as high as 0.84%¹.

Methods:

The aim of this study was to identify the true morbidity and related healthcare costs after outpatient colonoscopy in a UK population. We performed an observational study of hospital visits occurring within 14 days of colonoscopy at West Middlesex University Hospital, London. We collected data from 2011, using the hospitals' electronic records system, enterpriseCAMIS®. Cases meeting the predetermined criteria were analysed to assess whether presentations could be attributed to the colonoscopy, and overall healthcare costs were determined.

Results:

Over the twelve month period, 1, 115 outpatient colonoscopies were performed; the table below summarises the number of hospital visits occurring within 14 days and associated healthcare costs

	Total number of visits to the accident and emergency (A&E) department within 14 days of colonoscopy	Number of visits to the A&E department within 14 days attributable to colonoscopy (% of total)	Number of visits to the A&E department within 14 days attributable to colonoscopy, requiring admission	Total additional cost of hospital attendances attributable to colonoscopy (£)
	22	14 (1.25)	5	
Average cost per attendance (£)	145	145	3338	
Total additional cost (£)	3,190	2,030	16,690	18,720

Of the 1,115 colonoscopies performed, there were 22 visits to the A&E department within 14 days; 14 of these visits were procedure-related, with 5 requiring admission. Abdominal pain was the commonest reason for emergency attendance, with bleeding, perforation, post-polypectomy syndrome, sedation and other gastro-intestinal causes accounting for the remaining. The average cost for patients attending A&E was £145; £3338 for those requiring admission; working out as a total cost of £18,720 over the 12 month period.

Conclusion:

Outpatient colonoscopy is an essential diagnostic and therapeutic tool. However, data on the overall morbidity burden is limited. With a 1.25 % incidence of emergency attendances within 14 days of colonoscopy and significant associated healthcare costs, this study supports recently published data from the United States and highlights the importance of recognising these complications within a UK population.

References:

1. The Incidence and Cost of Unexpected Hospital Use After Scheduled Outpatient Endoscopy. *Leffler et al. Arch Intern Med. 2010;170(19): 1752-1757*

Disclosure of Interest: None Declared