The economic burden of AF in developed countries is substantial, and is expected to be between €59,600 in Belgium, €83,400 in the Netherlands, €182,000 in Spain, and €593,400 in Japan. The increased cost of SSI prevention would be probably broadly offset by the decreased costs of hospital stay.

OBJECTIVES: To evaluate the burden of SSI (surgical site infection) in common surgeries in Korea. The considered surgeries: gastrointestinal surgery, coronary artery bypass grafting (CABG) and orthopaedic surgery represent the procedures with high, medium and low SSI risk. METHODS: The analysis was conducted from the hospital perspective. Costs were evaluated on the basis of Health Insurance Review Agency (HIRA) data. Risk of SSI and the influence of SSI on hospital length of stay (LOS) were calculated according to studies from a review Lee 2011. The influence of prolonged hospitalization on expenses was obtained with an assumption that the costs are evenly distributed during the stay. RESULTS: The risk of SSI depends on surgery type. Among the procedures considered, the highest SSI rate – 5% was related to gastric surgery and the lowest SSI rate – 1% to knee replacement. LOS in case of SSI is prolonged for about 60%. According to current data on hospitalization cost from HIRA, the influence of SSI on providers’ budget could be substantial. In a recent study, the increase in hospitalization costs for SSI patients was about €2,700 for gastrointestinal surgery, €4,300 for coronary surgery, €3,000 (€1000) for orthopaedic surgery and even 10.0 million (€900) for CABG. Halving the SSI rate would reduce the mean expenses for about 1%. Conclusions: The burden of SSI in Korea is high as SSI implies the significant prolongation of LOS. The detailed analysis should then be carried out in order to define the possible ways of minimizing the infection risk. The possible range of relatively non expensive risk-reducing interventions which may imply the substantial reduction of SSI rate include the use of antimicrobial sutures, antibiotics prophylactics, a safety checklist and minimizing the infection risk. The possible range of relatively non expensive risk-reducing interventions which may imply the substantial reduction of SSI rate include the use of antimicrobial sutures, antibiotics prophylactics, a safety checklist and minimizing the infection risk.

CONCLUSIONS: The economic burden of AF in selected developed countries based on prevalence and direct health care costs. METHODS: The economic burden of AF in Belgium, Japan, The Netherlands, and Spain was modeled based on prevalence rates identified via a literature search. Annual probabilities of receiving health care treatment and associated costs for AF, stroke and CHF, and related disability costs were included in the model. If cost data were unavailable, they were imputed based on the ratio of annual per capita health expenditures between the US and the country of interest. Cost estimates were calculated in 2011 euros.

RESULTS: The prevalence of AF in adults aged ≥65 in the countries studied was: 59,600 in Belgium, 83,400 in the Netherlands; 182,000 in Spain; and 593,400 in Japan. The estimated annual economic burden of AF was: EUR 181.2 in Belgium; 256.6 in the Netherlands; 333.5 in Spain; and 1,722.5 in Japan (in millions). CONCLUSIONS: The economic burden of AF in developed countries is considerable due to the growing age population. Early detection and appropriate management of AF may help reduce this economic burden.

CONCLUSIONS: The economic burden of AF in Asian countries is considerable. We expect the burden of AF to grow due to the increasing aging population and the use of cardiovascular medications. The burden of AF is being increasingly recognized by the health authorities and the public. The current economic burden of AF is not taking into account the impact of AF on quality of life (QoL) including indirect costs such as productivity losses. The economic burden of AF in developed countries is substantial, and is expected to be between €59,600 in Belgium, €83,400 in the Netherlands, €182,000 in Spain, and €593,400 in Japan. The increased cost of SSI prevention would be probably broadly offset by the decreased costs of hospital stay.